



QUARTERLY STATEMENT

As of June 30, 2013  
of the Condition and Affairs of the

Stonewood General Insurance Company

NAIC Group Code.....3494, 3494  
(Current Period) (Prior Period)

Organized under the Laws of Ohio  
Incorporated/Organized..... September 5, 1989  
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 35211

State of Domicile or Port of Entry Ohio  
Commenced Business..... February 1, 1990

52 East Gay Street..... Columbus ..... OH ..... US ..... 43215  
*(Street and Number) (City or Town, State, Country and Zip Code)*

6131 Falls of Neuse Rd., Suite 306..... Raleigh ..... NC ..... US ..... 27609  
*(Street and Number) (City or Town, State, Country and Zip Code)*

6131 Falls of Neuse Rd., Suite 306..... Raleigh ..... NC ..... US ..... 27609  
*(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*

6131 Falls of Neuse Rd., Suite 306..... Raleigh ..... NC ..... US ..... 27609  
*(Street and Number) (City or Town, State, Country and Zip Code)*

www.stonewoodins.com

Aileen K. Celentano  
*(Name)*  
accounting@stonewoodins.com  
*(E-Mail Address)*

Employer's ID Number..... 31-1277903

Country of Domicile US

919-882-3500  
*(Area Code) (Telephone Number)*

919-882-3500  
*(Area Code) (Telephone Number)*

919-882-3536  
*(Area Code) (Telephone Number) (Extension)*  
888-698-7290  
*(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Steven J. Hartman	President/CEO	2. Thomas R. Fauerbach	Secretary/CFO
3. Michael E. Crow	Treasurer	4. Gregg T. Davis	Chairman

OTHER

Joseph R. Raia #

Controller

DIRECTORS OR TRUSTEES

Gregg T. Davis	Steven J. Hartman	Michael E. Crow	Thomas R. Fauerbach
Joseph R. Raia #			

State of..... North Carolina  
County of..... Wake

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Steven J. Hartman	Thomas R. Fauerbach	Michael E. Crow
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President/CEO	Secretary/CFO	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 14th day of August

a. Is this an original filing?  
b. If no:  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	3,282,824		3,282,824	1,504,744
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....33,877), cash equivalents (\$.....0) and short-term investments (\$.....607,464).....	641,341		641,341	2,376,555
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,924,165	0	3,924,165	3,881,299
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	14,506		14,506	9,767
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	127,516		127,516	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....	2,033,425		2,033,425	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	150,393	72,377	78,016	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	41,281
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	6,250,005	72,377	6,177,628	3,932,347
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	6,250,005	72,377	6,177,628	3,932,347

DETAILS OF WRITE-INS

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	3,282,824		3,282,824	1,504,744
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....33,877), cash equivalents (\$.....0) and short-term investments (\$.....607,464).....	641,341		641,341	2,376,555
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,924,165	0	3,924,165	3,881,299
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	14,506		14,506	9,767
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	127,516		127,516	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....	2,033,425		2,033,425	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	150,393	72,377	78,016	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	41,281
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	6,250,005	72,377	6,177,628	3,932,347
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	6,250,005	72,377	6,177,628	3,932,347

DETAILS OF WRITE-INS

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....105,609).....	1,194,527	
2. Reinsurance payable on paid losses and loss adjustment expenses.....	154,579	
3. Loss adjustment expenses.....	604,837	
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	931	
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	109,300	20,068
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	234,061	
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	(21,603)	
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	2,276,632	20,068
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	2,276,632	20,068
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,500,000	1,500,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	926,669	926,669
35. Unassigned funds (surplus).....	1,474,327	1,485,610
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	3,900,996	3,912,279
38. Totals (Page 2, Line 28, Col. 3).....	6,177,628	3,932,347

DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503		

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....105,609).....	1,194,527	
2. Reinsurance payable on paid losses and loss adjustment expenses.....	154,579	
3. Loss adjustment expenses.....	604,837	
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	931	
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	109,300	20,068
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	234,061	
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	(21,603)	
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	2,276,632	20,068
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	2,276,632	20,068
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,500,000	1,500,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	926,669	926,669
35. Unassigned funds (surplus).....	1,474,327	1,485,610
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	3,900,996	3,912,279
38. Totals (Page 2, Line 28, Col. 3).....	6,177,628	3,932,347

DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503		

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....			
1.2 Assumed..... (written \$....464,659).....	230,597		
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$....464,659).....	230,597	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....109,842):			
2.1 Direct.....	(46,867)	(71,625)	(307,773)
2.2 Assumed.....	86,346		
2.3 Ceded.....	(46,867)	(71,625)	(307,773)
2.4 Net.....	86,346	0	0
3. Loss adjustment expenses incurred.....	68,233		
4. Other underwriting expenses incurred.....	103,082	30,489	34,607
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	257,661	30,489	34,607
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(27,064)	(30,489)	(34,607)
INVESTMENT INCOME			
9. Net investment income earned.....	15,781	34,546	54,697
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....			
11. Net investment gain (loss) (Lines 9 + 10).....	15,781	34,546	54,697
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(11,283)	4,057	20,090
17. Dividends to policyholders.....			
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	(11,283)	4,057	20,090
19. Federal and foreign income taxes incurred.....	78,016	6,030	3,104
20. Net income (Line 18 minus Line 19) (to Line 22).....	(89,299)	(1,973)	16,986
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	3,912,279	3,895,293	3,895,293
22. Net income (from Line 20).....	(89,299)	(1,973)	16,986
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	150,393		
27. Change in nonadmitted assets.....	(72,377)		
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	(11,283)	(1,973)	16,986
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	3,900,996	3,893,320	3,912,279

DETAILS OF WRITE-INS			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....			
1.2 Assumed..... (written \$....464,659).....	230,597		
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$....464,659).....	230,597	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$....109,842):			
2.1 Direct.....	(46,867)	(71,625)	(307,773)
2.2 Assumed.....	86,346		
2.3 Ceded.....	(46,867)	(71,625)	(307,773)
2.4 Net.....	86,346	0	0
3. Loss adjustment expenses incurred.....	68,233		
4. Other underwriting expenses incurred.....	103,082	30,489	34,607
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	257,661	30,489	34,607
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(27,064)	(30,489)	(34,607)
INVESTMENT INCOME			
9. Net investment income earned.....	15,781	34,546	54,697
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....			
11. Net investment gain (loss) (Lines 9 + 10).....	15,781	34,546	54,697
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(11,283)	4,057	20,090
17. Dividends to policyholders.....			
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	(11,283)	4,057	20,090
19. Federal and foreign income taxes incurred.....	78,016	6,030	3,104
20. Net income (Line 18 minus Line 19) (to Line 22).....	(89,299)	(1,973)	16,986
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	3,912,279	3,895,293	3,895,293
22. Net income (from Line 20).....	(89,299)	(1,973)	16,986
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	150,393		
27. Change in nonadmitted assets.....	(72,377)		
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	(11,283)	(1,973)	16,986
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	3,900,996	3,893,320	3,912,279

DETAILS OF WRITE-INS			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. ....			
1402. ....			

Statement for June 30, 2013 of the

Stonewood General Insurance Company

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	315,539		
2. Net investment income.....	10,009	35,773	63,478
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	325,548	35,773	63,478
5. Benefit and loss related payments.....	770,665		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	(434,453)		34,607
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(11,216)		(16,964)
10. Total (Lines 5 through 9).....	324,996	0	17,643
11. Net cash from operations (Line 4 minus Line 10).....	552	35,773	45,835
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	120,000	795,000	2,275,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	120,000	795,000	2,275,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,897,047		
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,897,047	0	0
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(1,777,047)	795,000	2,275,000
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	41,281		14,532
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	41,281	0	14,532
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,735,214)	830,773	2,335,367
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,376,555	41,188	41,188
19.2 End of period (Line 18 plus Line 19.1).....	641,341	871,961	2,376,555

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. The financial statements of Stonewood General Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	State of Domicile	2013	2012
Net Income (Loss)			
(1) Stonewood General Insurance Company State Basis	OH	\$(89,299)	\$16,986
(2) State prescribed practices that increase/(decrease) NAIC SAP: NONE		-0-	-0-
(3) State permitted practices that increase/(decrease) NAIC SAP: NONE		-0-	-0-
(4) NAIC SAP	OH	\$(89,299)	\$16,986
Surplus			
(5) Stonewood General Insurance Company State Basis	OH	\$3,900,996	\$3,912,279
(6) State prescribed practices that increase/(decrease) NAIC SAP: NONE		-0-	-0-
(7) State permitted practices that increase/(decrease) NAIC SAP: NONE		-0-	-0-
(8) NAIC SAP	OH	\$3,900,996	\$3,912,279

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Loan-Backed Securities - The Company does not invest in loan-backed securities.
- E. The Company does not participate in repurchase agreements or securities lending activities.
- E3b. Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

**NOTES TO FINANCIAL STATEMENTS**

**Note 9 - Income Taxes**

No significant change.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant change.

**Note 11 - Debt**

No significant change.

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. The Company does not have a defined benefit pension plan.

A6. Not applicable

**Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**Note 14 - Contingencies**

No significant change.

**Note 15 - Leases**

No significant change.

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Not applicable.

B. Transfer and Servicing of Financial Assets

B2b. Not applicable

B4a. Not applicable

B4b. Not applicable

C. Wash Sales - The Company was not involved in any wash sale transactions during the quarter ended or six months ended June 30, 2013.

**Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

**Note 20 - Fair Value**

A. Fair value measurements for fixed income and equity securities are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor. Under certain circumstances, if neither an SVO price nor vendor price is available, a price may be obtained from a broker. Short term securities and cash equivalents are valued at amortized cost.

**NOTES TO FINANCIAL STATEMENTS**

When published prices from the SVO are not available, the Company’s investment manager relies predominantly on independent pricing service vendors that have been evaluated and approved by the investment manager’s internal pricing policy committee. Generally, pricing service vendors use a pricing methodology involving the market approach, including pricing models, which use prices and relevant market information regarding a particular security or securities with similar characteristics to establish a valuation.

For statutory accounting, certain investments are carried at fair value, while others may periodically be carried at fair value based on certain factors such as the NAIC’s lower of cost or market rule or an impairment. Assets recorded at fair value are categorized based on an evaluation of the various inputs used to measure the fair value. Supporting documentation received from pricing vendors detailing the inputs, models and processes used in the vendor’s evaluation process is used to determine the appropriate fair value hierarchy. Documentation from each pricing vendor is reviewed and monitored periodically to ensure they are consistent with the investment manager’s pricing policy procedures. Market information obtained from brokers with respect to security valuations is also considered in the pricing hierarchy.

The Company attempts to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value: (1) Level 1: quoted price (unadjusted) in active markets for identical assets, (2) Level 2: inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the instrument, and (3) Level 3: inputs to the valuation methodology are unobservable for the asset or liability.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

To measure fair value, the Company obtains quoted market prices for its investment securities. If a quoted market price is not available, the Company uses prices of similar securities. Values for U.S. Treasury and publicly traded equity securities are generally based on Level 1 inputs which use the market approach valuation technique. The values for all other bonds (including state and municipal securities and obligations of U.S. government corporations and agencies) generally incorporate significant Level 2 inputs using the market approach and income approach valuation techniques. There have been no changes in the Company’s use of valuation techniques during 2013. There were no transfers between Level 1 and Level 2 or between Level 2 and Level 3 during 2013.

- (1) The Company does not value its assets and liabilities at fair value on a recurring basis. The Company values its investments in bonds at amortized cost.
- (2) The Company has no assets or liabilities measured at fair value in the Level 3 category.
- (3) The Company has a policy to recognize transfers between levels at of the beginning of the reporting period.
- (4) See A. above.
- (5) The Company does not own derivative assets or liabilities.

B. Not applicable

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$3,297,615	\$3,282,824	\$2,424,895	\$872,720	\$-0-	\$-0-
Short-term investments	607,464	607,464	607,464	-0-	-0-	-0-
	\$3,905,079	\$3,890,288	\$3,032,359	\$872,720	\$-0-	\$-0-

D. Not applicable

**Note 21 - Other Items**

No significant change.

**Note 22 - Events Subsequent**

No significant change.

**Note 23 - Reinsurance**

- A. Unsecured Reinsurance Recoverables - None.
- B. Reinsurance Recoverable in Dispute - None.
- C. Reinsurance Assumed and Ceded:

**NOTES TO FINANCIAL STATEMENTS**

(1)	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$234,061	\$86,415	\$-0-	\$-0-	\$234,061	\$86,415
b. All Other	-0-	-0-	-0-	-0-	-0-	-0-
c. TOTAL	\$234,061	\$86,415	\$-0-	\$-0-	\$234,061	\$86,415
d. Direct Unearned Premium Reserve			\$-0-			

(2) does not apply  
(3) does not apply

- D. Uncollectible Reinsurance - None.
- E. Commutation of Ceded Reinsurance - None.
- F. Retroactive Reinsurance - None.
- G. Reinsurance Accounted for as a Deposit - None.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

The Company entered into an intercompany reinsurance pooling arrangement (the pooling) with its United States affiliated insurance carriers, effective January 1, 2013. All lines of business are subject to the pooling net of any outside reinsurance coverage carried by the participants. See Note 26 for details of intercompany pooling arrangement.

Opening balances for unpaid losses and loss adjustment expenses on January 1, 2013 were part of the pooling arrangement. Reserves as of December 31, 2012 of approximately \$1,688,000 were assumed from the pool on January 1, 2013. As of June 30, 2013, approximately \$31,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$1,618,000 as a result of re-estimation of unpaid losses and loss adjustment expenses. Therefore, there has been approximately \$39,000 favorable prior-year development since December 31, 2012 through June 30, 2013. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual losses.

**Note 26 - Intercompany Pooling Arrangements**

A. - D.

Stonewood General Insurance Company entered into an intercompany reinsurance pooling arrangement (the pooling) with its United States affiliated insurance carriers, effective January 1, 2013 All lines of business are subject to the pooling net of any outside reinsurance coverage carried by the participants. Net business includes business in force on January 1, 2013 and all business written subsequent to that date. The pooling provides for proportionate sharing of premiums earned, losses and loss adjustment expenses incurred, and underwriting expenses incurred.

The participation percentages are as follows:

Stonewood National Insurance Company (lead company)	NAIC #31925	13%
James River Insurance Company	NAIC #12203	75%
Stonewood Insurance Company	NAIC #11828	6%
James River Casualty Company	NAIC #13685	5%
Stonewood General Insurance Company	NAIC #35211	1%

E. As a result of the pooling, the amount due to Stonewood National Insurance Company is \$5,461 as of June 30, 2013.

**Note 27 - Structured Settlements**

No significant change.

**Note 28 - Health Care Receivables**

No significant change.

**Note 29 - Participating Policies**

No significant change.

NOTES TO FINANCIAL STATEMENTS

**Note 30 - Premium Deficiency Reserves**

No significant change.

**Note 31 - High Deductibles**

No significant change.

**Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

No significant change.

**Note 33 - Asbestos/Environmental Reserves**

No significant change.

**Note 34 - Subscriber Savings Accounts**

No significant change.

**Note 35 - Multiple Peril Crop Insurance**

No significant change.

**Note 36 - Financial Guaranty Insurance**

- A. Not applicable - The Company does not write financial guaranty insurance.
- B. Not applicable - The Company does not write financial guaranty insurance.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ X ]      No [   ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ X ]      No [   ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [   ]      No [ X ]

2.2

If yes, date of change:

.....

3.1

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [   ]      No [ X ]

3.2

If the response to 3.1 is yes, provide a brief description of those changes.

Not Applicable

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [   ]      No [ X ]

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
Not Applicable		

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [   ]      No [ X ]      N/A [   ]

No Changes

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011.....

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2011.....

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3/4/2013.....

6.4

By what department or departments?

Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [   ]      No [   ]      N/A [ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [   ]      No [   ]      N/A [ X ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [   ]      No [ X ]

7.2

If yes, give full information:

Not Applicable

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [   ]      No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

Not Applicable

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [   ]      No [ X ]

8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Not Applicable					

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ]      No [   ]

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES - GENERAL**

9.11 If the response to 9.1 is No, please explain:

Not Applicable

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

Not Applicable

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Not Applicable

**PART 1 - FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....

**PART 1 - INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ X ]

11.2 If yes, give full and complete information relating thereto:

Not Applicable

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$......0

13. Amount of real estate and mortgages held in short-term investments: \$......0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [ X ]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End	Current Quarter
	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
14.21 Bonds.....	\$ .....0	\$ .....0
14.22 Preferred Stock.....	\$ .....0	\$ .....0
14.23 Common Stock.....	\$ .....0	\$ .....0
14.24 Short-Term Investments.....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate.....	\$ .....0	\$ .....0
14.26 All Other.....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
If no, attach a description with this statement.

Not Applicable

16. For the reporting entity's security lending program, state the amount of the following as current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$......0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$......0

16.3 Total payable for securities lending reporting on the liability page: \$......0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

PART 1 - INVESTMENT

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank, N.A.	1025 Connecticut Ave., NW Ste. 517, EX-DC-WNWW, Washington, D.C. 20036

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Not Applicable		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ☐ ] No [ ☒ ]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Not Applicable			

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
Not Applicable	Gen Re-New England Asset Management, Inc.	76 Batterson Park Road, Farmington, CT 06032

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ ☒ ] No [ ☐ ]

18.2 If no, list exceptions:

Not Applicable

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Stonewood General Insurance Company  
GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

If yes, attach an explanation.  
The Company entered into an intercompany reinsurance pooling arrangement with its United States affiliated insurance carriers, effective January 1, 2013.  
The Company's participation percentage is 1%.

Yes [ X ]

No [   ]

N/A [   ]

2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

If yes, attach an explanation.  
Not Applicable

Yes [   ]

No [ X ]

3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [   ]

No [ X ]

3.2

If yes, give full and complete information thereto:

Not Applicable

4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes [   ]

No [ X ]

4.2

If yes, complete the following schedule:

1	2	3	Total Discount				Discount Taken During Period			
Line of Business	Maximum Interest	Disc. Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Not Applicable						.....0				.....0
Total.....	.....XXX...	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

5.

Operating Percentages:

5.1 A&H loss percent

5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses

0.0 %

0.0 %

0.0 %

6.1

Do you act as a custodian for health savings accounts?

Yes [   ]

No [ X ]

6.2

If yes, please provide the amount of custodial funds held as of the reporting date.

0

6.3

Do you act as an administrator for health savings accounts?

Yes [   ]

No [ X ]

6.4

If yes, please provide the amount of funds administered as of the reporting date.

0

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5 Is Insurer Authorized? (YES or NO)
Affiliates				
31925.....	42-1019055.....	Stonewood National Insurance Company.....	OH.....	YES.....
U.S. Insurers				
10348.....	06-1430254.....	Arch Reins Co.....	NE.....	YES.....
10227.....	13-4924125.....	Munich Reins Amer Inc.....	DE.....	YES.....
10219.....	23-1641984.....	QBE Reins Corp.....	PA.....	YES.....
19453.....	13-5616275.....	Transatlantic Reins Co.....	NY.....	YES.....
All Other Insurers				
00000.....	AA-3190829.....	Alterra Bermuda Ltd.....	BMU.....	NO.....
00000.....	AA-1120337.....	Aspen Ins UK Ltd.....	GBR.....	YES.....
00000.....	AA-1128003.....	Catlin Underwriting.....	GBR.....	YES.....
00000.....	AA-1126435.....	Lloyds Syndicate No. 0435.....	GBR.....	YES.....
00000.....	AA-1126566.....	Lloyds Syndicate No. 0566.....	GBR.....	YES.....
00000.....	AA-1126609.....	Lloyds Syndicate No. 0609.....	GBR.....	YES.....
00000.....	AA-1126780.....	Lloyds Syndicate No. 0780.....	GBR.....	YES.....
00000.....	AA-1128001.....	Lloyds Syndicate No. 2001.....	GBR.....	YES.....
00000.....	AA-1128987.....	Lloyds Syndicate No. 2987.....	GBR.....	YES.....
00000.....	AA-1126006.....	Lloyds Syndicate No. 4472.....	GBR.....	YES.....

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	.N						
2. Alaska.....AK	.N						
3. Arizona.....AZ	.N						
4. Arkansas.....AR	.N						
5. California.....CA	.N						
6. Colorado.....CO	.N						
7. Connecticut.....CT	.N						
8. Delaware.....DE	.N						
9. District of Columbia.....DC	.N						
10. Florida.....FL	.N						
11. Georgia.....GA	.L			(870)	9,711	165,600	507,240
12. Hawaii.....HI	.N						
13. Idaho.....ID	.N						
14. Illinois.....IL	.N						
15. Indiana.....IN	.N						
16. Iowa.....IA	.N						
17. Kansas.....KS	.N						
18. Kentucky.....KY	.N						
19. Louisiana.....LA	.N						
20. Maine.....ME	.N						
21. Maryland.....MD	.N						
22. Massachusetts.....MA	.N						
23. Michigan.....MI	.N						
24. Minnesota.....MN	.N						
25. Mississippi.....MS	.N						
26. Missouri.....MO	.N						
27. Montana.....MT	.N						
28. Nebraska.....NE	.N						
29. Nevada.....NV	.N						
30. New Hampshire.....NH	.N						
31. New Jersey.....NJ	.N						
32. New Mexico.....NM	.N						
33. New York.....NY	.L						
34. North Carolina.....NC	.N						
35. North Dakota.....ND	.N						
36. Ohio.....OH	.L						
37. Oklahoma.....OK	.L						
38. Oregon.....OR	.N						
39. Pennsylvania.....PA	.N						
40. Rhode Island.....RI	.N						
41. South Carolina.....SC	.N						
42. South Dakota.....SD	.N						
43. Tennessee.....TN	.N						
44. Texas.....TX	.N						
45. Utah.....UT	.N						
46. Vermont.....VT	.N						
47. Virginia.....VA	.N						
48. Washington.....WA	.N						
49. West Virginia.....WV	.N						
50. Wisconsin.....WI	.N						
51. Wyoming.....WY	.N						
52. American Samoa.....AS	.N						
53. Guam.....GU	.N						
54. Puerto Rico.....PR	.N						
55. US Virgin Islands.....VI	.N						
56. Northern Mariana Islands.....MP	.N						
57. Canada.....CAN	.N						
58. Alaska, Off. Ali. CT	.N						

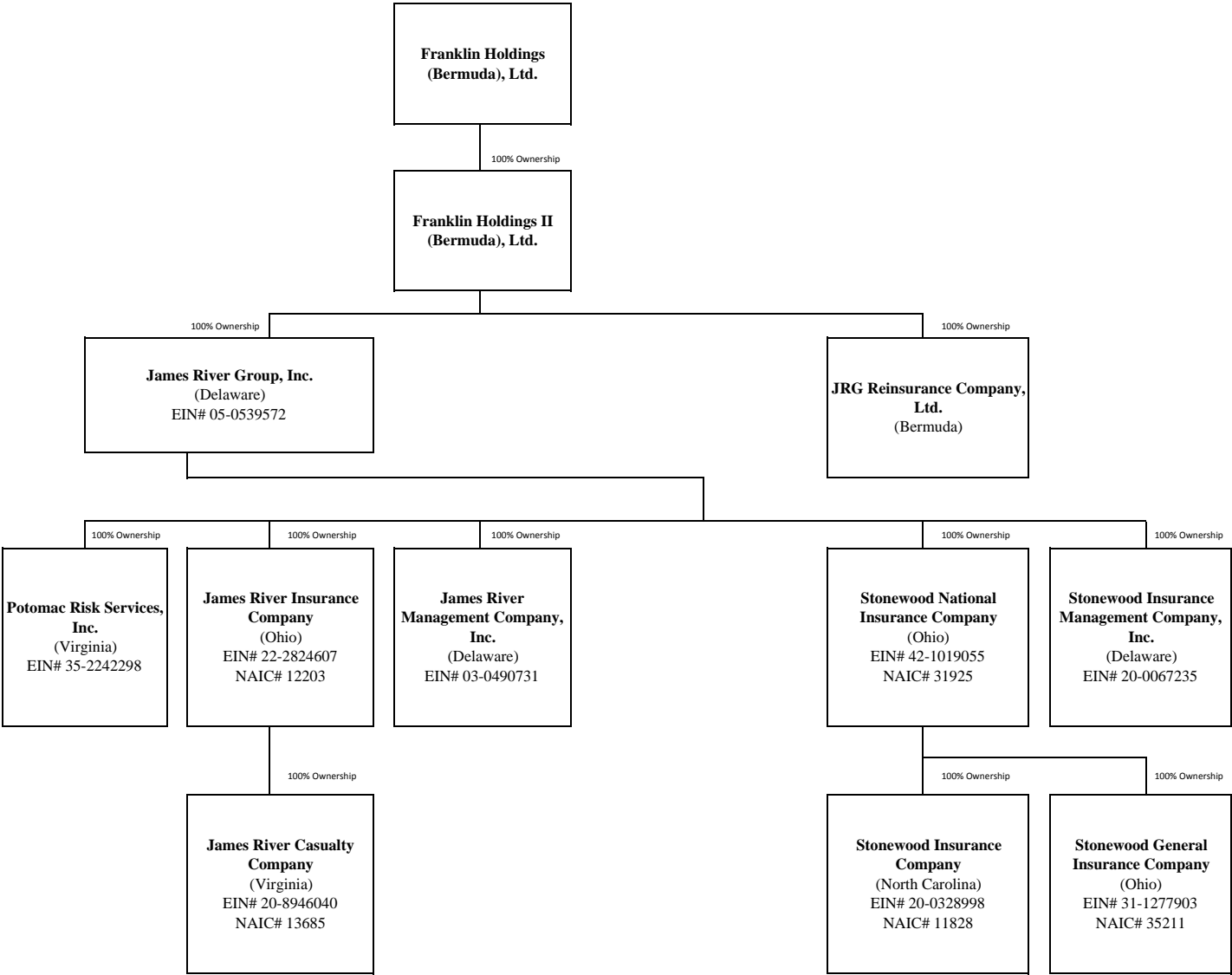
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	N						
11. Georgia.....GA	L			(870)	9,711	165,600	507,240
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	N						
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	N						
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	N						
25. Mississippi.....MS	N						
26. Missouri.....MO	N						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	L						
34. North Carolina.....NC	N						
35. North Dakota.....ND	N						
36. Ohio.....OH	L						
37. Oklahoma.....OK	L						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	N						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	N						
44. Texas.....TX	N						
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. US Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
		00000.....	.....				Franklin Holdings, Ltd.....	BMU.....	UIP.....	.....	.....	.....	.....	.....
		00000.....	.....				Franklin Holdings II, Ltd.....	BMU.....	UIP.....	Franklin Holdings, Ltd.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
		00000.....	05-0539572				James River Group, Inc.....	DE.....	UIP.....	Franklin Holdings II, Ltd.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
		00000.....	AA-3190958				JRG Reinsurance Company, Ltd.....	BMU.....	IA.....	Franklin Holdings II, Ltd.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
		00000.....	35-2242298				Potomac Risk Services, Inc.....	VA.....	NIA.....	James River Group, Inc.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
3494.....	James River Insurance Group.....	12203.....	22-2824607				James River Insurance Company.....	OH.....	IA.....	James River Group, Inc.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
		00000.....	03-0490731				James River Management Company.....	DE.....	NIA.....	James River Group, Inc.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
3494.....	James River Insurance Group.....	13685.....	20-8946040				James River Casualty Company.....	VA.....	IA.....	James River Insurance Company.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
3494.....	James River Insurance Group.....	31925.....	42-1019055				Stonewood National Insurance Company.....	OH.....	UDP.....	James River Group, Inc.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
		00000.....	20-0067235				Stonewood Insurance Management Co.....	DE.....	NIA.....	James River Group, Inc.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
3494.....	James River Insurance Group.....	11828.....	20-0328998				Stonewood Insurance Company.....	NC.....	IA.....	Stonewood National Insurance Company.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....
3494.....	James River Insurance Group.....	35211.....	31-1277903				Stonewood General Insurance Company.....	OH.....	.....	Stonewood National Insurance Company.....	Ownership.....	...100.000	Franklin Holdings, Ltd.....	.....

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			.....0.0	.....
2. Allied lines.....			.....0.0	.....
3. Farmowners multiple peril.....			.....0.0	.....
4. Homeowners multiple peril.....			.....0.0	.....
5. Commercial multiple peril.....			.....0.0	.....
6. Mortgage guaranty.....			.....0.0	.....
8. Ocean marine.....			.....0.0	.....
9. Inland marine.....			.....0.0	.....
10. Financial guaranty.....			.....0.0	.....
11.1. Medical professional liability - occurrence.....			.....0.0	.....
11.2. Medical professional liability - claims-made.....			.....0.0	.....
12. Earthquake.....			.....0.0	.....
13. Group accident and health.....			.....0.0	.....
14. Credit accident and health.....			.....0.0	.....
15. Other accident and health.....			.....0.0	.....
16. Workers' compensation.....			.....0.0	.....
17.1 Other liability-occurrence.....			.....0.0	.....
17.2 Other liability-claims made.....			.....0.0	.....
17.3 Excess workers' compensation.....			.....0.0	.....
18.1 Products liability-occurrence.....			.....0.0	.....
18.2 Products liability-claims made.....			.....0.0	.....
19.1, 19.2 Private passenger auto liability.....		(46,239)	.....0.0	.....
19.3, 19.4 Commercial auto liability.....		(250)	.....0.0	.....
21. Auto physical damage.....		(378)	.....0.0	.....
22. Aircraft (all perils).....			.....0.0	.....
23. Fidelity.....			.....0.0	.....
24. Surety.....			.....0.0	.....
26. Burglary and theft.....			.....0.0	.....
27. Boiler and machinery.....			.....0.0	.....
28. Credit.....			.....0.0	.....
29. International.....			.....0.0	.....
30. Warranty.....			.....0.0	.....
31. Reinsurance-nonproportional assumed property.....	XXX	.XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	.XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	.XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	.....0	.....0	.....0.0	.....
35. Totals.....	.....0	(46,867)	.....0.0	.....
DETAILS OF WRITE-INS				
3401. ....			.....0.0	.....
3402. ....			.....0.0	.....
3403. ....			.....0.0	.....
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.....0	.....0	.....0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	.....0	.....0	.....0.0	.....

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farnowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1 Medical professional liability - occurrence.....			
11.2 Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....			
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1 19.2 Private passenger auto liability.....			
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	0	0	0
DETAILS OF WRITE-INS			
3401. ....			
3402. ....			
3403. ....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

NONE

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2013 Loss and LAE Payments on Claims Reported as of Prior Year-End	2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2013 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)	
1. 2010 + Prior.....	.....194	.....806	.....1,000	.....81	.....11	.....92	.....151	.....2	.....701	.....854	.....38	.....(92)	.....(54)	
2. 2011.....	.....95	.....198	.....293	.....49	.....3	.....52	.....62	.....3	.....172	.....237	.....16	.....(20)	.....(4)	
3. Subtotals 2011 + Prior.....	.....289	.....1,004	.....1,293	.....130	.....14	.....144	.....213	.....5	.....873	.....1,091	.....54	.....(112)	.....(58)	
4. 2012.....	.....122	.....273	.....395	.....(119)	.....6	.....(113)	.....278	.....6	.....243	.....527	.....37	.....(18)	.....19	
5. Subtotals 2012 + Prior.....	.....411	.....1,277	.....1,688	.....11	.....20	.....31	.....491	.....11	.....1,116	.....1,618	.....91	.....(130)	.....(39)	
6. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....12	.....12	.....XXX	.....27	.....154	.....181	.....XXX	.....XXX	.....XXX	
7. Totals.....	.....411	.....1,277	.....1,688	.....11	.....32	.....43	.....491	.....38	.....1,270	.....1,799	.....91	.....(130)	.....(39)	
8. Prior Year- End's Surplus As Regards Policyholders	.....3,912											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
												1. ....22.1 %	2. ....(10.2)%	3. ....(2.3)%
													Col. 13, Line 7 Line 8	
														4. ....(1.0)%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

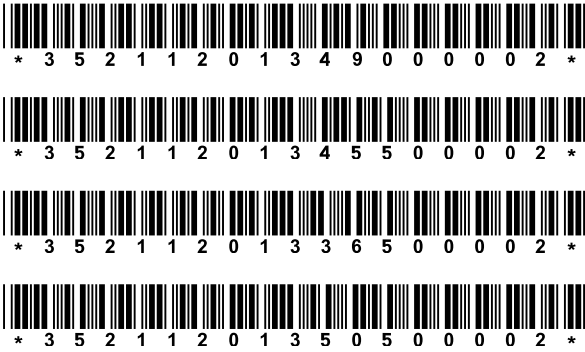
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	<div>NO</div>
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>

Explanation:

1.
2.
3.
4.

Bar Code:



**Stonewood General Insurance Company**  
**Overflow Page for Write-Ins**

Q16

NONE

Statement for June 30, 2013 of the

Stonewood General Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....0	.....
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	.....
2.2 Additional investment made after acquisition.....	.....	.....
3. Current year change in encumbrances.....	.....	.....
4. Total gain (loss) on disposals.....	.....	.....
5. Deduct amounts received on disposals.....	.....	.....
6. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
7. Deduct current year's other than temporary impairment recognized.....	.....	.....
8. Deduct current year's depreciation.....	.....	.....
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.....0	.....0
10. Deduct total nonadmitted amounts.....	.....	.....
11. Statement value at end of current period (Line 9 minus Line 10).....	.....0	.....0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.....0	.....
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	.....
2.2 Additional investment made after acquisition.....	.....	.....
3. Capitalized deferred interest and other.....	.....	.....
4. Accrual of discount.....	.....	.....
5. Unrealized valuation increase (decrease).....	.....	.....
6. Total gain (loss) on disposals.....	.....	.....
7. Deduct amounts received on disposals.....	.....	.....
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	.....	.....
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	.....	.....
10. Deduct current year's other than temporary impairment recognized.....	.....	.....
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Total valuation allowance.....	.....	.....
13. Subtotal (Line 11 plus Line 12).....	.....0	.....0
14. Deduct total nonadmitted amounts.....	.....	.....
15. Statement value at end of current period (Line 13 minus Line 14).....	.....0	.....0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....0	.....
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	.....
2.2 Additional investment made after acquisition.....	.....	.....
3. Capitalized deferred interest and other.....	.....	.....
4. Accrual of discount.....	.....	.....
5. Unrealized valuation increase (decrease).....	.....	.....
6. Total gain (loss) on disposals.....	.....	.....
7. Deduct amounts received on disposals.....	.....	.....
8. Deduct amortization of premium and depreciation.....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
10. Deduct current year's other than temporary impairment recognized.....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Deduct total nonadmitted amounts.....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12).....	.....0	.....0

Statement for June 30, 2013 of the

Stonewood General Insurance Company

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	1,504,744	3,777,736
2. Cost of bonds and stocks acquired.....	1,897,047	
3. Accrual of discount.....	1,624	3,107
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	120,000	2,275,000
7. Deduct amortization of premium.....	591	1,099
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,282,824	1,504,744
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,282,824	1,504,744

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	.....3,888,250	.....2,232,815	.....2,231,286	.....509	.....3,888,250	.....3,890,288		.....3,877,544
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	.....3,888,250	.....2,232,815	.....2,231,286	.....509	.....3,888,250	.....3,890,288	.....0	.....3,877,544
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
15. Total Bonds and Preferred Stock.....	.....3,888,250	.....2,232,815	.....2,231,286	.....509	.....3,888,250	.....3,890,288	.....0	.....3,877,544

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999.....	607,464	XXX.....	607,464	1	

SCHEDULE DA - VERIFICATION

Short-Term Investments		
	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,372,800	41,188
2. Cost of short-term investments acquired.....	3,855,019	2,442,483
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	5,620,355	110,871
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	607,464	2,372,800
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	607,464	2,372,800

Sch. DB-Pt A-Verification

NONE

Sch. DB-Pt B-Verification

NONE

Sch. DB-Pt C-Sn 1

NONE

Sch. DB-Pt C-Sn 2

NONE

Sch. DB-Verification

NONE

Sch. E-Verification

NONE

Sch. A-Pt 2

NONE

Sch. A-Pt 3

NONE

Sch. B-Pt 2

NONE

Sch. B-Pt 3

NONE

Sch. BA-Pt 2

NONE

Sch. BA-Pt 3

NONE

**SCHEDULE D - PART 3**

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>									
912828 SP 6	UNITED STATES TREASURY NOTES.....		.04/12/2013	NOMURA SECURITIES INTL.....		.501,389	.500,000	.922	1.....
0599999	Total - Bonds - U.S. Government.....					.501,389	.500,000	.922	....XXX.....
8399997	Total - Bonds - Part 3.....					.501,389	.500,000	.922	....XXX.....
8399999	Total - Bonds.....					.501,389	.500,000	.922	....XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					.501,389	.XXX	.922	....XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. D-Pt 4  
NONE

Sch. DB-Pt A-Sn 1  
NONE

Sch. DB-Pt B-Sn 1  
NONE

Sch. DB-Pt B-Sn 1B-Broker List  
NONE

Sch. DB-Pt D-Sn 1  
NONE

Sch. DB-Pt D-Sn 2  
NONE

Sch. DL-Pt. 1  
NONE

Sch. DL-Pt. 2  
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1  Depository	2  Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6  First Month	7  Second Month	8  Third Month	
Open Depositories								
KeyBank..... Cleveland, OH.....					31,831	28,524	33,877	XXX..
0199999. Total Open Depositories.....	XXX.....	XXX.....	0	0	31,831	28,524	33,877	XXX..
0399999. Total Cash on Deposit.....	XXX.....	XXX.....	0	0	31,831	28,524	33,877	XXX..
0599999. Total Cash.....	XXX.....	XXX.....	0	0	31,831	28,524	33,877	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE