ANNUAL STATEMENT OF THE **Colorado Casualty Insurance Company** of_____Englewood in the state of _____ Colorado TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2005**



ANNUAL STATEMENT

41785200520100100

For the Year Ended December 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

Colorado Casualty Insurance Company

NAIC Group Code 0111	0111 NAIC Company C	Code 41785 Employ	rer's ID Number 84-0856682
(Current Period)	(Prior Period)	Ctata of Dominila or Dort of	Entre
Organized under the Laws of		_ , State of Domicile or Port of	Entry Colorado
Country of Domicile United S			
• •	1 24, 1980		ember 27, 1981
	E. Geddes Avenue, Suite 300 Engle		
	0700 E. Geddes Avenue, Suite 300 E	Inglewood, CO 80112 720-873	3-9200
Mail Address: P.O. Box 173636	·		
	Records: 10700 E. Geddes Avenue, Su		2 720-873-9200
	w.coloradocasualty.com		
Statutory Statement Contact: _ c	hristopher J. Wood		720-873-9200
	nristopher.wood@coloradocasualty.com E-Mail Address)		720-873-9600 (Fax Number)
Policyowner Relations Contact:	,	Englewood, CO 80112 7	720-873-9200
,	OFFICE	RS	
	Name	Title	
1. Gary Richa	ard Gregg #	President and Chief Executive Office	cer
	Campion Kenealy #	Secretary	
	ancis Dore #	Treasurer and Chief Financial Office	eer
	Vice-Presi		
Name	Title	uents Name	Title
_Anthony Alexander Fontanes #	Executive VP and CIO	_Joseph Anthony Gilles #	
Scott Rhodes Goodby #	Executive VP and COO		
	DIRECTORS OR		
James Francis Dore Gary Richard Gregg #	John Derek Doyle # Christopher Charles Mansfield #	Joseph Anthony Gilles #	Scott Rhodes Goodby #
Sary Monard Grogg II	Chinocophor Chance Manerela #		
			_
			_
State of Massachussetts			
County of Suffolk ss			
	y sworn, each depose and say that they are the re the absolute property of the said reporting of		
	hibits, schedules and explanations therein con the said reporting entity as of the reporting per		
and have been completed in accordance wit	h the NAIC Annual Statement Instructions and	d Accounting Practices and Procedures ma	anual except to the extent that: (1) state
	lations require differences in reporting not relations. Furthermore, the scope of this attestation		
with the NAIC, when required, that is an exa	ct copy (except for formatting differences due		
requested by various regulators in lieu of or	n addition to the enclosed statement.		
(Signature)	(Signa	ature)	(Signature)
Gary Richard Gregg (Printed Name)	Edmund Car (Printed	mpion Kenealy	James Francis Dore (Printed Name)
` 1.	2.		3.
President and Chief Executive Office (Title)	r Secr (Titl	retary le)	Treasurer and Chief Financial Officer (Title)
,	(110	,	,
Subscribed and sworn to before me this	. 2006	a. Is this an origina b. If no: 1. Sta	I filing? YES [X] NO [] ate the amendment number
27th day ofanuary	, 2000		ate filed
			umber of pages attached

ASSETS

		Current Year		Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
Bonds (Schedule D)	6,465,815		6,465,815	21,552,467
Stocks (Schedule D):				21,002,407
2.1 Preferred stocks				
2.2 Common stocks				
Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ (1,452,017), Schedule E-Part 1), cash equivalents (\$ 0				
Schedule E-Part 2) and short-term investments (\$ 12,504,986, Schedule DA)	11,052,969		11,052,969	598,81
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities	13,125		13,125	
Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)	17,531,909		17,531,909	22,151,282
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	88,773		88,773	241,426
13. Premiums and considerations:	443,393	443,393		
13.1 Uncollected premiums and agents' balances in the course of collection 13.2 Deferred premiums, agents' balances and installments booked but deferred and	443,393	443,393		
not yet due (including \$ 0 earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:14.1 Amounts recoverable from reinsurers	4,781,287		4,781,287	
14.1 Amounts recoverable from reinsurers 14.2 Funds held by or deposited with reinsured companies	4,701,207		4,701,207	
14.3 Other amounts receivable under reinsurance contracts				
45 Agranda againship polating to minerary distant				
Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon	85,839		85,839	
16.0 Not deferred toy const			,	
17. Guaranty funds receivable or on deposit		* * * * * * * * * * * * * * * * * * * *		
Electronic data processing equipment and software		* * * * * * * * * * * * * * * * * * * *		
19. Furniture and equipment, including health care delivery assets (\$ 0)	54,351	54,351		
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates	1,088,522		1,088,522	
22. Health care (\$ 0) and other amounts receivable				
23. Aggregate write-ins for other than invested assets	52,846	49,434	3,412	
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell				
Accounts (Lines 10 to 23)	24,126,920	547,178	23,579,742	22,392,708
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	24,126,920	547,178	23,579,742	22,392,708
DETAILS OF WRITE-INS				

DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. Other Assets	52,846	49,434	3,412	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	52.846	49.434	3,412	

	LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
1	Losses (Part 2A, Line 34, Column 8)		
2.		1,688	
3.	Loss adjustment expenses (Part 2A, Line 34, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
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))		31,811
7.2	*	16,000	150,001
	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		
40	\$ 64,446,061 and including warranty reserves of \$ 0)		
	Advance premium		
	Dividends declared and unpaid: 11.1 Stockholders		
	11.2 Policyholders		
	Coded reincurrence manifester and the coding commissions.	8,678,214	* * * * * * * * * * * * * * * * * * * *
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		*****
14.	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		
16.			
17.	***************************************		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		9,247,650
20.	Payable for securities		
21.	Liability for amounts held under uninsured accident and health plans		
	Capital notes \$ 0 and interest thereon \$ 0		
23.	Aggregate write-ins for liabilities	7,546	4,513
	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	8,703,448	9,433,975
25.	Total lightilities (I issue QA and QE)	0.702.440	9,433,975
26. 27.			9,433,973
			3,000,000
29.	Preferred capital stock		3,000,000
	Aggregate write inc for other than angular number funds		
	Currillo notos		
	Gross paid in and contributed surplus	11,328,506	11,328,506
	Unassigned funds (surplus)	547,788	(1,369,773)
34.	Less treasury stock, at cost:		
	34.1 0 shares common (value included in Line 28 \$ 0)		
	34.2 0 shares preferred (value included in Line 29 \$ 0)		
	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)	14,876,294	12,958,733
36.	TOTALS (Page 2, Line 26, Col. 3)	23,579,742	22,392,708
	DETAILS OF WRITE-INS		
2301	Other Liabilities	7,546	4,513
2302		1,540	4,515
2303			
	. Summary of remaining write-ins for Line 23 from overflow page		
2399		7,546	4,513
2701			
2702			
2703			
2798	. Summary of remaining write-ins for Line 27 from overflow page		
2799	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001			
3002			
3003			
	Summary of remaining write-ins for Line 30 from overflow page		
3099	. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1	Premiums earned (Part 1, Line 34, Column 4)		
	DEDUCTIONS		
_	Losses incurred (Part 2, Line 34, Column 7) Loss expenses incurred (Part 3, Line 25, Column 1)		
3. 4.	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions		
6. 7	Total underwriting deductions (Lines 2 through 5) Net income of protected cells		
8.	Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
	INVESTMENT INCOME		
	Net investment income earned (Exhibit of Net Investment Income, Line 17)	807,465	607,026
10. 11.	Net realized capital gains (losses) less capital gains tax of \$ 20,687 (Exhibit of Capital Gains (Losses)) Net investment gain (loss) (Lines 9 + 10)	37,500 844,965	607,026
	OTHER INCOME		
12	Net gain (loss) from agents' or premium balances charged off		
	(amount recovered \$ 0 amount charged off \$ 0)		
13.	Finance and service charges not included in premiums	649,051	
14. 15.	Aggregate write-ins for miscellaneous income Total other income (Lines 12 through 14)	649,051	
	Net income before dividends to policyholders, after capital gains tax	, i	
17	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,494,016	607,026
	Dividends to policyholders Net income, after dividends to policyholders, after capital gains tax		
	and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,494,016	607,026
19. 20.	Federal and foreign income taxes incurred Net income (Line 18 minus Line 19) (to Line 22)	(203,575) 1,697,591	(630,840 1,237,866
20.		1,037,031	1,237,000
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	12,958,736	11,919,995
	GAINS AND (LOSSES) IN SURPLUS		
22.	Net income (from Line 20)	1,697,591	1,237,866
	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ Change in net unrealized foreign exphange capital gain (loss)		
26.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax	134,001	(322,867
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)	85,970	123,742
28. 29	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes		
	Complete (approximately to all to) with drawing from marked and applica-		
	Cumulative effect of changes in accounting principles		
32.	Capital changes: 32.1 Paid in		
	22.2 Transferred from cureling (Charle Dividend)		
22	32.3 Transferred to surplus		
33.	Surplus adjustments: 33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
3/1	33.3 Transferred from capital		
34. 35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
37. 38.	Aggregate write-ins for gains and losses in surplus Change in surplus as regards policyholders for the year (Lines 22 through 37)	1,917,562	1,038,741
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	14,876,298	12,958,736
	DETAIL C OF WRITE INC	Ţ	
0501	DETAILS OF WRITE-INS		
0501. 0502.	***************************************		
0503.			
	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
	Miscellaneous Income		
1401.			
1403.			***************************************
	Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
	, , ,		
3701. 3702.	***************************************		
3703.			
	Summary of remaining write-ins for Line 37 from overflow page		
J/99.	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		

CASH FLOW	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance	8,678,214	(3,749,855)
2. Net investment income	1,001,638	617,216
3. Miscellaneous income	648,729	
4. Total (Lines 1 through 3)	10,328,581	(3,132,639)
5. Benefit and loss related payments	4,779,598	(4,975,207)
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions		(1,399,168)
Dividends paid to policyholders Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)	(65,559)	(1 050 020)
10. Total // inco 5 through 0\	4,714,039	(1,058,020) (7,432,395)
11. Not each from operations (Line 4 minus Line 10)	5,614,542	4,299,756
	0,014,042	4,233,130
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:	45 400 040	005 000
12.1 Bonds	15,103,319	285,262
12.2 Stocks		
12.3 Mortgage loans 12.4 Real estate		
12.5 Other invested assets		
12.6. Not going or (legges) an each partial plants and short term investments		
10.7. Missellenseus proceeds		
12.7 Miscellaneous proceeds 12.8 Total investment proceeds (Lines 12.1 to 12.7)	15,103,319	285,262
13. Cost of investments acquired (long-term only):	10,100,010	
13.1 Bonds		7,978,906
13.2 Stocks	******************************	
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	13,125	
13.7 Total investments acquired (Lines 13.1 to 13.6)	13,125	7,978,906
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	15,090,194	(7,693,644)
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)	(10,250,581)	4,782,608
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(10,250,581)	4,782,608
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	10,454,155	1,388,720
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	598,815	(789,905)
19.2 End of year (Line 18 plus Line 19.1)	11,052,970	598,815
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002.		
20.0003.		

NONE **Underwriting and Investment Exhibit - Part 1**

NONE **Underwriting and Investment Exhibit - Part 1A**

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B - PREMIUMS WRITTEN

Gross Premiums (Less Return Premiums), Including Policy and Membership Fees
Written and Renewed During Year

	1	Reinsurance Assumed		Reinsuran	6	
		2	3	4	5	
	Direct		From		То	Net Premiums Written
	Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	766,017			766,017		
2. Allied lines	1,150,292			1,150,292		
Farmowners multiple peril	8,719,139			8,719,139		
Homeowners multiple peril	7,777,597			7,777,597		
Commercial multiple peril	58,022,558			58,022,558		
6. Mortgage guaranty						
9 Occan marina						
0 Inland marina	5,405,059			5,405,059		
10 Einancial guaranty	** ************					
11.1 Medical malpractice - occurrence						
11.2 Modical malaractics, claims made						
12 Farthquake	101,485			101,485		
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability - occurrence	5,570,408			5,570,408		
17.2 Other liability - claims-made						
18.1 Products liability - occurrence						
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	6,210,195			6,210,195		
19.3, 19.4 Commercial auto liability	22,847,308			22,847,308		
21 Auto physical damage	14,320,687			14,320,687		
22. Aircraft (all perils)						
22 Fidality						
24 Surety						
26 Rurglary and theft	268,206			268,206		
27. Boiler and machinery	1,032,484			1,032,484		
28. Credit	.,,552,,61					
29. International						
30. Reinsurance-Nonproportional Assumed Property	xxx					
31. Reinsurance-Nonproportional Assumed Liability	XXX					
32. Reinsurance-Nonproportional Assumed Financial Lines	······································					
33. Aggregate write-ins for other lines of business						
34. TOTALS	132,191,435			132,191,435		
						<u> </u>
DETAILS OF WRITE-INS						

DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page 3399. Totals (Lines 3301 through 3303 plus 3398) (Line 33 above)			
3399. Totals (Lines 3301 through 3303 plus 3398) (Line 33 above)			

(a)	Does the	e coi	mpany's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]	
	If yes:	1.	The amount of such installment premiums \$ 0	
		2	Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$	0

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid I	_ess Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	13,122		13,122					
2. Allied lines	480,385		480,385					
Farmowners multiple peril	2,672,930		2,672,930					
Homeowners multiple peril	2,610,430		2,610,430					
Commercial multiple peril	18,305,492	17,165	18,322,657					
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine	1,202,428		1,202,428					
10. Financial guaranty								
11.1 Medical malpractice - occurrence					[
11.2 Medical malpractice - claims - made				********************				
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability - occurrence	356,856		356,856					
17.2 Other liability - claims - made								
18.1 Products liability - occurrence								
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability	3,125,179		3,125,179					
19.3, 19.4 Commercial auto liability	6,509,877		6,509,877					
21. Auto physical damage	6,236,661		6,236,661					
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft	29,491		29,491					
27. Boiler and machinery	47,920		47,920					
28. Credit								
29. International								
30. Reinsurance-Nonproportional Assumed Property	XXX							
31. Reinsurance-Nonproportional Assumed Liability	XXX				L			
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX				L			
33. Aggregate write-ins for other lines of business								
34. TÕTALS	41,590,771	17,165	41,607,936					
DETAILS OF WRITE-INS								
3301.								
3302.								
3303.								
3398. Summary of remaining write-ins for Line 33 from overflow page								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			9
	1	2	3	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
1. Fire	191.499		191,499		39.336		39.336		
2. Allied lines	73,747		73,747		60,829		60.829		
Farmowners multiple peril	1.028.944		1.028.944		662,328		662,328		
	628,508		628,508		539,933		539,933		
			028,508						
5. Commercial multiple peril	14,808,927	75,001	14,883,928		15,996,008		15,996,008		
6. Mortgage guaranty									
8. Ocean marine							1		
9. Inland marine	105,291		105,291		266,494		266,494	l	
10. Financial guaranty									
11.1 Medical malpractice - occurrence									
11.2 Medical malpractice - claims - made			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *
12. Earthquake		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
13. Group accident and health			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	(a)	* * * * * * * * * * * * * * * * * * * *
14. Credit accident and health (group and individual)								(a)	* * * * * * * * * * * * * * * * * * * *
14. Great accident and health (group and individual)								/_\	
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability - occurrence	195,372		195,372		4,428,898		4,428,898		
17.2 Other liability - claims - made							1		
18.1 Products liability - occurrence	30,093		30,093		(32,842)		(32,842)		
18.2 Products liability - claims - made									
19.1, 19.2 Private passenger auto liability	2,365,227		2,365,227		1,556,576		1,556,576		
19.3, 19.4 Commercial auto liability	8,101,315		8.101.315		10,183,270		10,183,270		
21. Auto physical damage	772,461		772,461		10,100,270				* * * * * * * * * * * * * * * * * * * *
22. Aircraft (all perils)									
00 5:4.5									
24. Surety					10,149				
26. Burglary and theft	7,799						10,149		
27. Boiler and machinery	7,799		7,799		40,783		40,783		
28. Credit							1		
29. International							I		
30. Reinsurance-Nonproportional Assumed Property	XXX				XXX				
31. Reinsurance-Nonproportional Assumed Liability	XXX	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		XXX				* * * * * * * * * * * * * * * * * * * *
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		XXX				
33. Aggregate write-ins for other lines of business			* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *
34. TOTALS	28,309,183	75.001	28.384.184		33.751.762		33,751,762		
J4. IOTALO	1 20,303,103	73,001	20,304,104		33,731,702		33,731,702		
DETAILS OF WRITE-INS									
2224									
3301.									
3302.									
3303.	[.	
3398. Summary of remaining write-ins for Line 33 from overflow page									

(a) Including \$ 0 for present value of life indemnity claims.

3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1	Claim adjustment services:	Expenses	Expenses	Expenses	Total
1.		9,401,604			9,401,604
	1.1 Direct 1.2 Reinsurance assumed				44.500
	1.3 Reinsurance ceded				9,416,110
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				3,410,110
2	Commission and brokerage:				
۷.	2.1 Direct, excluding contingent		10 207 005		19,207,995
	2.2 Reinsurance assumed, excluding contingent				19,207,995
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed				4.005.400
	2.6 Contingent-reinsurance ceded		4,285,182		4,285,182
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries				
	8.2 Payroll taxes				
9.	Employee relations and welfare				
	Insurance				
	Directors' fees				
	Travel and travel items				
	Rent and rent items				
	Equipment				
	Cost or depreciation of EDP equipment and software				
	Printing and stationery				
	Postage, telephone and telegraph, exchange and express				
	Legal and auditing	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
	Totals (Lines 3 to 18)				
	Taxes, licenses and fees:	* * * * * * * * * * * * * * * * * * * *			
20.	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0.				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
0.4	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	• • • • • • • • • • • • • • • • • • • •				
22.	Real estate taxes				
23.	Reimbursements by uninsured accident and health plans				
24.	Aggregate write-ins for miscellaneous expenses			35,123	
25.	Total expenses incurred				
26.	Less unpaid expenses-current year				
27.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
28.	Amounts receivable relating to uninsured accident and health				
	plans, prior year				
29.	Amounts receivable relating to uninsured accident and health				
	plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)			35,123	35,123
	DETAILS OF WRITE-INS				
2401	Bank Fees			35 102	35,123
	Cummany of remaining write ins for Line 24 from grantless need		* * * * * * * * * * * * * * * * * * * *		
	Summary of remaining write-ins for Line 24 from overflow page			05.400	05.400
2499 .	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)			35,123	35,123

(a) Includes management fees of \$ 1,911 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 770,532	650,697
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 146,420	109,982
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 76,736	80,356
7.	Derivative instruments	(f)	
8.	Other invested assets	I	
9.	Aggregate write-ins for investment income	1,553	
10.	Total gross investment income	995,242	842,588
11.	Investment expenses		(g) 35,123
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)	***********************	35,123
17.	Net investment income (Line 10 minus Line 16)		807,465
	DETAILS OF WRITE-INS		001,400
0901.	Miscellaneous Income / (Expense)	1,553	1,553
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	1,553	1,553
	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(b) Ind (c) Ind (d) Ind (e) Ind (f) Ind (g) Ind to	cludes \$ 10,934 accrual of discount less \$ 52,545 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 for company's occupancy of its own buildings; and excludes \$ cludes \$ 23,980 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium. Cludes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fe segregated and Separate Accounts. Sporsoapilial moties and \$ 0 depreciation on real estate and \$ 0 depreciation on other investment inv	s \$ 0 paid for accrued s \$ 0 paid for accrued 0 interest on encumbrances. s \$ 0 paid for accrued es, excluding federal income taxes, at	I interest on purchases. I dividends on purchases. I interest on purchases. I interest on purchases. Itributable

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Increases (Decreases) by Adjustment	4 Total
1.	U.S. Government bonds	58,188			58,188
1.1	Bonds exempt from U.S. tax				
1.2	Other bonds (unaffiliated)				
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans			* * * * * * * * * * * * * * * * * * * *	
4.	Real estate			* * * * * * * * * * * * * * * * * * * *	
5.	Contract loans			* * * * * * * * * * * * * * * * * * * *	
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for capital gains (losses)				
10.	Total capital gains (losses)	58,188			58,188

DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0998. Summary of remaining write-ins for Line 9 from overflow page 0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)		

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):	* * * * * * * * * * * * * * * * * * * *		
	2.1 Preferred stocks			
	2.2 Common stocks	******************		
3.	Mortgage loans on real estate (Schedule B):	******************		
	3.1 First liens			
	3.2 Other than first liens	******************		
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income		[[
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Investment income due and accrued			
13.	Premiums and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection	443,393	443,393	
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software	* * * * * * * * * * * * * * * * * * * *	52,145	52,145
19.	Furniture and equipment, including health care delivery assets	54,351	73,665	19,314
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivable from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets	49,434	63,944	14,510
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
l .	Accounts (Lines 10 to 23)	547,178	633,147	85,969
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			_
26.	Total (Lines 24 and 25)	547,178	633,147	85,969

DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301. Other Assets	49,434	63,944	14,510
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	49,434	63,944	14,510

Colorado	C	l	C
Colorado	Casualty	insurance	Company

Annual Statement for the year 2005 of the

NOTES TO FINANCIAL STATEMENTS

SUMMARY INVESTMENT SCHEDULE

			Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
		Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage	
1.	Bone	de:					
''		U.S. treasury securities	6,465,814	36.880	6,465,814	36.880	
		U.S. government agency obligations (excluding mortgage-backed securities):					
		1.21 Issued by U.S. government agencies					
		1.22 Issued by U.S. government sponsored agencies					
	1.3	Foreign government (including Canada, excluding mortgage-backed securities)					
		Securities issued by states, territories, and possessions					
		and political subdivisions in the U.S.:					
		1.41 States, territories and possessions general obligations					
		1.42 Political subdivisions of states, territories and possessions and political					
		subdivisions general obligations					
		1.43 Revenue and assessment obligations					
		1.44 Industrial development and similar obligations					
	1.5	Mortgage-backed securities (includes residential and commercial MBS):					
		1.51 Pass-through securities:					
		1.511 Issued or guaranteed by GNMA					
		1.512 Issued or guaranteed by FNMA and FHLMC					
		1.513 All other 1.52 CMOs and REMICs:					
		1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-					
		backed securities issued or guaranteed by agencies shown in Line 1.521					
		1.523 All other					
,	Othe	er debt and other fixed income securities (excluding short term):					
۷.		Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)					
		Unaffiliated foreign securities					
		Affiliated securities					
3.		ity interests:					
		Investments in mutual funds					
		Preferred stocks:					
		3.21 Affiliated					
		3.22 Unaffiliated					
	3.3	Publicly traded equity securities (excluding preferred stocks):					
		3.31 Affiliated					
		3.32 Unaffiliated					
	3.4	Other equity securities:					
		3.41 Affiliated					
		3.42 Unaffiliated					
	3.5	Other equity interests including tangible personal property under lease:					
		3.51 Affiliated					
١,		3.52 Unaffiliated					
4.		gage loans:					
		Construction and land development					
		Agricultural Single family residential properties					
	4.3 4.4	Multifamily residential properties					
		Commercial loans					
		Mezzanine real estate loans					
5.		l estate investments:					
		Property occupied by company					
		Property beld for production of income					
	V	(including \$ 0 of property acquired in satisfaction of debt)					
	5.3	Property held for sale (including \$ 0 property					
	•	acquired in satisfaction of debt)					
6.	Con	tract loans					
7.		eivables for securities	13,125	0.075	13,125	0.075	
8.	Cas	h, cash equivalents and short-term investments	11,052,968	63.045	11,052,968	63.045	
9.		er invested assets					
10.	Tota	l invested assets	17,531,907	100.000	17,531,907	100.000	
_							

PART 1 - COMMON INTERROGATORIES

GENERAL

]

1.1	is an insurer?	ompany System consisting	of two of more anniated per-	sons, one of more of which	Yes [X] No []
1.2	If yes, did the reporting entity register and file with its domic such regulatory official of the state of domicile of the princip providing disclosure substantially similar to the standards a Model Insurance Holding Company System Regulatory Act standards and disclosure requirements substantially similar	pal insurer in the Holding Co dopted by the National Ass and model regulations perf	ompany System, a registration ociation of Insurance Commaining thereto, or is the repo	on statement issioners (NAIC) in its	Yes [X] No[] N//
1.3	State Regulating?					Colorado
2.1	Has any change been made during the year of this statement of the reporting entity?	ent in the charter, by-laws, a	articles of incorporation, or d	eed of settlement	Yes [X] No []
2.2	If yes, date of change: If not previously filed, furnish herewith a certified copy of the	e instrument as amended.				08/19/2005
3.1	State as of what date the latest financial examination of the	reporting entity was made	or is being made.			12/31/2003
3.2	State the as of date that the latest financial examination rep This date should be the date of the examined balance shee					12/31/2003
3.3	State as of what date the latest financial examination report domicile or the reporting entity. This is the release date or c (balance sheet date).		•			01/04/2005
3.4	By what department or departments? Colorado Department	t of Insurance				
4.1	During the period covered by this statement, did any agent, combination thereof under common control (other than sala a substantial part (more than 20 percent of any major line of	ried employees of the repo	rting entity) receive credit or	•		
	a substantial part (more than 20 percent of any major line of	n business measured on di	• •	sales of new business?	Yes [] No[X]
			4.12	enewals?	Yes [] No[X]
4.2	During the period covered by this statement, did any sales/affiliate, receive credit or commissions for or control a subsidirect premiums) of:	•				
	allect premiums) of.			sales of new business? enewals?	Yes [Yes [] No [X]] No [X]
5.1	Has the reporting entity been a party to a merger or consoli	dation during the period co	vered by this statement?		Yes [] No [X]
5.2	If yes, provide the name of the entity, NAIC company code, ceased to exist as a result of the merger or consolidation.	, and state of domicile (use	two letter state abbreviation) for any entity that has		
	1	2	3	1		
	Name of Entity	NAIC Company Code	State of Domicile	_		
				_		
]		
.1	Has the reporting entity had any Certificates of Au suspended or revoked by any governmental entity during the		`	' '' '		
	if a confidentiality clause is part of the agreement.)	ic reporting period: (Tod no	sed not report an action clark	i ioimai oi imoimai,	Yes [] No[X]
6.2	If yes, give full information					
7.1	Does any foreign (non-United States) person or entity direct	tly or indirectly control 10%	or more of the reporting ent	ity?	Yes [] No[X]
7.2	If yes,					
	7.21 State the percentage of foreign control7.22 State the nationality(s) of the foreign person manager or attorney-in-fact and identify the	. , , , , , , , , , , , , , , , , , , ,		•	 ct).	0 %
	1 Nationality		2 of Entity			
	realization	Туро	T Littley			
]		
8.1 8.2	Is the company a subsidiary of a bank holding company reg If response to 8.1 is yes, please identify the name of the ba	gulated by the Federal Research Ink holding company.	erve Board?		Yes [] No [X]
8.3	Is the company affiliated with one or more banks, thrifts or				Yes [] No [X]

PART 1 - COMMON INTERROGATORIES

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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	7
Affiliate Name	Location (City, State)	FRB	occ	OTS	FDIC	SEC

9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young LLP 200 Clarendon Street, Boston, MA 02116-5072	
10.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? William Finn, Statutory Actuary 62 Maple Avenue, Keene, NH 03431 Peerless Insurance Company	***
11.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [] No [X]
	11.11 Name of real estate holding company	
	11.12 Number of parcels involved 11.13 Total book/adjusted carrying value	<u>-</u>
11.2	! If yes, provide explanation	
12.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
12.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
10.0	Does this statement contain all husiness transacted for the constitut pourt its Heilard Clates Dreach on visits where you located 2	
	! Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes [] No [X]
	Have there been any changes made to any of the trust indentures during the year?	Yes [] No [X]
12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	Yes [] No [] N/A [X]
	BOARD OF DIRECTORS	
13.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Voc I V I No I I
1/	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate	Yes [X] No []
14.	committees thereof?	Yes[X] No[]
	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the Natific	
	FINANCIAL	
16.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	
	16.11 To directors or other officers	\$
	16.12 To stockholders not officers 16.13 Trustees, supreme or grand (Fraternal only)	\$
16.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	*
	16.21 To directors or other officers	\$
	16.22 To stockholders not officers	\$
	16.23 Trustees, supreme or grand (Fraternal only)	\$
17.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?	Yes [] No [X]
17.2	! If yes, state the amount thereof at December 31 of the current year:	
	17.21 Rented from others	\$
	17.22 Borrowed from others 17.23 Leased from others	\$ \$
	17.24 Other	\$
10.4		
18.1	Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guassociation assessments?	aranty Yes [] No [X]
18.2	lf answer is yes:	
	18.21 Amount naid as losses or risk adjustment	•

PART 1 - COMMON INTERROGATORIES

				18.22 Amount paid as 18.23 Other amounts				\$ \$		
		s the reporting entity report any amon, indicate any amounts receivable		ent, subsidiaries or affiliates	'	s statement	?	Yes [X]	No[]	7,855,068
				INVESTM	IENT					
20.1		e all the stocks, bonds and other se e actual possession of the reporting		· ·		-		Yes [X]	No []	
20.2	If no	, give full and complete information	, relating thereto							
21.1	cont	e any of the stocks, bonds or other rol of the reporting entity, except as assets subject to a put option contr	shown on Schedu	le E - Part 3 - Special Depos	its, or has the re	porting enti	ty sold or transferred	Yes [] No[X]	
21.2	If ye	s, state the amount thereof at Dece	ember 31 of the cur	-						
				21.22 21.23 21.24 21.25 21.26 21.27	Pledged as colla Placed under op Letter stock or s	rchase agreerse repurchaser repurchaserse dollar repateral	se agreements e agreements ourchase agreements	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
21.3	For	category (21.28) provide the following	ng:							
		1 Nature of Restricti	on	2 Descri			3 Amount			
			-		,					
22.1		s the reporting entity have any hedg	-					Yes [] No[X]	
22.2	•	s, has a comprehensive description		ogram been made available to	the domiciliary	state?		Yes [] No[]	N/A [X]
	If no	, attach a description with this state	ement.							
23.1		e any preferred stocks or bonds ow er, convertible into equity?	ned as of Decemb	er 31 of the current year man	datorily convert	ible into equ	ity, or, at the option of the	Yes [] No[X]	
23.2	If ye	s, state the amount thereof at Dece	ember 31 of the cur	rent year.				\$		
	safe with	uding items in Schedule E, real est ty deposit boxes, were all stocks, b a qualified bank or trust company in axt Condition Examiners Handbook	onds and other sec n accordance with	curities, owned throughout the	e current year h	eld pursuant	to a custodial agreement			
24.01	For a	agreements that comply with the re	quirements of the N	NAIC Financial Condition Exa	miners Handbo	ok, complete	e the following:			
			1				2			
		JP Morgan Chase	e of Custodian(s)		3 Chase Metro		an's Address r, Brooklyn, NY 11245			
24.02		all agreements that do not comply v e, location and a complete explana		Its of the NAIC Financial Con	dition Examiner	s Handbook	, provide the			
		1 Name(s)		2 Location(s)		Com	3 plete Explanation(s)			
		e there been any changes, including s, give full and complete information		the custodian(s) identified in	1 24.01 during th	ne current ye	ear?	Yes [] No[X]	
		1		2	3		4			
		Old Custodian	Ne	w Custodian	Date of Change		Reason			

PART 1 - COMMON INTERROGATORIES

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

1	2	3
Central Registration		
Central Registration Depository Number(s)	Name	Address

25.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

25.2 If yes, complete the following schedule:

1	2	3
OHOID#	Nove of Maria Earl	Book/Adjusted Carrying Value
CUSIP#	Name of Mutual Fund	Carrying Value
25.2999 Total		

25.3 For each mutual fund listed in the table above, complete the following schedule:

1	1 2		4		
		Amount of Mutual Fund's			
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	Date of		
(from above table)	of the Mutual Fund	Attributable to the Holding	Valuation		
•	<u> </u>		· ·		

26. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value
	Statement (Admitted)		(-), or Fair Value
	Value	Fair Value	over Statement (+)
26.1 Bonds	18,970,802	18,892,486	(78,315)
26.2 Preferred stocks			
26.3 Totals	18.970.802	18.892.486	(78.315)

26.4	Describe the sources or methods utilized in determining the fair values: Fair values are based on quoted market prices when available.
	If quoted market prices are not available, fair values are based on quoted market prices of
	comparable instruments or values obtained from independent pricing services

27.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?

Yes[X] No[]

27.2 If no, list exceptions:

OTHER

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

110,206

28.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1		2
Name		Amount Paid
Insurance Services Office Inc.	\$	93,988
	\$	
	\$	

 $29.1 \quad \text{Amount of payments for legal expenses, if any?} \\$

19,314

29.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$
	\$
	\$

|--|

PART 1 - COMMON INTERROGATORIES

30.1 Amount of r	ayments for expenditures in connecti	on with matters before legislative bodie	s, officers or departments of	government, if any?	\$

30.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	\$
	\$
	\$
	\$

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement	Insurance in force?			YES[]	NO [X]
1.2	If yes, indicate premium earned on U. S. business only.				\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supp	lement Insurance Experience Exhibit	?		\$	
	1.31 Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canadian and	d/or Other Alien not included in Item ((1.2) above.		\$	
1.5	Indicate total incurred claims on all Medicare Supplement insura	· · · · · · · · · · · · · · · · · · ·	(,		\$	
1.6	Individual policies:				<u>-</u>	
		current three years:				
	1.61	Total premium earned			\$	
	1.62	Total incurred claims			\$	
	1.63	Number of covered lives			\$	
	All ye	ears prior to most current three years:				
	1.64	Total premium earned			\$	
	1.65	Total incurred claims			\$	
	1.66	Number of covered lives			\$	_
1.7	Group policies:					_
	Most	current three years:				
	1.71	Total premium earned			\$	
	1.72	Total incurred claims			\$	
	1.73	Number of covered lives			\$	
	All ye	ears prior to most current three years:				
	1.74	Total premium earned			\$	
	1.75	Total incurred claims			\$	
	1.76	Number of covered lives			\$	
2	Health Test:					
۷.	Ticalui Test.		1	2		
			Current Year	Prior Year		
	2.1	Premium Numerator	\$	\$		
	2.2	Premium Denominator	\$	\$		
		Premium Ratio (2.1/2.2)	,	,		
		Reserve Numerator	\$	\$		
		Reserve Denominator	\$	\$		
	2.0	Reserve Ratio (2.4/2.5)	* * * * * * * * * * * * * * * * * * * *			
3.1	Does the reporting entity issue both participating and non-partic	ipating policies?			YES[]	NO [X]
3.2	If yes, state the amount of calendar year premiums written on:					
	3.21	Participating policies			\$	
	3.22	Non-participating policies			\$	
4.	For Mutual Reporting Entities and Reciprocal Exchange only:					
4.1	Does the reporting entity issue assessable policies?				YES[]	NO [X]
4.2	Does the reporting entity issue non-assessable policies?				YES[]	NO [X]
4.3	If assessable policies are issued, what is the extent of the contin					
4.4	Total amount of assessments paid or ordered to be paid during	the year on deposit notes or continge	ent premiums.		\$	
P5or I	Reciprocal Exchanges Only:					
5.1	Does the exchange appoint local agents?				YES[]	NO [X]
5.2	If yes, is the commission paid:					
	5.21	Out of Attorney's-in-fact compens				NO [] N/A [X]
	5.22	As a direct expense of the excha	-		YES[]	NO [] N/A [X]
5.3	What expenses of the Exchange are not paid out of the comper	nsation of the Attorney-in-fact?				
5.4	Has any Attorney-in-fact compensation, contingent on fulfillmen	t of certain conditions, been deferred	?		YES[]	NO [X]
5.5	If yes, give full information		*****			

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: The Company does not write Workers Compensation.			
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: The Company participates in an annual catastrophic study performed by its reinsurers to monitor probable maximum loss exposures.			
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? The Company participates in an annual catastrophic study performed by its reinsurers to monitor probable maximum loss exposures and participates in the group's catastrophe reinsurance program.	rams.		
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	YES [X]NO[]	
7.2	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? If yes, indicate the number of reinsurance contracts containing such provisions. If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting	YES []NO[X]	_
8.1	provision(s)? Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?] NO [X]	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 3% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 3% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) An unconditional or unilateral right by either party to commute the reinsurance contract except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple	YES []NO[X]	
9.3	contracts with the same reinsurer or its affiliates), excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatroy 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	YES []NO[X]	
	Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s)	YES []NO[X]	
11.1] NO [] N/A [] NO [X]]

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

12.1	2.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:							
		12.11	Unpaid losses	avananaa (inaludina la	as adjustment synance)		<u> </u>	
		12.12	Unpaid underwriting	expenses (including to	ss adjustment expenses)	;		
	Of the amount on Line 13.3, Page 2, stat If the reporting entity underwrites comme from its insureds covering unpaid premiu	ercial insurance risks, s	such as workers' comp				YES [] NO [X] N/A []
12.4	If yes, provide the range of interest rates	12.41	From	covered by this stateme	ent:			
12.5	Are letters of credit or collateral and othe promissory notes taken by a reporting en losses under loss deductible features of control of the	tity, or to secure any o	nsureds being utilized				YES []NO[X]
12.6	If yes, state the amount thereof at Decen	nber 31 of current year	··					
		12.61				;	<u> </u>	
		12.62		r funds		;	<u> </u>	
13.1	What amount of installment notes is own					;	<u>}</u>	
13.2	Have any of these notes been hypotheca	ated, sold or used in ar	ly manner as security	or money loaned within	the past year?] NO [X]
14.1	If yes, what amount? Largest net aggregate amount insured in	any one risk (evoludin	a workers' compensati	on).		,	<u> </u>	
	Does any reinsurance contract considere reinstatement provision?		-		very without also includin	g a	YESI] NO [X]
14.3	State the number of reinsurance contract facilities or facultative obligatory contract			_	Itative programs, automa	tic		1
15.1	Is the company a cedant in a multiple ce	dant reinsurance contr	act?				YESI] NO [X]
	If yes, please describe the method of allo			cedants:			120[Ino [x]
	, 500, p.0000 0000	rouning and roomaing r	omourance among are					
		* * * * * * * * * * * * * * * * * * * *			*******			
15.2	If the answer to 15.1 is yes, are the meth	and described in item	15.2 antiroly contained	Lin the respective multir	ale endant reincurance			
15.3	If the answer to 15.1 is yes, are the meth contracts?	ious described in item	15.2 entirely contained	in the respective multip	ole cedant reinsurance		VEG I] NO [X]
15.4	If the answer to 15.3 is no, are all the me	athods described in 15	2 entirely contained in	written agreements?			-]NO[X]
	If the answer to 15.4 is no, please explain	n·	·	-			TLO	INO[X]
10.0								
							\	
16.1	Has the reporting entity guaranteed any t	financed premium acco	ounts?				YES[] NO [X]
10.2	If yes, give full information							
17.1	Does the reporting entity write any warra		g types of warranty co	verage:			YES []NO[X]
		,	•	•		_		
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned		
	17.11 Home	\$	\$	\$	\$	\$		
	17.12 Products	\$	\$	\$	\$	\$		
	17.13 Automobile	\$	\$	\$	\$	\$		
	17.14 Other*	\$	\$	\$	\$	\$		
	* Disclose type of coverage:							

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

O. I	.1 Does the reporting entity include amounts recoverable on unauthorized reinstrance in Schedule F - Part 3 that it excludes from								
	Schedule F - Part 5.	YES [] NO [X]						
	Incurred but not reported losses on contracts not in force on Jul	y 1, 1984 or subsequently renewed are exempt from inclusion in Schedule F -							
	Part 5. Provide the following information for this exemption:								
	18.11	Gross amount of unauthorized reinsurance in Schedule F - Part 3							
		excluded from Schedule F - Part 5	\$						
	18.12	Unfunded portion of Interrogatory 18.11	\$						
	18.13	Paid losses and loss adjustment expenses portion of Interrogatory 18.11	\$						
	18.14	Case reserves portion of Interrogatory 18.11	\$						
	18.15	Incurred but not reported portion of Interrogatory 18.11	\$						
	18.16	Unearned premium portion of Interrogatory 18.11	\$						
	18.17	Contingent commission portion of Interrogatory 18.11	\$						
	Provide the following information for all other amounts included	in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.							
	18.18	Gross amount of unauthorized reinsurance in Schedule F - Part 3							
		excluded from Schedule F - Part 5	\$						
	18.19	Unfunded portion of Interrogatory 18.18	\$						
	18.20	Paid losses and loss adjustment expenses portion of Interrogatory 18.18	\$						
	18.21	Case reserves portion of Interrogatory 18.18	\$,					
	18.22	Incurred but not reported portion of Interrogatory 18.18	\$	•					
	18.23	Unearned premium portion of Interrogatory 18.18	\$						

18.24 Contingent commission portion of Interrogatory 18.18

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

		1	2	3	4	5
		2005	2004	2003	2002	2001
1.	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	34,627,911	29,582,133	22,559,618	16,274,751	12,400,444
1	Property lines (Lines 1, 2, 9, 12, 21 & 26)	22,011,746	19,283,501	16,063,574	11,844,541	8,163,980
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	75,551,778	66,235,649	55,772,217	48,351,788	42,326,354
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
5. 6.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)	132,191,435	115,101,283	94,395,409	76,471,080	62,890,778
0.	Net Premiums Written (Page 8, Part 1B, Col. 6)	132,191,433	115,101,265	94,395,409	70,471,000	02,090,770
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					1
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
11.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
12.	Total (Line 34)					
l	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)					(2)
14.	Net investment gain (loss) (Line 11) Total other income (Line 15)	844,965 649,051	607,026	295,884	419,366	366,088
16.	Dividends to policyholders (Line 17)					
17.		(203,575)	(630,840)	(1,814,066)		
1	Net income (Line 20)	1,697,591	1,237,866	2,109,950	419,366	366,086
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business					
	(Page 2, Line 24, Col. 3)	23,579,742	22,392,708	36,100,374	22,023,323	19,364,792
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 13.1)			8,574,477	850,627	1,739,901
	20.2 Deferred and not yet due (Line 13.2)			13,265,405	14,597,017	12,666,019
l	20.3 Accrued retrospective premiums (Line 13.3)					
	Total liabilities excluding protected cell business (Page 3, Line 24)	8,703,448	9,433,975	24,180,378	12,365,257	10,936,142
22.	Losses (Page 3, Lines 1 and 2)	1,688				
23.	Loss adjustment expenses (Page 3, Line 3) Unearned premiums (Page 3, Line 9)					
25.	Capital paid up (Page 3, Lines 28 & 29)	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
1 -	Surplus as regards policyholders (Page 3, Line 35)	14,876,294	12,958,733	11,919,994	9,658,063	8,428,651
	Risk-Based Capital Analysis					
27.	Total adjusted capital	14,876,294	12,958,733	11,919,994	9,658,063	8,428,651
28.	Authorized control level risk-based capital	55,610	35,118	94,174	146,824	220,224
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29.	Bonds (Line 1)	36.9	97.3	106.0	124.4	162.4
30.	Stocks (Lines 2.1 & 2.2)					
31.	Mortgage loans on real estate (Lines 3.1 and 3.2) Real estate (Lines 4.1, 4.2 & 4.3)	1				
33.	Cook and amindrate and short town investments (Line 5)	62.0	2.7	(6.0)	(24.4)	(62.4)
34.	Contract Ioana /Lina 6\				XXX	XXX
35.	Other invested assets (Line 7)					
36.	Receivables for securities (Line 8)	0.1				* * * * * * * * * * * * * * * * * * * *
37.	Aggregate write-ins for invested assets (Line 9)				*******	* * * * * * * * * * * * * * * * * * * *
38.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
39.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
40.	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)	. [* * * * * * * * * * * * * * * * * * * *
	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 2) Affiliated short-term investments (subtotals included in Schedule DA,					
42.	Port 2 Col. 5 Lino 11)					
43.	Affiliated mortgage loans on real estate					
44.	All other affiliated					
45.	Total of above Lines 39 to 44					
46.	Percentage of investments in parent, subsidiaries and affiliates				* * * * * * * * * * * * * * * * * * * *	
	to surplus as regards policyholders (Line 45 above divided by					
1	Page 3, Col. 1, Line 35 x 100.0)	1				

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2005	2 2004	3 2003	4 2002	5 2001
	Capital and Surplus Accounts (Page 4)					
47.	Net unrealized capital gains (losses) (Line 24)					
48.	Dividends to stockholders (Line 35)					
49.	Change in surplus as regards policyholders					
	for the year (Line 38)	1,917,561	1,038,741	2,261,931	1,229,413	1,234,883
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
50.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	9,991,912	7,714,987	6,974,102	7,481,326	4,934,925
51.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	7,962,087	6,585,275	5,395,661	4,524,586	4,179,508
52.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	23,653,937	18,299,415	23,647,815	27,069,923	20,965,037
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
54.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
55.	Total (Line 34)	41,607,936	32,599,677	36,017,578	39,075,835	30,079,470
	Net Losses Paid (Page 9, Part 2, Col. 4)					
56.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
57	Dranatu lines (Lines 1, 2, 0, 12, 21, 9, 26)					
58.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
60. 61.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					

	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
62.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
63.	Losses incurred (Line 2)					100.0
64.	Loss expenses incurred (Line 3)					100.0
65.	Other underwriting expenses incurred (Line 4)				100.0	100.0
66.	Net underwriting gain (loss) (Line 8)					(200.0)
	Other Percentages					
67.	Other underwriting expenses to net premiums written (Page 4,					400.0
68	Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0) Losses and loss expenses incurred to premiums earned					100.0
00.	(Page 4 Lines 2 + 3 divided by Page 4 Line 1 x 100 0)					200.0
69	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6,					200.0
	Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
70.	Development in estimated losses and loss expenses incurred prior					
	to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)	[
71.	Percent of development of losses and loss expenses incurred					
	to policyholders' surplus of prior year end (Line 70 above divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
72.	Development in estimated losses and loss expenses incurred					
	2 years before the current year and prior year (Schedule P,					
	Part 2 - Summary, Line 12, Col. 12)	[.	
73.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 72 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)					

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments	1. United States 2. Canada	6,465,815	6,387,500	6,526,867	6,350,00
(Including all obligations guaranteed	Other Countries Totals	6,465,815	C 207 F00	6.526.867	6,350,00
by governments)		1 ' '	· · ·		0,330,00
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries				
	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States 10. Canada 11. Other Countries				
,	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of	13. United States 14. Canada 15. Other Countries				
governments and their political subdivisions	16. Totals				
Public Utilities (unaffiliated)	17. United States 18. Canada 19. Other Countries				
	20. Totals				
Industrial and Miscellaneous and	21. United States 22. Canada 23. Other Countries				
Credit Tenant Loans (unaffiliated)	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	6,465,815	6,387,500	6,526,867	6,350,00
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	33. Other Countries		• • • • • • • • • • • • • • • • • • • •		
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada 37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS Public Utilities (unaffiliated)	41. United States 42. Canada 43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States 46. Canada 47. Other Countries	•••••			
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States 50. Canada 51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks 56. Total Bonds and Stocks	6,465,815	6,387,500	6,526,867	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value of bonds and		7. Amortization of premium 52,454	
	stocks, prior year	21,552,467	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3		8.1 Column 15, Part 1	
3.	Accrual of discount	10,934	8.2 Column 19, Part 2 Section 1	
4.	Increase (decrease) by adjustment:		8.3 Column 16, Part 2, Section 2	
	4.1 Columns 12 - 14, Part 1		8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		Book/adjusted carrying value at end of current period	6,465,815
	4.3 Column 15, Part 2, Section 2		10. Total valuation allowance	
	4.4 Column 11 - 13, Part 4		11. Subtotal (Lines 9 plus 10)	6,465,815
5.	Total gain (loss), Column 19, Part 4	58,188	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period	6,465,815
	disposed of Column 7, Part 4	15,103,320		

SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P-PART 1-SUMMARY

(\$000 omitted)

	Pr	emiums Earned	d		Loss and Loss Expense Payments								
Years in Which	1 2 3		3	Loss Payments		Defense and Cost Containment Payments		Adjus and Other	•	10	11 Total	Number of	
Premiums Were				4	5	6	7	8	9	Salvage	Net Paid	Claims Reported -	
Earned and	Direct		Net	Direct		Direct		Direct		and	(Cols.	Direct	
Losses Were	and		(Cols.	and		and		and		Subrogation	4 - 5 + 6	and	
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed	
1. Prior	XXX	XXX	XXX	78	78	149	149	5	5			XXX	
2. 1996	35,331	35,331		20,383	20,383	1,737	1,737	1,030	1,030	177		XXX	
3. 1997	38,972	38,972		17,543	17,543	1,487	1,487	2,591	2,591	135		XXX	
4. 1998	51,545	51,545		28,185	28,185	2,478	2,478	3,360	3,360	125		XXX	
5. 1999	51,543	51,543		35,175	35,175	2,263	2,263	4,090	4,090	527		XXX	
6. 2000	55,745	55,745		32,229	32,229	1,463	1,463	3,654	3,654	1,020		XXX	
7. 2001	61,860	61,860		30,830	30,830	2,505	2,505	3,700	3,700	614		XXX	
8. 2002	70,587	70,587		34,725	34,725	2,102	2,102	6,037	6,037	499		XXX	
9. 2003	83,784	83,784		27,909	27,909	1,818	1,818	7,153	7,153	987		XXX	
10. 2004	104,013	104,013	* * * * * * * * * * * * * *	26,589	26,589	955	955	6,711	6,711	1,202		XXX	
11. 2005	125,031	125,031		20,409	20,409	512	512	5,439	5,439	334		XXX	
12. Totals	XXX	XXX	XXX	274,055	274,055	17,469	17,469	43,770	43,770	5,620		XXX	

		Losses	Unpaid		Defen	se and Cost C	ontainment U	npaid	Adjusting and Other Unpaid		23	24	25
	Case Basis Bulk + IBNR		Case Basis Bulk + IBNR			21	22]		Number of			
	13	13 14 15 16		17 18 19 20						Claims			
	Direct		Direct		Direct		Direct		Direct		Salvage and	Total Net Losses and	Outstanding Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	106	106	48	48			94	94	14	14			XXX
2. 1996	75	75	20	20			41	41	9	9			XXX
3. 1997	754	754	36	36			83	83	45	45			XXX
4. 1998	388	388	68	68			99	99	38	38			XXX
5. 1999	690	690	153	153			218	218	71	71			XXX
6. 2000	1,327	1,327	274	274			347	347	124	124			XXX
7. 2001	1,669	1,669	444	444			638	638	180	180			XXX
8. 2002	1,854	1,854	1,447	1,447			1,089	1,089	255	255			XXX
9. 2003	3,788	3,788	3,295	3,295			2,234	2,234	613	613			XXX
10. 2004	4,329	4,329	7,598	7,598			3,585	3,585	1,184	1,184			XXX
11. 2005	13,405		20,367	20,367			7,364	7,364	3,680	3,680			XXX
12. Totals	28,385	28,385	33,750	33,750			15,792	15,792	6,213	6,213	l	1	XXX

		otal Losses and Expenses Incu		Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular	Discount	34	Net Balance Sheet Reserves After Discount	
	26 Direct	27	28	29 Direct	30	31	32	33	Inter-Company Pooling	35	36 Loss
	and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 1996	23,295	23,295		65.934	65.934						
3. 1997	22,539	22,539		57.834	57.834						
4. 1998	34,616	34,616		67.157	67.157						
5. 1999	42,660	42,660		82.766	82.766						
6. 2000	39,418	39,418		70.711	70.711						
7. 2001	39,966	39,966		64.607	64.607						
8. 2002	47,509	47,509		67.306	67.306						
9. 2003	46,810	46,810		55.870	55.870						
10. 2004	50,951	50,951		48.985	48.985						
11. 2005	71,176	71,176		56.927	56.927						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

NONE Schedule P - Part 2, 3, 4 - Summary

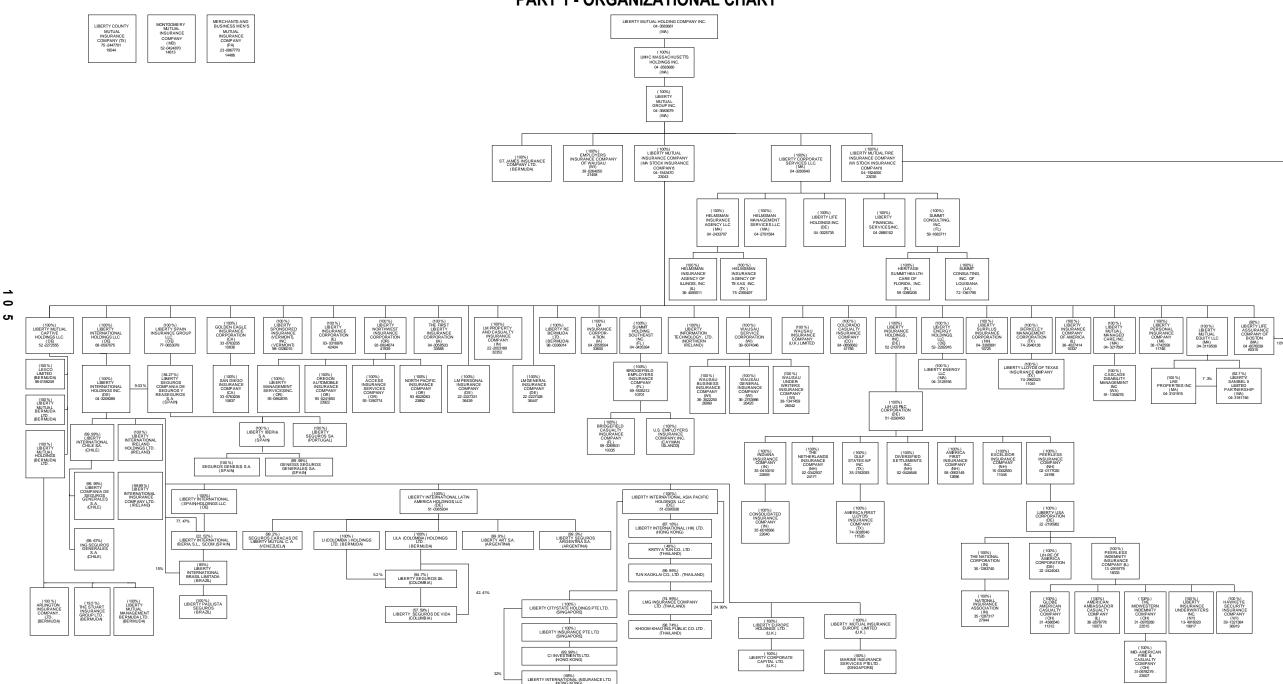
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

Allocated by States and Territories										
		1	Gross Premiums,		4	5	6	7	8	9
	Is		and Membersl		Dividends				Finance	Direct Premium
	Insurer		Return Premiums and Premiums		Paid or	Direct			and	Written for
		Licen-	on Policies	Not Taken	Credited to	Losses			Service	Federal
		sed?	2	3	Policyholders	Paid	Direct	Direct	Charges Not	Purchasing
		(Yes or	Direct Premiums	Direct Premiums	on Direct	(Deducting	Losses	Losses	Included in	Groups (Included
States, Etc.		No)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
1. Alabama	AL	YES				936,440	437,831	336,933		,
2. Alaska	AK	NO	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *					
3. Arizona	ΑZ	YES	25,448,775	24,047,157		7,943,345	7,984,260	13,133,899	124,949	
4. Arkansas	AR	NO		*****				******		
5. California	CA	NO								
6. Colorado	CO	YES	57,852,883	56,009,217		17,514,205	20,908,570	21,928,181	284,048	
7. Connecticut	CT	NO								
8. Delaware	DE	NO								
9. Dist. Columbia	DC	NO VES				104 707	······// /7 77 //	7E 4E0		
10. Florida 11. Georgia	. FL GA	YES YES				124,727	(7,774) (20,886)	75,458 25,956		
12. Hawaii	HI	NO NO					(20,000)	25,950		
13. Idaho	ID	YES			* * * * * * * * * * * * * * * * * * *	72,463	(37,021)	59,385		
14. Illinois	İL	YES								
15. Indiana	İN	NO						* * * * * * * * * * * * * * * * * * * *		
16. lowa	ΙA	NO								
17. Kansas	KS	YES								
18. Kentucky	KY	NO						*****		
19. Louisiana	LA	YES				236,000	478,577	593,731		
20. Maine	ME	NO								
21. Maryland	MD	NO								
22. Massachusetts	MA	NO								
23. Michigan 24. Minnesota	MN.	NO NO								
24. Minnesota 25. Mississippi	MS	NO NO								
26. Missouri	MO	YES				350,000	179,314	60,574		
27. Montana	MT	YES				20,000	(448,226)	753,280		
28. Nebraska	NE	NO			* * * * * * * * * * * * * * * * * * * *	20,000		1,00,200		
29. Nevada	NV	YES	10,232,576	8,650,658		2,378,784	2,830,901	4,290,377	66,295	
30. New Hampshire	NH	NO								
31. New Jersey	NJ	NO		******						
32. New Mexico	NM	YES	13,502,400	12,840,548		4,310,531	4,906,316	5,339,173	50,240	
33. New York	NY	NO	******	******	*****					
34. No. Carolina	NC	YES				7,073	(13,542)	102,642		
35. No. Dakota	ND	NO								
36. Ohio	OH	NO NO								
37. Oklahoma	OK	NO VEC								
38. Oregon 39. Pennsylvania	OR	YES NO								
40. Rhode Island	RI	NO NO								
41. So. Carolina	SC	YES				159,922	125,671	197,981		
42. So. Dakota	SD	NO		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	100,022	120,01			
43. Tennessee	TN	NO					* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
44. Texas	TX	YES	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
45. Utah	UT	YES	12,134,121	10,534,439		3,081,378	7,360,825	8,751,454	59,577	
46. Vermont	VT	NO						*****		
47. Virginia	VA	NO					*****			
48. Washington	WA	YES	(2,420)	(2,315)		392,363	(43,512)	1,074,510		
49. West Virginia	WV	NO								
50. Wisconsin	WV	YES	42 000 400	40.050.000		4 060 540	A 74.4 04.0	E 227 400	62.044	
51. Wyoming 52. American Samoa	WY AS	YES NO	13,023,100	12,952,282		4,063,540	4,714,818	5,337,409	63,941	
53. Guam	GU	NO NO								
54. Puerto Rico	PR	NO								
55. U.S. Virgin Islands	VI	NO			* * * * * * * * * * * * * * * * * * * *					
56. Canada	CN	NO								
57. Aggregate other							* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
alien	OT	XXX								
************		(a) 21	132,191,435	125,031,986		41,590,771	49,356,122	62,060,943	649,050	
58. Totals DETAILS OF WRITE-	INS	(a) 21	132,191,435	120,031,980		41,080,771	43,330,122	02,000,943	049,000	
PETAILS OF WKITE										
5701.		xxx								
5702.		XXX								
5703.		XXX								
5798. Summary of remai	-									
write-ins for Line 5	7									
from overflow page	е	XXX			<u> </u>					
5799. Totals (Lines 5701										
through 5703 + 57										
(Line 57 above)	50)	xxx								
(Lille 37 above)		<u> </u>			<u> </u>			<u> </u>		

- 1	Explanation of basis of allocation of premiums by states, etc. All lines except automobile are based upon state of premise.											
ı	All automobile is based upon state of principal garaging.											
ı												
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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



OVERFLOW PAGE FOR WRITE-INS