



QUARTERLY STATEMENT

As of June 30, 2014

of the Condition and Affairs of the

EVERGREEN NATIONAL INDEMNITY COMPANY

NAIC Group Code.....	NAIC Company Code..... 12750	Employer's ID Number..... 36-2467238
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 30, 1939	Commenced Business..... January 1, 1940	
Statutory Home Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3420	
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3403	
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	DAVID ALAN CANZONE	440-229-3403
	(Name)	(Area Code) (Telephone Number) (Extension)
	dcanzone@evergreen-national.com	440-229-3421
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. CHARLES DELL HAMM JR.	PRESIDENT	2. DAVID ALAN CANZONE	CFO/TREASURER
3. WAN CHEN COLLIER	SECRETARY	4. MATTHEW TRACY TUCKER	COO

OTHER

CRAIG LANGJAHR STOUT	VICE PRESIDENT
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DIRECTORS OR TRUSTEES

CHARLES DELL HAMM JR.	CRAIG LANGJAHR STOUT	EDWARD FARRELL FEIGHAN	DAVID ALAN CANZONE
ROSWELL PAINE ELLIS			

State of..... Ohio
County of..... Cuyahoga

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)
CHARLES DELL HAMM JR.	DAVID ALAN CANZONE	WAN CHEN COLLIER
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	CFO/TREASURER	SECRETARY
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____	b. If no:	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

EVERGREEN NATIONAL INDEMNITY COMPANY

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.....	18,086,201		18,086,201	19,384,634
2. Stocks:				
2.1 Preferred stocks.....	840,613		840,613	855,180
2.2 Common stocks.....	293,923		293,923	291,347
3. Mortgage loans on real estate:				
3.1 First liens.....	845,265		845,265	850,000
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 (\$....9,316,460), cash equivalents (\$.....0) and short-term investments (\$....12,294,702).....	21,611,162		21,611,162	22,623,743
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	500,000		500,000	500,000
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).....	42,177,164	0	42,177,164	44,504,904
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	234,760		234,760	241,171
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,372,314		2,372,314	2,112,328
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.....	348,252	62,365	285,887	263,255
16.2 Funds held by or deposited with reinsured companies.....			0	
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.....	581,385		581,385	
18.2 Net deferred tax asset.....	741,676	253,641	488,035	476,523
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	25,000	11,995	13,005	14,965
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,026	2,026	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	73,026	41,544	31,482	69
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	46,555,603	371,570	46,184,032	47,613,215
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	46,555,603	371,570	46,184,032	47,613,215

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Receivable.....	31,482		31,482	69
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	41,544	41,544	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	73,026	41,544	31,482	69

EVERGREEN NATIONAL INDEMNITY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$....798,269).....	2,240,434	2,251,851
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	1,237,095	1,214,168
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	151,155	236,518
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		239,261
7.1 Current federal and foreign income taxes (including \$......0 on realized capital gains (losses)).....		227,889
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 \$.....9,913,003 and including warranty reserves of \$.....62,285 and accrued accident and health experience rating refunds including \$......0 for medical loss ratio rebate per the Public Health Service Act.....	5,140,715	4,971,438
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	3,362,658	3,388,542
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	369	1,230
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.....	1,232,174	1,221,458
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	13,364,600	13,752,355
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	13,364,600	13,752,355
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	3,018,004	3,018,004
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.....	25,841,820	25,841,820
35. Unassigned funds (surplus).....	3,959,608	5,001,036
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).....	32,819,432	33,860,860
38. Totals (Page 2, Line 28, Col. 3).....	46,184,032	47,613,215
DETAILS OF WRITE-INS		
2501. Unrestricted Collateral.....	1,008,736	911,119
2502. Pledged as Collateral.....	223,438	310,339
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,232,174	1,221,458
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

EVERGREEN NATIONAL INDEMNITY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$14,046,706).....	16,031,442	15,843,544	32,322,773
1.2 Assumed..... (written \$2,380,787).....	1,987,367	2,325,803	4,246,161
1.3 Ceded..... (written \$10,595,041).....	12,355,634	12,093,956	24,686,795
1.4 Net..... (written \$5,832,452).....	5,663,175	6,075,391	11,882,139
DEDUCTIONS:			
2. Losses incurred (current accident year \$798,269):			
2.1 Direct.....	111,435	318,630	(723,551)
2.2 Assumed.....	29,266	58,497	(65,531)
2.3 Ceded.....	147,851	306,404	(728,769)
2.4 Net.....	(7,150)	70,723	(60,313)
3. Loss adjustment expenses incurred.....	16,476	84,995	(102,350)
4. Other underwriting expenses incurred.....	5,830,958	4,663,618	8,988,221
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	5,840,284	4,819,336	8,825,558
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(177,109)	1,256,055	3,056,581
INVESTMENT INCOME			
9. Net investment income earned.....	382,410	415,924	783,313
10. Net realized capital gains (losses) less capital gains tax of \$0.....	(15,023)	91,463	126,603
11. Net investment gain (loss) (Lines 9 + 10).....	367,387	507,387	909,916
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.....	540	13,045	10,252
15. Total other income (Lines 12 through 14).....	540	13,045	10,252
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	190,818	1,776,487	3,976,749
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).....	190,818	1,776,487	3,976,749
19. Federal and foreign income taxes incurred.....	70,726	579,244	1,309,962
20. Net income (Line 18 minus Line 19) (to Line 22).....	120,092	1,197,243	2,666,787
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	33,860,860	33,651,831	33,651,831
22. Net income (from Line 20).....	120,092	1,197,243	2,666,787
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$0.....	38,010	(6,181)	(38,123)
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	11,511	(33,177)	(497,467)
27. Change in nonadmitted assets.....	38,960	89,260	527,832
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.....	(1,250,000)	(1,250,000)	(2,450,000)
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).....	(1,041,428)	(2,855)	209,029
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	32,819,432	33,648,976	33,860,860
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. Miscellaneous Income.....	540	13,045	10,252
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	540	13,045	10,252
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

EVERGREEN NATIONAL INDEMNITY 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.....	5,546,582	5,657,590	11,937,938
2. Net investment income.....	449,009	492,675	938,162
3. Miscellaneous income.....	540	13,045	10,252
4. Total (Lines 1 through 3).....	5,996,131	6,163,310	12,886,352
5. Benefit and loss related payments.....	26,899	77,313	(18,306)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	6,149,131	8,637,984	12,800,416
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	880,000	772,171	1,275,000
10. Total (Lines 5 through 9).....	7,056,030	9,487,468	14,057,110
11. Net cash from operations (Line 4 minus Line 10).....	(1,059,899)	(3,324,158)	(1,170,758)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,716,936	3,876,831	6,467,045
12.2 Stocks.....	50,000	651,031	1,085,469
12.3 Mortgage loans.....	4,735		
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).....	1,771,671	4,527,862	7,552,514
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	493,713	3,253,629	4,987,863
13.2 Stocks.....		399,299	399,299
13.3 Mortgage loans.....		850,000	850,000
13.4 Real estate.....			
13.5 Other invested assets.....		500,000	500,000
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	493,713	5,002,928	6,737,162
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	1,277,958	(475,066)	815,352
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.....	1,250,000	1,250,000	2,450,000
16.6 Other cash provided (applied).....	19,360	87,976	365,548
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(1,230,640)	(1,162,024)	(2,084,452)
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).....	(1,012,581)	(4,961,248)	(2,439,858)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	22,623,743	25,063,601	25,063,601
19.2 End of period (Line 18 plus Line 19.1).....	21,611,162	20,102,352	22,623,743

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. Accounting Practices

The financial statements of Evergreen National Indemnity Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (Department).

The Department 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 determining its solvency under Ohio insurance law. The Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

	State of Domicile	2014	2013
NET INCOME			
(1) EVERGREEN NATIONAL INDEMNITY COMPANY state basis (Page 4, Line 20, Columns 1 & 3)	OHIO	120,092	2,666,787
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OHIO	120,092	2,666,787
SURPLUS			
(5) CompName#CompName state basis (Page 3, line 37, Columns 1 & 2)	OHIO	32,819,432	33,860,860
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OHIO	32,819,432	33,860,860

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

D. Loan-Backed Securities

(1)

			1	2	3
(2)			Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 – 2
	OTTI recognized 1 st Quarter				
	a.	Intent to sell			
	b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
	c.	Total 1 st Quarter	None		
	OTTI recognized 2 nd Quarter				
	d.	Intent to sell			
	e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
	f.	Total 2 nd Quarter	None		
	OTTI recognized 3 rd Quarter				
	g.	Intent to sell			
	h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
	i.	Total 4 th Quarter			
	OTTI recognized 4 th Quarter				
	j.	Intent to sell			

NOTES TO FINANCIAL STATEMENTS

k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l.	Total 4 th Quarter			
m.	Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
Total						

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains): None

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	
		2.	12 Months or Longer	

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received - Not Applicable

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

I. Working Capital Finance Investments - Not Applicable

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

		Book/Adjusted Carrying Value
(a)	Up to 180 Days	
(b)	181 to 365 Days	
(c)	Total	

(3)

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.

Note 9 - Income Taxes

No significant change.

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

Effective August 1, 2014, ProAlliance Corporation and its shareholders entered into a stock purchase agreement with Stillwater Insurance Company (SIC). According to the agreement, SIC purchased 90% of the issued and outstanding capital stock of ProAlliance Corporation. The agreement was approved on July 29, 2014 by the Ohio Department of Insurance.

Note 11 - Debt

B. FHLB (Federal Home Loan Bank) Agreements -Not Applicable

(1)

(2) a. FHLB Capital Stock – Aggregate Totals

1. Current Year

		1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			

NOTES TO FINANCIAL STATEMENTS

		1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(c)	Activity Stock			
(d)	Excess Stock			
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

2. Prior Year

		1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a)	Membership Stock – Class A			
(b)	Membership Stock – Class B			
(c)	Activity Stock			
(d)	Excess Stock			
(e)	Aggregate Total			
(f)	Actual or estimated borrowing capacity as determined by the insurer		XXX	XXX

b. Membership Stock (Class A and B) Eligible for Redemption

		Current Period Total	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less than 1 Year	1 to Less than 3 Years	3 to 5 Years
1.	Class A						
2.	Class B						

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

1. Current Period Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

2. Current Period General Account

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

3. Current Period Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowing
Total Collateral Pledged			

b. Maximum Amount Pledged During Reporting Period

1. Current Period Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

2. Current Period General Account

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

3. Current Period Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at Time of Maximum Collateral
Total Collateral Pledged			

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				
(b)	Funding Agreements				
(c)	Other				
(d)	Aggregate Total				

NOTES TO FINANCIAL STATEMENTS

2. Prior Year-end

		1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Established
(a)	Debt				
(b)	Funding Agreements				
(c)	Other				
(d)	Aggregate Total				

b. Maximum Amount During Reporting Period (Current Year)

		1 Total 2 + 3	2 General Account	3 Protected Cell Account
1.	Debt			
2.	Funding Agreements			
3.	Other			
4.	Aggregate Total			

c. FHLB Prepayment Obligations

		Does the company have prepayment obligations under the following arrangements?
1.	Debt	
2.	Funding Agreements	
3.	Other	

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

A. Defined Benefit Plan -Not Applicable

- (1)
- (2)
- (3)

(4)	Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Postemployment	
			2014	2013	2014	2013	2014	2013
	a.	Service cost						
	b.	Interest cost						
	c.	Expected return on plan assets						
	d.	Transition asset or obligation						
	e.	Gains and losses						
	f.	Prior service cost or credit						
	g.	Gain or loss recognized due to a settlements curtailment						
	h.	Total net periodic benefit cost						

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

On April 16, 2014, the Company declared an ordinary dividend of \$1,250,000. The cash dividend was paid April 28, 2014.

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

B. Transfer and Servicing of Financial Assets -Not Applicable

- (2)
- b.

NOTES TO FINANCIAL STATEMENTS

- (4)
- a.

b.
- C. Wash Sales -Not Applicable

- (1)
- (2) The details by NAIC designation 3 or below, or unrated of securities sold during the current period, 2014 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)

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.
- (1) Fair Value Measurements at Reporting Date
- | Assets at Fair Value | Level 1 | Level 2 | Level 3 | Total |
|----------------------|---------|---------|---------|---------|
| Preferred Stocks | | 454,173 | | 454,173 |
| Common Stocks | 86,810 | 17,619 | 189,494 | 293,923 |
| Total | 86,810 | 471,792 | 189,494 | 748,096 |

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy
- | | Beginning Balance at Period | Transfers Into Level 3 | Transfers Out of Level 3 | Total Gains and (Losses) Included in Net Income | Total Gains and (Losses) Included in Surplus | Purchases | Issuances | Sales | Settlements | Ending Balance at Period |
|---------------|-----------------------------|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|--------------------------|
| a. Assets | | | | | | | | | | |
| Common Stocks | 189,494 | | | | | | | | | 189,494 |
| Total | 189,494 | | | | | | | | | 189,494 |

	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Period
b. Liabilities										
Total										
- (3)
- (4)
- (5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Total						

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

Note 21 - Other Items

G. Offsetting and Netting of Assets and Liabilities -Not Applicable

NOTES TO FINANCIAL STATEMENTS

Note 22 - Events Subsequent

Effective August 1, 2014, ProAlliance Corporation and its shareholders entered into a stock purchase agreement with Stillwater Insurance Company (SIC). According to the agreement, SIC purchased 90% of the issued and outstanding capital stock of ProAlliance Corporation. The agreement was approved on July 29, 2014 by the Ohio Department of Insurance.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

F. Risk Sharing Provisions of the Affordable Care Act -Not Applicable

(1) Permanent Risk Adjustment Program

Assets	Amount
a. Premium adjustments receivable	\$
Liabilities	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	\$

(2) Transitional Reinsurance Program

Assets	
a. Amounts recoverable for claims paid	\$
b. Amounts recoverable for claims unpaid	\$
c. Amounts receivable relating to uninsured plans	\$
Liabilities	
d. Claims unpaid-ceded	\$
e. Contributions payable-not reported as ceded premium	\$
f. Ceded reinsurance premiums payable	\$
g. Liability for amounts held under uninsured plans	\$
Operations (Revenue & Expense)	
h. Ceded reinsurance premiums	\$
i. Reinsurance recoveries	\$
j. Contributions-not reported as ceded premium	\$

(3) Temporary Risk Corridors Program

Assets	
a. Accrued retrospective premium	\$
Liabilities	
b. Reserve for rate credits or policy experience rating refunds	\$
Operations (Revenue & Expense)	
c. Net premium income (paid/received)	\$
d. Change in reserves for rate credits	\$

(4) Have there been any material re-estimations and/or impairments for the reporting period Yes/No

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2013 were \$3.46 million. As of June 30, 2014, \$(2) thousand has been paid for net incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2.53 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the landfill and contract lines of business. Therefore, there has been a \$939 thousand favorable prior year development since December 31, 2013 to June 30, 2014. The decrease is the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. None of the decrease the Company experienced was due to retrospectively rated policies.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

NOTES TO FINANCIAL STATEMENTS

No significant change.

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

B. Schedule of Insured Financial Obligations at the End of the Period: -Not Applicable

			Surveillance Categories				
			A	B	C	D	Total
1.	Number of policies						
2.	Remaining weighted average contract period (in years)						
3.	Insured contractual payments outstanding:						
	a.	Principal					
	b.	Interest					
	c.	Total					
4.	Gross claim liability						
Less							
5.	a.	Gross potential recoveries					
	b.	Discount, net					
6.	Net claim liability						
7.	Unearned premium revenue						
8.	Reinsurance recoverables						

EVERGREEN NATIONAL INDEMNITY COMPANY
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 [☐] No [☒]
- 1.2

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

Yes [☐] 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 [☒]
- 2.2

If yes, date of change:

.....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

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

Yes [☐] No [☒]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1

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

Yes [☐] No [☒]
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

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 [☒] N/A [☐]
-

- 6.1

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

.....12/31/2009.....
- 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.

.....12/31/2009.....
- 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).

.....2/11/2011.....
- 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 [☒]
- 6.6

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

Yes [☒] No [☐] N/A [☐]
- 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 [☒]
- 7.2

If yes, give full information:

- 8.1

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

Yes [☐] No [☒]
- 8.2

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

- 8.3

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

Yes [☐] No [☒]
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 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?

Yes [☒] No [☐]

(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.
- 9.11

If the response to 9.1 is No, please explain:

- 9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]
- 9.21

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

- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]
- 9.31

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

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 [☒]
- 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:

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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter 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.

16. For the reporting entity's security lending program, state the amount of the following as of 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 reported 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 []

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
Huntington Bank	7 Easton Oval, Columbus, OH 43219

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)

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

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
SEC FILE #801-22445	GENERAL RE/NEW ENGLAND ASSET MANAGEMENT	76 BATTERSON AVE. 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 [X] No []

18.2 If no, list exceptions:

EVERGREEN NATIONAL INDEMNITY 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.

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

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.

Yes [] No [X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?
3.2 If yes, give full and complete information thereto:

Yes [] No [X]

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 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	.....	.....	.....	.....	.....	.....0	.....	.....	.....	.....0
Total.....	...XXX...	...XXX.....	0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent0.0 %

5.2 A&H cost containment percent0.0 %

5.3 A&H expense percent excluding cost containment expenses0.0 %

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

EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsuer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
------------------------------	-------------------	----------------------------	--------------------------------------	------------------------------	---	---

NONE

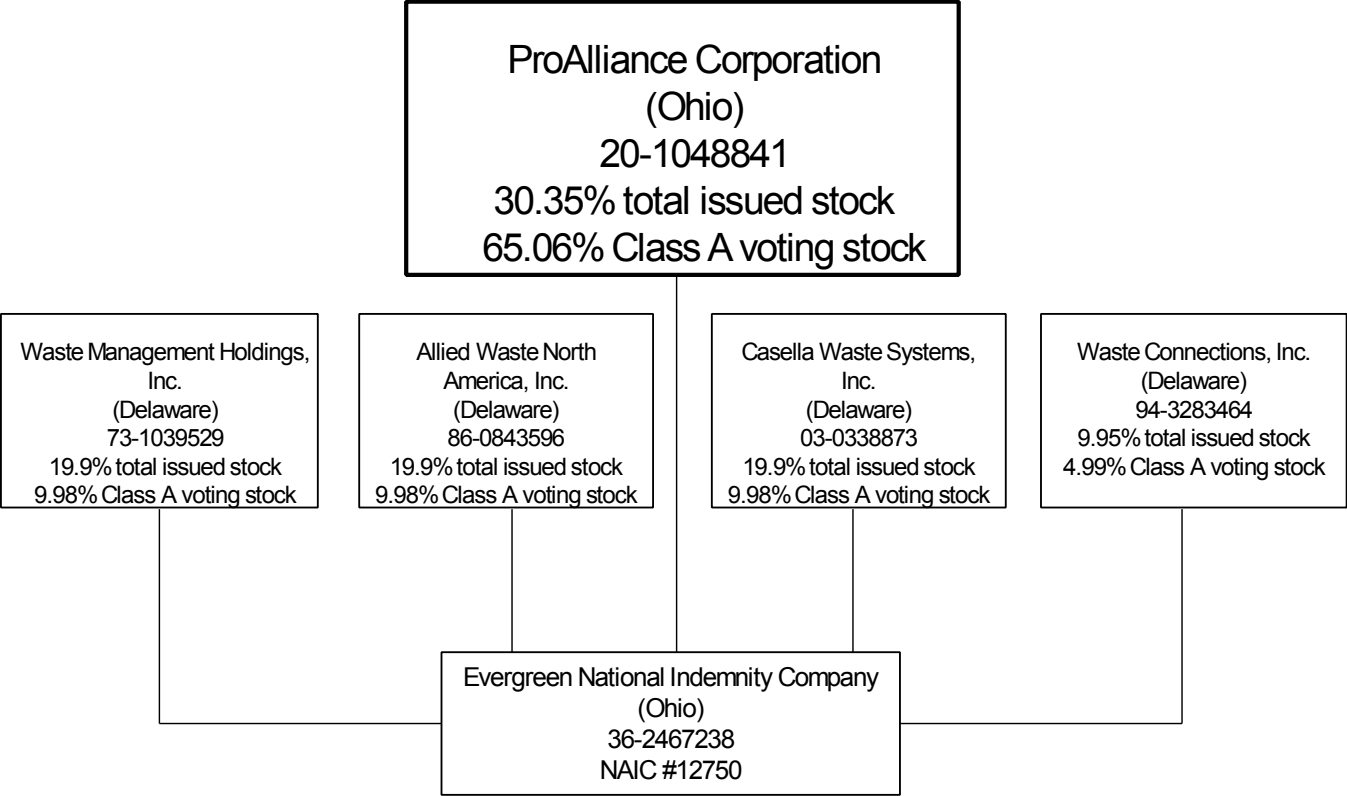
EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date - Allocated by States and Territories

		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
States, Etc.								
1.	Alabama.....AL	...L....	177,489	119,257	.....	.....	.....82,743	46,634
2.	Alaska.....AK	...L....	.....	.....100	.....	.....	.....	.....184
3.	Arizona.....AZ	...L....	16,060	28,081	.....	.....	.....8,860	31,624
4.	Arkansas.....AR	...L....	225,303	230,960	.....	.....	.....86,960	81,198
5.	California.....CA	...L....	458,324	271,262	17,068	.....	.....218,190	107,117
6.	Colorado.....CO	...L....	138,572	122,688	.....	.....	.....202,275	83,738
7.	Connecticut.....CT	...L....	156,194	137,389	20,973	511,516	393,406	93,378
8.	Delaware.....DE	...L....	225	216	.....	.....	.....76	76
9.	District of Columbia.....DC	...L....	10,828	9,336	.....	.....	.....12,418	4,860
10.	Florida.....FL	...L....	290,621	307,606	.....	.....	.....345,814	113,964
11.	Georgia.....GA	...L....	24,637	67,237	.....	.....67,378	15,398	124,879
12.	Hawaii.....HI	...N....	.....	.....	.....	.....	.....	.....
13.	Idaho.....ID	...L....	875	1,465	.....	.....	.....295	515
14.	Illinois.....IL	...L....	443,751	456,202	1,075	12,781	291,914	826,338
15.	Indiana.....IN	...L....	27,024	81,039	.....	.....	.....17,767	30,586
16.	Iowa.....IA	...L....	168,888	166,901	.....	.....(4,490)	56,997	60,061
17.	Kansas.....KS	...L....	27,413	53,214	.....	.....	.....20,628	46,355
18.	Kentucky.....KY	...L....	660,196	538,678	236,012	291,421	9,173,129	9,905,021
19.	Louisiana.....LA	...L....	530,383	485,494	.....	.....	.....181,292	178,816
20.	Maine.....ME	...L....	92,313	90,063	.....	.....	.....31,154	(32,441)
21.	Maryland.....MD	...L....	78,851	113,659	.....	.....	.....26,954	105,450
22.	Massachusetts.....MA	...L....	571,757	494,186	.....	.....	.....335,286	254,122
23.	Michigan.....MI	...L....	801,275	609,929	.....	.....	.....253,760	253,410
24.	Minnesota.....MN	...L....	58,161	85,522	.....	.....	.....25,006	61,892
25.	Mississippi.....MS	...L....	114,267	150,960	.....	.....	.....67,470	55,291
26.	Missouri.....MO	...L....	473,710	466,929	45,129	36,987	1,181,273	1,143,175
27.	Montana.....MT	...L....	26,074	27,164	.....	.....	.....8,356	11,062
28.	Nebraska.....NE	...L....	138,191	139,948	.....	.....	.....46,637	53,183
29.	Nevada.....NV	...L....	17,408	11,883	.....	.....	.....53,456	18,104
30.	New Hampshire.....NH	...L....	338,511	444,408	.....	.....	.....154,234	286,245
31.	New Jersey.....NJ	...L....	197,214	211,767	.....	.....	.....677,664	349,707
32.	New Mexico.....NM	...L....	52,904	52,137	.....	.....	.....17,854	18,478
33.	New York.....NY	...L....	650,640	525,052	.....	.....	.....310,987	267,949
34.	North Carolina.....NC	...E....	1,482	.....	.....	.....	.....	.....
35.	North Dakota.....ND	...L....	724	1,876	.....	.....	.....2,728	3,444
36.	Ohio.....OH	...L....	1,648,656	2,021,302	.....	.....	.....971,429	1,675,363
37.	Oklahoma.....OK	...L....	132,109	139,083	.....	.....	.....60,664	55,886
38.	Oregon.....OR	...L....	283,111	270,498	.....	.....	.....93,155	92,855
39.	Pennsylvania.....PA	...L....	2,654,654	2,867,146	.....	.....	.....913,173	1,056,452
40.	Rhode Island.....RI	...L....	100	6,350	.....	.....	.....34	2,232
41.	South Carolina.....SC	...L....	162,613	158,589	.....	.....	.....58,261	55,754
42.	South Dakota.....SD	...L....	3,631	1,700	.....	.....	.....1,225	598
43.	Tennessee.....TN	...L....	393,816	282,789	5,044	4,426	166,521	120,558
44.	Texas.....TX	...L....	495,421	529,490	.....	.....	.....214,069	262,217
45.	Utah.....UT	...L....	38,478	38,208	.....	.....	.....13,160	13,164
46.	Vermont.....VT	...L....	73,414	92,504	.....	.....	.....26,038	101,205
47.	Virginia.....VA	...L....	271,120	262,870	.....	.....	.....113,949	134,598
48.	Washington.....WA	...L....	113,662	125,751	.....	.....	.....37,950	51,635
49.	West Virginia.....WV	...E....	.....	.....	.....	.....	.....77,803	155,369
50.	Wisconsin.....WI	...L....	805,396	803,670	.....	.....	.....277,922	298,120
51.	Wyoming.....WY	...L....	260	410	.....	.....	.....	.....
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.	Aggregate Other Alien.....OT	...XXX...	0	0	0	0	0	0
59.	Totals.....	(a).....48	14,046,706	14,102,968	325,301	920,019	17,326,334	18,660,421

DETAILS OF WRITE-INS							
58001.....	XXX.....	.....	.....	.....	.....	.....	.....
58002.....	XXX.....	.....	.....	.....	.....	.....	.....
58003.....	XXX.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page....	...XXX....	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	...XXX....	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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														
.....			20-1048841	.....	.....	.....	ProAlliance Corporation.....	OH.....	UDP.....	ProAlliance Board of Directors.....	Board.....	.....	.....	.....
.....			32-2467238	.....	.....	.....	Evergreen National Indemnity Company.....	OH.....	.....	ProAlliance Corporation.....	Ownership.....	65.060	ProAlliance Corporation.....	.....

Asterisk	Explanation

NONE

EVERGREEN NATIONAL INDEMNITY COMPANY
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			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.....		59,005	0.0	
17.1. Other liability-occurrence.....		(15,699)	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.....			0.0	
19.3, 19.4. Commercial auto liability.....		(10,479)	0.0	
21. Auto physical damage.....			0.0	
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....	16,010,952	78,608	0.5	2.0
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Warranty.....	20,490		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.....	16,031,442	111,435	0.7	2.0

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. Farmowners 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.....	7,983,048	14,027,636	14,081,083
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....	10,850	19,070	21,885
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.....	7,993,898	14,046,706	14,102,968

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

EVERGREEN NATIONAL INDEMNITY COMPANY

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?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1.
2.
3.
4.

Bar Code:



EVERGREEN NATIONAL INDEMNITY COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Prepaid Insurance.....	41,544	41,544	0	.....
2597. Summary of remaining write-ins for Line 25.....	41,544	41,544	0	0

EVERGREEN NATIONAL INDEMNITY 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

NONE

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.....	850,000	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		850,000
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.....	4,735	
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).....	845,265	850,000
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	845,265	850,000
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	845,265	850,000

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.....	500,000	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		500,000
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).....	500,000	500,000
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	500,000	500,000

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.....	20,531,161	22,740,940
2. Cost of bonds and stocks acquired.....	493,713	5,387,162
3. Accrual of discount.....	9,469	16,782
4. Unrealized valuation increase (decrease).....	38,010	(38,123)
5. Total gain (loss) on disposals.....	(15,023)	126,602
6. Deduct consideration for bonds and stocks disposed of.....	1,766,936	7,552,515
7. Deduct amortization of premium.....	69,657	149,686
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).....	19,220,737	20,531,161
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	19,220,737	20,531,161

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	30,329,667	32,872,440	32,990,935	(30,381)	30,329,667	30,180,791		30,102,169
2. NAIC 2 (a).....	149,994				149,994	149,994		200,125
3. NAIC 3 (a).....	50,124			(7)	50,124	50,117		
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	30,529,785	32,872,440	32,990,935	(30,388)	30,529,785	30,380,902	0	30,302,294
PREFERRED STOCK								
8. NAIC 1.....								
9. NAIC 2.....	554,760			(101,080)	554,760	453,680		441,200
10. NAIC 3.....	263,720			108,113	263,720	371,833		398,880
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....	15,100				15,100	15,100		15,100
14. Total Preferred Stock.....	833,580	0	0	7,033	833,580	840,613	0	855,180
15. Total Bonds and Preferred Stock.....	31,363,365	32,872,440	32,990,935	(23,355)	31,363,365	31,221,515	0	31,157,474

(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 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	12,294,702	XXX.....	12,294,702	960	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	10,917,659	12,946,474
2. Cost of short-term investments acquired.....	54,286,770	70,774,434
3. Accrual of discount.....	634	1,628
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	52,910,361	72,804,877
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).....	12,294,702	10,917,659
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	12,294,702	10,917,659

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

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
	2 City	3 State						

NONE

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
						Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date												
Mortgages With Partial Repayments																	
001-0260.....	Twinsburg.....	OH.....	.....	01/29/2013....	.....	850,000	.....	.....	.....	.....	.....0	.....	.....	.....4,735	.....	.....	.....0
0299999. Total - Mortgages With Partial Repayments.....						850,000	0	0	0	0	0	0	0	4,735	0	0	0
0599999. Total Mortgages.....						850,000	0	0	0	0	0	0	0	4,735	0	0	0

QE02

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

Sch. D-Pt 3
NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)
Bonds - U.S. Government																						
36177X	6U	7		06/01/2014	PAYDOWN.....		21,063	21,063	22,547	21,141	.....	.....(78)	.....	.....(78)	.....	.....21,063	.....	.....	.....0	291	10/15/2042	1FE.....
36178L	FH	1		06/01/2014	PAYDOWN.....		4,464	4,464	4,779	4,476	.....	.....(12)	.....	.....(12)	.....	.....4,464	.....	.....	.....0	49	10/15/2042	1FE.....
36200A	4B	2		06/01/2014	PAYDOWN.....		2,195	2,195	2,137	2,189	.....	.....6	.....	.....6	.....	.....2,195	.....	.....	.....0	41	08/15/2035	1FE.....
36200M	TD	5		06/01/2014	PAYDOWN.....		5,024	5,024	4,935	5,020	.....	.....4	.....	.....4	.....	.....5,024	.....	.....	.....0	93	08/15/2033	1FE.....
36290R	U4	3		06/01/2014	PAYDOWN.....		8,822	8,822	8,662	8,814	.....	.....8	.....	.....8	.....	.....8,822	.....	.....	.....0	160	08/15/2033	1FE.....
38374B	LQ	4		06/01/2014	PAYDOWN.....		2,434	2,434	2,352	2,428	.....	.....6	.....	.....6	.....	.....2,434	.....	.....	.....0	33	07/16/2033	1FE.....
0599999. Total Bonds - U.S. Government.....							44,002	44,002	45,412	44,068	0	(66)	0	(66)	0	44,002	0	0	0	667	XXX...	XXX...
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																						
172217	GP	0		06/02/2014	SECURITY CALLED BY ISSUER at 100.000		250,000	250,000	269,205	266,745	.....	.....(1,722)	.....	.....(1,722)	.....	.....265,023	.....	.....(15,023)	(15,023)	5,088	12/01/2017	1FE.....
2499999. Total Bonds - U.S. Political Subdivisions of States, Territories and Possessions.....							250,000	250,000	269,205	266,745	0	(1,722)	0	(1,722)	0	265,023	0	(15,023)	(15,023)	5,088	XXX...	XXX...
Bonds - U.S. Special Revenue and Special Assessment																						
3128H8	CB	4		06/01/2014	PAYDOWN.....		3,582	3,582	3,644	3,587	.....	.....(5)	.....	.....(5)	.....	.....3,582	.....	.....	.....0	75	10/01/2018	1FE.....
3128MM	AC	7		06/01/2014	PAYDOWN.....		3,512	3,512	3,557	3,516	.....	.....(4)	.....	.....(4)	.....	.....3,512	.....	.....	.....0	71	07/01/2019	1FE.....
3128MM	B5	1		06/01/2014	PAYDOWN.....		5,346	5,346	5,321	5,344	.....	.....2	.....	.....2	.....	.....5,346	.....	.....	.....0	100	06/01/2020	1FE.....
3128MM	CP	6		06/01/2014	PAYDOWN.....		1,337	1,337	1,314	1,336	.....	.....2	.....	.....2	.....	.....1,337	.....	.....	.....0	26	10/01/2020	1FE.....
3128PM	3G	3		06/01/2014	PAYDOWN.....		5,659	5,659	5,738	5,664	.....	.....(5)	.....	.....(5)	.....	.....5,659	.....	.....	.....0	90	05/01/2024	1FE.....
3128PP	UF	8		06/01/2014	PAYDOWN.....		4,479	4,479	4,619	4,485	.....	.....(6)	.....	.....(6)	.....	.....4,479	.....	.....	.....0	84	09/01/2024	1FE.....
312962	ZK	2		06/01/2014	PAYDOWN.....		2,152	2,152	2,190	2,155	.....	.....(3)	.....	.....(3)	.....	.....2,152	.....	.....	.....0	45	11/01/2018	1FE.....
31371M	AU	1		06/01/2014	PAYDOWN.....		3,064	3,064	3,020	3,056	.....	.....8	.....	.....8	.....	.....3,064	.....	.....	.....0	50	04/01/2015	1FE.....
31376K	B3	9		06/01/2014	PAYDOWN.....		3,059	3,059	3,073	3,060	.....	.....(1)	.....	.....(1)	.....	.....3,059	.....	.....	.....0	57	11/01/2018	1FE.....
31385X	GU	5		06/01/2014	PAYDOWN.....		3,289	3,289	3,304	3,289	.....	.....0	.....	.....0	.....	.....3,289	.....	.....	.....0	62	07/01/2018	1FE.....
3138E0	V2	2		06/01/2014	PAYDOWN.....		1,456	1,456	1,483	1,456	.....	.....	.....	.....0	.....	.....1,456	.....	.....	.....0	21	11/01/2041	1FE.....
31404D	ED	6		06/01/2014	PAYDOWN.....		3,354	3,354	3,379	3,356	.....	.....(2)	.....	.....(2)	.....	.....3,354	.....	.....	.....0	64	02/01/2019	1FE.....
31405X	M6	7		06/01/2014	PAYDOWN.....		5,236	5,236	5,318	5,253	.....	.....(17)	.....	.....(17)	.....	.....5,236	.....	.....	.....0	109	12/01/2019	1FE.....
31406E	GZ	1		06/01/2014	PAYDOWN.....		6,624	6,624	6,729	6,636	.....	.....(11)	.....	.....(11)	.....	.....6,624	.....	.....	.....0	138	12/01/2019	1FE.....
31410F	Y6	6		06/01/2014	PAYDOWN.....		4,842	4,842	4,541	4,829	.....	.....13	.....	.....13	.....	.....4,842	.....	.....	.....0	101	11/01/2035	1FE.....
31412V	AM	0		06/01/2014	PAYDOWN.....		2,377	2,377	2,451	2,378	.....	.....(1)	.....	.....(1)	.....	.....2,377	.....	.....	.....0	45	09/01/2024	1FE.....
31417J	GJ	3		06/01/2014	PAYDOWN.....		3,356	3,356	3,461	3,379	.....	.....(23)	.....	.....(23)	.....	.....3,356	.....	.....	.....0	63	09/01/2024	1FE.....
31417N	DN	8		06/01/2014	PAYDOWN.....		4,547	4,547	4,703	4,557	.....	.....(10)	.....	.....(10)	.....	.....4,547	.....	.....	.....0	91	11/01/2024	1FE.....
914233	LM	1		04/22/2014	SECURITY CALLED BY ISSUER at 100.000		250,000	250,000	279,670	250,138	.....	.....(138)	.....	.....(138)	.....	.....250,000	.....	.....	.....0	9,618	01/15/2015	1FE.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....							317,271	317,271	347,515	317,474	0	(201)	0	(201)	0	317,271	0	0	0	10,910	XXX...	XXX...
Bonds - Industrial and Miscellaneous																						
12667F	AH	8		06/01/2014	PAYDOWN.....		28,598	28,598	28,822	28,598	.....	.....	.....	.....0	.....	.....28,598	.....	.....	.....0	615	03/25/2034	1FM....
594918	AB	0		06/01/2014	MATURITY.....		198,000	198,000	196,418	197,857	.....	.....143	.....	.....143	.....	.....198,000	.....	.....	.....0	2,921	06/01/2014	1FE.....
931142	CQ	4		05/15/2014	MATURITY.....		250,000	250,000	248,720	249,896	.....	.....104	.....	.....104	.....	.....250,000	.....	.....	.....0	4,000	05/15/2014	1FE.....
3899999. Total Bonds - Industrial and Miscellaneous.....							476,598	476,598	473,960	476,351	0	247	0	247	0	476,598	0	0	0	7,536	XXX...	XXX...
8399997. Total Bonds - Part 3.....							1,087,871	1,087,871	1,136,092	1,104,638	0	(1,742)	0	(1,742)	0	1,102,894	0	(15,023)	(15,023)	24,201	XXX...	XXX...
8399999. Total Bonds.....							1,087,871	1,087,871	1,136,092	1,104,638	0	(1,742)	0	(1,742)	0	1,102,894	0	(15,023)	(15,023)	24,201	XXX...	XXX...
9999999. Total Bonds, Preferred and Common Stocks.....							1,087,871	XXX.....	1,136,092	1,104,638	0	(1,742)	0	(1,742)	0	1,102,894	0	(15,023)	(15,023)	24,201	XXX...	XXX...

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

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt A-Sn 1-Footer A
NONE

Sch. DB-Pt A-Sn 1-Footer B
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1-Footer A
NONE

Sch. DB-Pt B-Sn 1-Footer B
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

EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9	
					6	7	8		
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*	
Open Depositories									
INTEREST RECEIVED DURING QTR ON DISPOSED HOLDINGS			6,142					XXX..	
HUNTINGTON OPERATING..... COLUMBUS, OH.....					1,586,783	2,120,232	2,535,269	XXX..	
HUNTINGTON MM..... COLUMBUS, OHIO.....					258,259	258,281	258,302	XXX..	
HUNTINGTON MONEY MARKET-2..... COLUMBUS, OH.....					1,953,760	58,846	53,850	XXX..	
0199998. Deposits in....85 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....		XXX..	XXX..		6,476,488	6,478,069	6,468,789	XXX..	
0199999. Total Open Depositories.....		XXX..	XXX..	6,142	0	10,275,290	8,915,428	9,316,210	XXX..
0399999. Total Cash on Deposit.....		XXX..	XXX..	6,142	0	10,275,290	8,915,428	9,316,210	XXX..
0499999. Cash in Company's Office.....		XXX..	XXX..	XXX..	XXX..	250	250	250	XXX..
0599999. Total Cash.....		XXX..	XXX..	6,142	0	10,275,540	8,915,678	9,316,460	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