| | ANNUAL STATEMENT | |
|-----------------|--------------------------------------|--|
| | OF THE | |
| | Liberty Lloyds | |
| | of Texas | |
| | Insurance Company | |
| | | |
| of | Irving | |
| in the state of | Texas | |
| | TO THE | |
| | Insurance Department | |
| | OF THE | |
| | | |
| | STATE OF | |
| | | |
| | | |
| | FOR THE YEAR ENDED December 31, 2006 | |
| | | |
| | | |



ANNUAL STATEMENT

11041200620100100

For the Year Ended December 31, 2006

OF THE CONDITION AND AFFAIRS OF THE

| | Liberty Lloyds of Texas | s Insurance Company | | |
|---|--|--|---|--|
| NAIC Group Code 0111 | 0111 NAIC Company | Code 11041 | Employer's ID Number_ | 74-2963323 |
| (Current Period) Organized under the Laws of | (Prior Period) Texas | State of Domicile | or Port of Entry Texas | |
| Country of DomicileUnited S | | , otate of Domiche (| of total citing texas | |
| Incorporated/Organized: | | Commenced Busines | SS: June 6, 2000 | |
| Statutory Home Office: 2100 \ | • | 75038 | Julie 0, 2000 | |
| Main Administrative Office: 17 | - | 02116 617-357-950 | n | |
| Mail Address: 175 Berkeley Street | • | 02110 017 007 3000 | <u>y</u> | |
| Primary Location of Books and F | | Boston, MA 02116 | 617-357-9500 | |
| Internet Website Address:www | • | BOSTON, WINT OZ 110 | | |
| Statutory Statement Contact: Do | • | | 617-357-9500 | 45668 |
| | ouglas.Link@LibertyMutual.com | | 617-574-5955 | |
| (E | -Mail Address) | | (Fax Number) | |
| Policyowner Relations Contact:_ | • | | 57-9500 41015 | |
| | OFFIC | ERS | | |
| | Name | Tit | ile | |
| 1. Michael Jo | | President | | |
| 2. <u>Dexter Rol</u> | | Secretary | | |
| 3. <u>Laurance F</u> | Henry Soyer Yahia | <u>Treasurer</u> | | |
| Nome | Vice-Pre | | | T:41. |
| Name Christopher Charles Mansfield | Title Senior Vice President & General Counse | Name Alan Richard Ledbetter | Senior Vice Pre | Title |
| Gary Jay Ostrow | Vice President | Margaret Dillon | | esident & Chief Financial Off |
| James Paul Condrin, III | Chairman of the Board & CEO | | | |
| Margaret Dillon Dennis James Langwell | DIRECTORS O James Paul Condrin, III | R TRUSTEES Alan Richard Ledbetter | Christopher Ch | arles Mansfield |
| Otata of Taylor | | | | |
| State of Texas County of Dallas ss The officers of this reporting entity being duly above, all of the herein described assets wer that this statement, together with related exhliabilities and of the condition and affairs of the and have been completed in accordance with law may differ; or, (2) that state rules or reguinformation, knowledge and belief, respective with the NAIC, when required, that is an example the conditions are requested by various regulators in lieu of or in the country of the | re the absolute property of the said reportin ibits, schedules and explanations therein c he said reporting entity as of the reporting p h the NAIC Annual Statement Instructions a ilations require differences in reporting not ely. Furthermore, the scope of this attestation ct copy (except for formatting differences designations) | ng entity, free and clear from any contained, annexed or referred to be riod stated above, and of its in and Accounting Practices and Prelated to accounting practices a on by the described officers also | r liens or claims thereon, except as o, is a full and true statement of all acome and deductions therefrom for rocedures manual except to the ex and procedures, according to the boundless the related corresponding | s herein stated, and the assets and or the period ended, ktent that: (1) state lest of their ng electronic filing |
| (Signature) | (Siṛ | gnature) | (Signa | ture) |
| Michael Joseph Reid | Dexter | Robert Legg | Laurance Henry | y Soyer Yahia |
| (Printed Name) 1. | (Print | ted Name) 2. | (Printed 3. | , |
| President (Title) | | ecretary Title) | Treas (Title | |
| , | (| , | · | |
| Subscribed and sworn to before me this day of | . 2007 | a. is th b. If no | nis an original filing? o: 1. State the amendment nu | YES [X]NO [] |
| | , , 2001 | J. II IIC | | |

ASSETS

| | | Current Year | | | Prior Year |
|-------------|---|---|-----------------------|---|------------------------|
| | | 1 | 2 | 3 | 4 |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. | Bonds (Schedule D) | 4,502,789 | | 4,502,789 | 4,508,797 |
| 2. | Stocks (Schedule D): | | | | |
| | 2.1 Preferred stocks | | | | |
| | 2.2 Common stocks | | | | |
| 3. | Mortgage loans on real estate (Schedule B): | | | | |
| 0. | 2.4. First lines | | | | |
| | 3.2 Other than first liens | * | | * | |
| 4. | Real estate (Schedule A): | | | | |
| 4. | | | | | |
| | 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 (\$ 0 , Schedule E-Part 1), cash equivalents (\$ 0 | | | | |
| | Schedule E-Part 2) and short-term investments (\$ 1,207,770, Schedule DA) | 1,207,770 | | 1,207,770 | 1,099,916 |
| 6. | Contract loans (including \$ 0 premium notes) | | | | |
| 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) | 5,710,559 | | 5,710,559 | 5,608,713 |
| 11. | Title plants less \$ 0 charged off (for Title insurers only) | | | | |
| 12. | Investment income due and accrued | 60,411 | | 60,411 | 58,857 |
| 13. | Premiums and considerations: | | | | |
| | 13.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| | 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) | | | | |
| | 13.3 Accrued retrospective premiums | | | | |
| 14. | Reinsurance: | | | | |
| | 14.1. Amounta recoverable from reinquirers | | | | |
| | 14.1 Announts recoverable from reinsurers 14.2 Funds held by or deposited with reinsured companies | | | | |
| | 14.3 Other amounts receivable under reinsurance contracts | | | | |
| 15. | A consistency of the collection of the collection of the collection | | | | |
| 16.1 | Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon | | | | |
| 16.2 | Not defermed to a seed | * | | | |
| 17. | Currenty funda receivable or on denseit | | | | |
| 18. | Electronic data proceeding equipment and software | | | | |
| 19. | Furniture and equipment, including health care delivery assets (\$ 0) | | | | |
| | | | | | |
| 20. 21. | Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates | | | | |
| 22. | Health care (\$ 0) and other amounts receivable | | | | |
| 22. 23. | Aggregate write-ins for other than invested assets | | | | |
| 23. 24. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell | | | | |
| 24 . | | E 770 070 | | E 770 070 | E 667 F7/ |
| 25 | Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 5,770,970 | | 5,770,970 | 5,667,570 |
| 25. | | E 770 070 | | F 770 070 | E 667 F70 |
| 26. | Total (Lines 24 and 25) | 5,770,970 | | 5,770,970 | 5,667,570 |
| | DETAIL O OF WOLFE INO | | | | |
| | DETAILS OF WRITE-INS | | | | |
| 0901. | | | | | |
| 0000 | | * | | | |

| 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. | | |
| 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) | | |

| | LIABILITIES, SURPLUS AND OTHER FUNDS | 1 Current Year | 2 Prior Year |
|--------------|--|-------------------|-----------------|
| | J (D. 104 J.; 24 G. J 2) | | |
| 1. 2. | Losses (Part 2A, Line 34, Column 8) Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) | | |
| 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)) | 16,725 | 28,096 |
| 7.2 | * ************************************* | | |
| | 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 | \$ 34,939,121 and including warranty reserves of \$ 0) | | |
| | Advance premium Dividends declared and unpaid: | | |
| 11. | 11.1 Stockholders | | |
| | 11.2 Policyholdors | | |
| 12. | Ceded reinsurance premiums payable (net of ceding commissions) | | |
| 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 | | |
| 15. | | | |
| 16. | Provision for reinsurance (Schedule F, Part 7) | | |
| 17. | , | | |
| 18. | Drafts outstanding | | |
| 19. | | 160 | 34,553 |
| 20. | | | |
| 21. | | | |
| | Capital notes \$ 0 and interest thereon \$ 0 Aggregate write-ins for liabilities | | |
| 24. | Aggregate write-ins for ilabilities Total liabilities excluding protected cell liabilities (Lines 1 through 23) | 16,885 | 62,649 |
| 25. | | i l | |
| 26. | | 16 005 | 62,649 |
| 27. | *************************************** | | |
| 28. | Common capital stock | | |
| 29. | Preferred capital stock | | |
| | Aggregate write-ins for other than special surplus funds | 2,000,000 | 2,000,000 |
| | Surplus notes | | |
| | Gross paid in and contributed surplus | 3,000,000 | 3,000,000 |
| | Unassigned funds (surplus) | 754,085 | 604,921 |
| 34. | Less treasury stock, at cost: 34.1 0 shares common (value included in Line 28 \$ 0) | | |
| | 34.1 0 shares common (value included in Line 28 \$ 0) 34.2 0 shares preferred (value included in Line 29 \$ 0) | | |
| 35. | Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39) | 5,754,085 | 5,604,921 |
| | TOTALS (Page 2, Line 26, Col. 3) | 5,770,970 | 5,667,570 |
| | | | |
| | DETAILS OF WRITE-INS | | |
| 2201 | | | |
| 2301 2302 | | | |
| 2303 | _ * * * * * * * * * * * * * * * * * * * | | |
| | . Summary of remaining write-ins for Line 23 from overflow page | | |
| 2399 | | | |
| 2701 | | | |
| 2702 | | | |
| 2703 | • | | |
| | . Summary of remaining write-ins for Line 27 from overflow page | | |
| 2799 | . Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) | | |
| 3001 | . Guaranty funds | 2,000,000 | 2,000,000 |
| 3002 | | | |
| 3003 | | | |
| | Summary of remaining write-ins for Line 30 from overflow page | 2 000 000 | 2 000 000 |
| JU99 | . Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | 2,000,000 | 2,000,000 |

| | STATEMENT OF INCOME | 1 | 2 |
|----------------|---|-------------------|---------------------|
| | | Current Year | Prior Year |
| | UNDERWRITING INCOME | | |
| 1. | Premiums earned (Part 1, Line 34, Column 4) DEDUCTIONS | | |
| | Losses incurred (Part 2, Line 34, Column 7) | | |
| 3. | Loss expenses incurred (Part 3 Line 25 Column 1) | | |
| 4. | Other underwriting expenses incurred (Part 3, Line 25, Column 2) | | |
| 6. | Aggregate write-ins for underwriting deductions Total underwriting deductions (Lines 2 through 5) | | |
| 7. | Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) | | |
| 8. | | | |
| | INVESTMENT INCOME | | |
| 9. | Net investment income earned (Exhibit of Net Investment Income, Line 17) Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses)) | 213,661 | 160,501 |
| 10. 11. | Net investment gain (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses)) | 213,661 | 160,501 |
| | 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 | | |
| 14. 15. | Aggregate write-ins for miscellaneous income Total other income (Lines 12 through 14) | | |
| 16. | Net income before dividends to policyholders, after capital gains tax | | |
| 47 | and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 213,661 | 160,501 |
| | 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) | 213,661 | 160,501 |
| | Federal and foreign income taxes incurred | 64,497 149,164 | 65,025 95,476 |
| 20. | Net income (Line 18 minus Line 19) (to Line 22) | 149,104 | 95,476 |
| 04 | CAPITAL AND SURPLUS ACCOUNT | 5 004 004 | 5 500 445 |
| | Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) Net income (from Line 20) | 110 101 | 5,509,445 95,476 |
| 23. | Net transfers (to) from Protected Cell accounts | | |
| 24. 25. | Change in net unrealized capital gains or (losses) less capital gains tax of \$ 35,021 | (35,021) | 35,021 |
| 26. | Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax | (0.070) | 9,979 |
| | Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3) | 45 000 | (45,000) |
| | Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes | | |
| | Surplus (contributed to) withdrawn from protected cells | | |
| | 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 | | |
| | Surplus adjustments: 33.1 Paid in | | |
| | 33.2 Transferred to capital (Stock Dividend) | | |
| | 33.3 Transferred from capital Net remittances from or (to) Home Office | | |
| 35. | Dividends to stockholders | | |
| | Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1) | | |
| | Aggregate write-ins for gains and losses in surplus Change in surplus as regards policyholders for the year (Lines 22 through 37) | 149,164 | 95,476 |
| | Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35) | 5,754,085 | 5,604,921 |
| | DETAILS OF WRITE-INS | | |
| 0501 | DETAILS OF WATE-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) | | |
| 1401. | | | |
| 1402. | | | |
| 1403. 1498 | 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 ine for Line 37 from quarties page | | |
| | Summary of remaining write-ins for Line 37 from overflow page 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 | | |
| 2. Net investment income | 218,115 | 236,746 |
| 3. Miscellaneous income | | |
| 4. Total (Lines 1 through 3) | 218,115 | 236,746 |
| 5. Benefit and loss related payments | | |
| 6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts | * | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses) | 75,868 | 37,842 |
| 0. Total (Lines 5 through 9) | 75,868 | 37,842 |
| Net cash from operations (Line 4 minus Line 10) | 142,247 | 198,904 |
| Cash from Investments | | |
| 2. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | | 2,250,000 |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | * | |
| 12.7 Miscellaneous proceeds | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | * | 2,250,000 |
| Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | | 2,497,556 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | 0.407.550 |
| Total investments acquired (Lines 13.1 to 13.6) Net increase (decrease) in contract loans and premium notes | | 2,497,556 |
| Net increase (decrease) in contract loans and premium notes Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | | (247,556) |
| * | | (247,550) |
| Cash from Financing and Miscellaneous Sources | | |
| 6. 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 | (0.4.000) | /40.054 |
| 16.6 Other cash provided (applied) | (34,393) | (10,254) |
| 7. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (34,393) | (10,254) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 8. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 107,854 | (58,906) |
| 9. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 1,099,916 | 1,158,822 |
| 19.2 End of year (Line 18 plus Line 19.1) | 1,207,770 | 1,099,916 |
| lote: 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

| | 1 | Reinsurand | ce Assumed | Reinsuran | Reinsurance Ceded | | |
|---|---|-------------------------|---------------------------------|-----------------------|-------------------------------|---|--|
| Line of Business | Direct Business (a) | 2 From Affiliates | 3 From Non- Affiliates | 4 To Affiliates | 5 To Non- Affiliates | Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5 | |
| 1. Fire | 804,708 | | | 804,708 | | | |
| 2. Allied lines | 3,005,667 | | | 3,005,667 | | | |
| 3. Farmowners multiple peril | | | | | | | |
| 4. Homeowners multiple peril | 62,133,109 | | | 62,133,109 | | | |
| 5. Commercial multiple peril | | | | | | | |
| 6. Mortgage guaranty | | | | | | | |
| 8. Ocean marine | | | | | | | |
| 9. Inland marine | 714,744 | | | 714,744 | | | |
| 10. Financial guaranty | | | | | | | |
| 11.1 Medical malpractice - occurrence | | | | | | | |
| 11.2 Medical malpractice - claims-made | | | | | | | |
| 12. Earthquake | 98 | | | 98 | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| 19.3, 19.4 Commercial auto liability | | | | | | | |
| 21. Auto physical damage | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | |
| 23. Fidelity | | | | | | | |
| 24. Surety | | | | | | | |
| 26. Burglary and theft | | | | | | | |
| 27. Boiler and machinery | | | | | | | |
| 28. Credit | * [* * * * * * * * * * * * * * * * * * | | | . [| | | |
| 29. International | . [| | | | | | |
| 30. Reinsurance-Nonproportional Assumed Property | XXX | | | | | | |
| 31. Reinsurance-Nonproportional Assumed Liability | XXX | | | | | | |
| 32. Reinsurance-Nonproportional Assumed Financial Lines | XXX | | | | | | |
| 33. Aggregate write-ins for other lines of business | | | | | | | |
| 34. TOTALS | 66,658,326 | | | 66,658,326 | | | |

| 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 th | 100 9 | 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 Less 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 | 935,389 | | 935,389 | | | | | |
| 2. Allied lines | 1,110,488 | | 1,110,488 | | | | | |
| Farmowners multiple peril | | | | | | | | |
| Homeowners multiple peril | 22,174,522 | | 22,174,522 | | | | | |
| Commercial multiple peril | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | |
| 8. Ocean marine | | | | | | | | |
| 9. Inland marine | 206,828 | | 206,828 | | | | | |
| 10. Financial guaranty | | | | | | | | |
| 11.1 Medical malpractice - occurrence | | | | | | | | |
| 11.2 Medical malpractice - claims - made | | | | | | | | |
| 12. Earthquake | l | | | | | | | |
| 13. Group accident and health | l | | | | | | | |
| 14. Credit accident and health (group and individual) | | | | | | | | |
| 15. Other accident and health | | | | | | | | |
| 16. Workers' compensation | | | | | | | | |
| 17.1 Other liability - occurrence | | | | | | | | |
| 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 | | | | | | | | |
| 19.3, 19.4 Commercial auto liability | | | | | | | | |
| 21. Auto physical damage | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | |
| 23. Fidelity | | | | | | | | |
| 24. Surety | | | | | | | | |
| 26. Burglary and theft | | | | | | | | |
| 27. Boiler and machinery | | | | | * | | | |
| 28. Credit | | | | | * | * | | |
| 29. International | | | | | | | | |
| 30. Reinsurance-Nonproportional Assumed Property | XXX | | | | | | | |
| 31. Reinsurance-Nonproportional Assumed Liability | XXX | | | | | | | |
| 32. Reinsurance-Nonproportional Assumed Financial Lines | XXX | | | | | | | |
| Aggregate write-ins for other lines of business TOTALS | 04.405.555 | | 0.4.40= | | | | | |
| 34. IUIALS | 24,427,227 | | 24,427,227 | | | | | |
| 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

| | | Report | ted Losses | | ı | Incurred But Not Reported | | 8 | 9 |
|---|---|------------------------|---|---|---|---------------------------|----------------------|---|---|
| | 1 | 2 | 3 Deduct Reinsurance Recoverable from | 4 Net Losses Excl. | 5 | 6 | 7 | | |
| Line of Business | Direct | Reinsurance Assumed | Authorized and Unauthorized Companies | 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 | 82,929 | | 82,929 | | (8,885) | | (8,885) | | |
| 2. Allied lines | 47,152 | | 47,152 | ******* | 61,964 | | 61,964 | | |
| 3. Farmowners multiple peril | 4 000 000 | | | | 0.440.705 | | 2,442,735 | | |
| Homeowners multiple peril Commercial multiple peril | 4,038,092 | | 4,038,092 | | 2,442,735 | | 2,442,735 | | |
| Commercial multiple peril Mortgage guaranty | | | * | | | | | | |
| 8. Ocean marine | * | | | * | | | | | |
| 9. Inland marine | 2,609 | | 2 609 | ******** | 20,632 | | 20,632 | | |
| 10. Financial guaranty | | | | **** | 20,002 | | | | |
| 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) | | | | | | | | 7.3 | |
| 15. Other accident and health | | | | | | | | (a) | |
| 16. Workers' compensation 17.1 Other liability - occurrence | | | * | | | | | | |
| 17.1 Other liability - occurrence 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 | * | | * | *********** | * | | | | * |
| 19.3, 19.4 Commercial auto liability | | | | | | | | | |
| 21. Auto physical damage | | | | | | | | | |
| 22. Aircraft (all perils) | | | ****** | ******** | | | | | |
| 23. Fidelity | | | | | | | | | |
| 24. Surety | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | |
| 27. Boiler and machinery 28. Credit | | | | | | | | | |
| 29. International | | | | | | | | | |
| 30. 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 | 4,170,782 | | 4,170,782 | | 2,516,446 | | 2,516,446 | | |
| | | | | | | | | | |
| 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) | | | | | | | | | |

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

| | | | _ | | |
|-------|--|-----------------------------|---|---|-----------|
| | | 1 | 2 | 3 | 4 |
| | | Loss Adjustment Expenses | Other Underwriting Expenses | Investment Expenses | Total |
| 1. | Claim adjustment services: | Protection | F | P | |
| | 1.1 Direct | 570,763 | | | 570,763 |
| | 1.2 Reinsurance assumed | | | | |
| | 1.3 Reinsurance ceded | | | | 570,76 |
| | 1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) | | | | |
| 2. | Commission and brokerage: | | | | |
| | 2.1 Direct, excluding contingent | | 3,125,089 | | 3,125,089 |
| | 2.2 Reinsurance assumed, excluding contingent | | | | 0,120,000 |
| | 2.3 Reinsurance ceded, excluding contingent | | | | 3,125,089 |
| | 2.4 Contingent-direct | | | | 00.04 |
| | | | | | 20,01- |
| | 2.5 Contingent-reinsurance assumed 2.6 Contingent-reinsurance ceded | | 23,314 | | 22 24. |
| | | | 20,014 | | 23,314 |
| | 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) | | | | |
| | Allowances to manager and agents | | | | |
| 4. | Advertising | | | | |
| 5. | Boards, bureaus and associations | | | | |
| 6. | Surveys and underwriting reports | | | | |
| | Audit of assureds' records | | | | |
| 8. | Salary and related items: | | | | |
| | 8.1 Salaries | | | 1,348 | 1,348 |
| | 8.2 Payroll taxes | | | 58 | |
| 9. | Employee relations and welfare | | | 58 | |
| 10. | Insurance | | | 5 | |
| 11. | Directors' fees | | | | |
| 12. | Travel and travel items | | | 45 | 45 |
| 13. | Rent and rent items | | | 19 | |
| 14. | Equipment | | * | 21 | 2′ |
| 15. | Cost or depreciation of EDP equipment and software | | | 11 | 11 |
| | Printing and stationery | | | 3 | 3 |
| 17. | Postage, telephone and telegraph, exchange and express | | | 7 | 7 |
| | Legal and auditing | | | 128 | |
| | Totals (Lines 3 to 18) | | | 1,709 | 1,709 |
| | Taxes, licenses and fees: | | | | |
| | 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) | | * | | |
| | 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) | | | | |
| 21 | | | | | |
| | Real estate expenses | | | | |
| | Real estate taxes | | | | |
| 23. | Reimbursements by uninsured plans | | | 200 | 004 |
| | Aggregate write-ins for miscellaneous expenses | | | 200 | 200 |
| 25. | Total expenses incurred | | | 1,909 | |
| | Less unpaid expenses-current year | | | | |
| | Add unpaid expenses-prior year | | | | |
| 28. | Amounts receivable relating to uninsured plans, prior year | | | | |
| 29. | Amounts receivable relating to uninsured plans, current year | | | | |
| 30. | TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) | | | 1,909 | 1,909 |
| | DETAILS OF WRITE-INS | | | | |
| 2401. | Other expenses | | | 200 | 20 |
| 2402. | | | | | |
| | | | | * | |
| | Summary of remaining write-ins for Line 24 from overflow page | | | | |
| | Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) | | | 200 | 200 |

(a) Includes management fees of \$ 1,909 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) 159,617 | 159,617 |
| 1.1 | | (a) | |
| | | (a) | |
| | | (a) | |
| 2.1 | | (b) | |
| 2.11 | | (b) | |
| 2.2 | Common stocks (unaffiliated) | | |
| 2.21 | 1 Common stocks of affiliates | | |
| 3. | Mortgage loans | (c) | |
| 4. | Real estate | (d) | |
| 5. | Contract loans | | |
| 6. | Cash, cash equivalents and short-term investments | (e) 54,399 | 55,953 |
| 7. | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| 9. | Aggregate write-ins for investment income | | |
| 10. | Total gross investment income | 214,016 | 215,570 |
| 11. | Investment expenses | | (g) 1,909 |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. | Interest expenses | | (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) | | 1,909 |
| 17. | Net investment income (Line 10 minus Line 16) | | 213,661 |
| | DETAILS OF WRITE-INS | | 2.0,00 |
| | Summary of remaining write-ins for Line 9 from overflow page Totals (Lines 0901 through 0903) plus 0998 (Line 9, above) | | |
| 1501. | | | |
| 1501. | | | |
| 1502. | | | |
| | Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. | | | |
| (a) In (b) In (c) In (d) In (e) In (f) In (g) In to | cludes \$ 1,435 accrual of discount less \$ 7,443 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 \$ 10 amortization of premium and | \$ 0 paid for accrued \$ 0 paid for accrued interest on encumbrances. \$ 0 paid for accrued paid for accrued s, excluding federal income taxes, att | interest on purchases. dividends on purchases. interest on purchases. interest on purchases. |

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | | 1 | 2 | 3 | 4 |
|----------------|---|--|----------------------------------|---|-------|
| | | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Unrealized Increases (Decreases) by Adjustment | Total |
| 1. | U.S. Government bonds | | | | |
| 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) | NO | N. | | |
| 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) | | | | |
| | | | | | |
| | DETAILS OF WRITE-INS | | | | |
| 0901. | | | | | |
| 0901. | | | | * | |
| 1902. 1903. | | | | | |
| 3 03. | | 1 | 1 | l | |

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 income4.3 Properties held for sale | | | * |
| 5. | Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term | | | |
| , J. | 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 | | | |
| | 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 | | | * |
| 15. | 14.3 Other amounts receivable under reinsurance contracts Amounts receivable relating to uninsured plans | | | |
| 16.1 | Current federal and foreign income tax recoverable and interest thereon | | | * |
| 16.2 | Net deferred tax asset | 1 | 45,000 | 45,000 |
| 17. | Guaranty funds receivable or on deposit | | | |
| 18. | Electronic data processing equipment and software | | | |
| 19. | Furniture and equipment, including health care delivery assets | | | |
| 20. | Net adjustment in assets and liabilities due to foreign exchange rates | | | |
| 21. | Receivables from parent, subsidiaries and affiliates | | | |
| 22. | Health care and other amounts receivable | | | * |
| 23. | Aggregate write-ins for other than invested assets | | | |
| 24. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell | | | |
| 0.5 | Accounts (Lines 10 to 23) | | 45,000 | 45,000 |
| 25. 26. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) | | 45,000 | 45,000 |
| 20. | Total (Lines 24 and 23) | | 1 45,000 | 45,000 |
| | | 1 | Τ | Γ |
| | DETAILS OF WRITE-INS | | | |
| 0004 | | | | |
| 0901. | | | | |
| 0902. | | | | |
| 0903. | Common of consists units in fact in 00 from a confirmation | | | |
| | Summary of remaining write-ins for Line 09 from overflow page Totals (Lines 0901 through 0903 plus 0998) (Line 09 above) | | | |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 09 above) | | | |
| 2301. | | | | |
| 2302. | | | [| |
| 2303. | | | l | [|
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | | | |
| | Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | |

Note 1- Summary of Significant Accounting Policies

A. Accounting Practices

Effective January 1, 2001, and subject to any deviations prescribed or permitted by the Texas Insurance Commission, the accompanying financial statements of Liberty Lloyds of Texas Insurance Company (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("APP Manual").

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

C. Accounting Policies

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro-rata methods. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 2. Bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 3. The Company does not own unaffiliated common stocks.
- 4. The Company does not own unaffiliated preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. The Company does not own mortgage backed/asset backed securities.
- 7. The Company does not own any subsidiaries, controlled, or affiliated entities.
- 8. The Company does not own any joint ventures, partnerships, or limited liability companies.
- 9. Derivative securities, refer to Note 8.
- 10. Refer to Note 30.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and follow current standards of practice. Any adjustments to the liability are reflected in the period that they are determined.
- 12. The Company did not change its capitalization policy in 2006.
- 13. The Company has no pharmaceutical rebate receivables.

Note 2- Accounting Changes and Correction of Errors

A. There were no material changes in accounting principles or corrections of errors during the year.

Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

The Company did not enter into any statutory purchases during the year.

B. Statutory Mergers

The Company did not enter into any statutory mergers during the year.

C. Impairment Loss

Not applicable

Note 4- Discontinued Operations

The Company has no discontinued operations to report.

Note 5- Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company has no mortgage loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

D. Loan-Backed Securities

The Company has no loan-backed securities.

E. Repurchase Agreements

The Company did not enter into any repurchase agreements during the year.

F. Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

The Company does not hold investments in low-income housing tax credits.

Note 6- Joint Ventures, Partnerships & Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships, or limited liability companies.
- B. Impairments on joint ventures, partnerships, and limited liability companies

Not applicable

Note 7- Investment Income

A. Accrued Investment Income

All investment income due and accrued over 90 days past due is excluded from Surplus.

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2006.

Note 8- Derivative Instruments

The Company's investment activities do not include derivatives. However, the Company may acquire derivatives as additions to bond, common stock, or preferred stock investments. These derivatives are ancillary to the overall investment and are immaterial to the underlying investment portfolio.

Note 9 - Income Taxes

A. The components of the net deferred tax assets and liabilities recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

| | December 31, 2006 | December 31, 2005 | Change |
|-------------------------------------|-------------------|-------------------|----------|
| Total of gross deferred tax assets | 10,000 | 45,000 | (35,000) |
| Total of deferred tax liabilities | (10,000) | 0 | (10,000) |
| Net deferred tax asset | 0 | 45,000 | (45,000) |
| Net deferred tax asset non-admitted | 0 | (45,000) | 45,000 |
| Net admitted deferred tax asset | 0 | 0 | 0 |

B. The Company does not have any deferred tax liabilities described in SSAP No. 10, Income Taxes, paragraph 6d.

C. The provisions for incurred taxes on earnings for the years ended December 31 are:

| | 2006 | 2005 |
|-----------------------------------|--------|--------|
| Federal tax on operations | 64,497 | 65,025 |
| Net operating loss benefit | 0 | 0 |
| Foreign tax on operations | 0 | 0 |
| Income tax incurred on operations | 64,497 | 65,025 |
| | | |
| Tax on capital gains | 0 | 0 |
| Total income tax incurred | 64,497 | 65,025 |

The Company's deferred tax assets and liabilities result primarily from unrealized gains and losses.

The change in deferred income taxes is comprised of the following:

| | 2006 |
|---|----------|
| Change in net deferred income tax (without unrealized gain or loss) | (9,979) |
| Tax effect of unrealized (gains) losses | (35,021) |
| Total change in net deferred income tax | (45,000) |

- D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of revisions to prior year estimates.
- E. The amount of Federal income taxes paid and available for recoupment in the event of future losses is \$70,000 from the current year and \$53,000 from the preceding year.

The Company had no net loss carryforward available to offset future net income subject to Federal income taxes.

F. The Company's Federal income tax return is consolidated with the following entities:

Access Insurance Services, Co.
Ambco Capital Corporation
America First Insurance Company
America First Lloyds Insurance Company
American Ambassador Casualty Company
Berkeley Holding Company Associates, Inc.
Berkeley Management Corporation
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company
Capitol Agency, Inc. (Arizona corporation)
Capitol Agency, Inc. (Ohio corporation)

Cascade Disability Management, Inc. Colorado Casualty Insurance Company

Capitol Agency, Inc. (Tennessee corporation)

Companies Agency Insurance Services of California

Companies Agency Insurance Services of Companies Agency of Alabama, Inc.
Companies Agency of Georgia, Inc.
Companies Agency of Kentucky, Inc.
Companies Agency of Massachusetts, Inc.
Companies Agency of Michigan, Inc.
Companies Agency of New York, Inc.
Companies Agency of Pennsylvania, Inc.
Companies Agency of Phoenix, Inc.
Consolidated Insurance Company
Copley Venture Capital, Inc.
Countrywide Services Corporation
Diversified Settlements, Inc.

Employers Insurance Company of Wausau

Excelsior Insurance Company First State Agency, Inc. Florida State Agency, Inc.

Globe American Casualty Company Golden Eagle Insurance Corporation

Gulf States AIF, Inc.

Hawkeye-Security Insurance Company Helmsman Insurance Agency of Illinois, Inc. Helmsman Insurance Agency of Texas, Inc.

Heritage-Summit Healthcare of Florida, Inc. Indiana Insurance Company

LEXCO Limited

Liberty Assignment Corporation
Liberty Energy Corporation
Liberty Financial Services, Inc.
Liberty Hospitality Group, Inc.
Liberty Insurance Company of America
Liberty Insurance Corporation

Liberty Insurance Holdings, Inc.

Liberty Life Holdings, Inc.

Liberty Lloyds of Texas Insurance Company

Liberty Management Services, Inc. Liberty Mexico Holdings, Inc.

Liberty Mutual Fire Insurance Company

Liberty Mutual Group Inc.

Liberty Mutual Holding Company, Inc. Liberty Mutual Insurance Company Liberty Mutual Managed Care, Inc.

Liberty Mutual Personal Insurance Company Liberty Northwest Insurance Corporation Liberty Personal Insurance Company Liberty RE (Bermuda) Limited Liberty Real Estate Corporation

Liberty Sponsored Insurance (Vermont) Inc. Liberty Surplus Insurance Corporation

Liberty-USA Corporation
LIH-Re of America Corporation
LIH U.S. P&C Corporation
LIIA Insurance Agency, Inc.

LIU Specialty Insurance Agency, Inc. LLS Insurance Agency of Nevada, Inc. LM Insurance Corporation LMHC Massachusetts Holding, Inc.

LRE Properties, Inc.

Mid-American Agency, Inc.

Mid-American Fire and Casualty Company

Missouri Agency, Inc.

North Pacific Insurance Company Oregon Automobile Insurance Company Peerless Indemnity Insurance Company

Peerless Insurance Company LM Personal Insurance Company LM General Insurance Company

LM Property and Casualty Insurance Company

San Diego Insurance Company

State Agency, Inc. (Indiana corporation)
State Agency, Inc. (Wisconsin corporation)

St. James Insurance Company Summit Consulting, Inc.

Summit Consulting, Inc. of Louisiana Summit Holding Southeast, Inc. The First Liberty Insurance Corporation The Midwestern Indemnity Company

The National Corporation

The Netherlands Insurance Company Wausau Business Insurance Company

Liberty Insurance Underwriters, Inc.

Liberty International Asia Pacific Holdings, Inc.

Liberty International Holdings, Inc.

Liberty Life Assurance Company of Boston

Wausau General Insurance Company Wausau Service Corporation Wausau Signature Agency, Inc. Wausau Underwriters Insurance Company

The method of federal income tax allocation is subject to a written agreement. Allocation is based upon separate return calculations with credit applied for losses as appropriate. The Company has the enforceable right to recoup prior year payments in the event of future losses.

Note 10- Information concerning Parent, Subsidiaries and Affiliates

- A. Berkeley Management Corporation as the attorney-in-fact manages the affairs of the Company, a Texas Lloyds company, pursuant to a power of attorney from each of the Company's underwriters. All of the outstanding shares of capital stock of Berkeley Management Corporation are held by Liberty Mutual Insurance Company ("LMIC").
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. There have been no material transactions with the Company's affiliates during 2006.
- D. At December 31, 2006, the Company reported \$160 due to affiliates. In general, the terms of the intercompany arrangements require settlement at least quarterly.
- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates which result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. There is a "Service Agreement" between the Company and LMIC, under which LMIC provides the Company with services of personnel employed by LMIC, office space, supplies, equipment, telephone and wire services, the use of computers and similar machines to the extent necessary or appropriate. The Company has an investment services agreement with LMIC.
- G. The Company is part of a holding company structure as illustrated in Schedule Y Part 1.
- H. The Company does not own shares of an upstream company, either directly or indirectly.
- I. The Company has no investments in subsidiary, controlled or affiliated companies.
- J. Impairment of subsidiaries

Not applicable

K. The Company does not hold investments in foreign subsidiaries.

Note 11- Debt

- A. The Company has no capital notes.
- B. The Company has no outstanding borrowed money.

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

The Company does not have any direct employees and therefore, does not have any direct obligations for a defined benefit plan, deferred compensation arrangements, compensated absences or other post retirement benefit plans. Services for the operation of the Company are provided under provisions of the Management Services Agreement as described in Note 10 F.

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

1. Capital Stock

Not applicable

2. Preferred Stock

Not applicable

3. Dividend Restrictions

There are no dividend restrictions.

4. Stockholder dividend restrictions

Not applicable

- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company did not hold stock for special purposes.

- 8. The Company does not hold special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

Note 14- Contingencies

A. Contingent Commitments

The Company has no commitments or contingent commitments to affiliates or other entities as indicated in Note 10 E. The Company has made no guarantees on behalf of affiliates.

B. Assessments

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums are written, or, in the case of loss based assessments, at the time the losses are incurred.

As a result of the inter-company 100% Quota Share Reinsurance Agreement (see Note 26), all guaranty fund and other assessments liabilities are ceded to LMIC.

C. Gain Contingencies

Not applicable

D. All other Contingencies

Lawsuits arise against the Company in the normal course of business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company.

As disclosed in Note 9 F, the Company is a member of a controlled group for federal income tax purposes, and that group includes Liberty Mutual Group Inc. ("LMGI"). LMGI is the plan sponsor of the Liberty Mutual Retirement Benefit Plan, a qualified plan under federal law. Pursuant to federal law, if LMGI has not made the minimum required contributions with respect to the Liberty Mutual Retirement Benefit Plan, the Company, jointly and severally with all other members of the controlled group, would be contingently liable to make such contributions.

Note 15- Leases

- A. The Company is not involved in material lease obligations.
- B. Leasing as a significant part of lessor's business activities

Not applicable

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

The Company is not exposed to financial instruments with off-balance sheet risk or with concentrations of credit risk.

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

A. Transfers of Receivables reported as sales:

The Company did not have any transfers of receivables reported as sales during the year.

B. Transfers and servicing of financial assets:

The Company did not have any transfers and servicing of financial assets during the year.

C. Wash Sales

The Company did not have any wash sale transactions during the year.

Note 18-Gain or Loss from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

The Company has no direct premiums written through managing general agents or third party administrators.

Note 20 – September 11 Events

As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company has no net exposure to losses arising from the September 11, 2001 World Trade Center disaster.

Note 21- Other Items

- A. The Company has no extraordinary items to report.
- B. Troubled Debt Restructuring for Debtors

Not applicable

- C. Other Disclosures
 - 1) Assets in the amount of \$2,498,642 and \$2,497,848 as of December 31, 2006 and 2005, respectively, were on deposit with government authorities or trustees as required by law.
- D. As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company has no net exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase Business Interruption coverage.

F. Hybrid Securities

The Company does not hold hybrid securities.

G. State Transferable Tax Credits

The Company does not hold state transferable tax credits.

H. Impact of Medicare Modification Act on Post Retirement Benefits

Not applicable. (Refer to Note 12)

Note 22- Events Subsequent

There were no events subsequent to December 31, 2006 that would require disclosure.

Note 23- Reinsurance

- A. Excluding amounts arising pursuant to the inter-company 100% Quota Share Reinsurance Agreement, as described in Note 26, there are no unsecured reinsurance recoverables with an individual reinsurer that exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer that exceeds 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. The following table sets forth the maximum return premium and commission equity due the reinsurers or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2006.

| | Assumed R | teinsurance | Ceded Re | insurance | Net Reinsurance | | |
|------------|-----------|-------------|--------------|-------------|-----------------|---------------|--|
| | | Commission | | Commission | | Commission | |
| | UEP | Equity | UEP | Equity | UEP | Equity | |
| Affiliates | \$0 | \$0 | \$34,939,121 | \$1,638,023 | \$(34,939,121) | \$(1,638,023) | |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | \$0 | \$0 | \$34,939,121 | \$1,638,023 | \$(34,939,121) | \$(1,638,023) | |

Direct Unearned Premium Reserve: \$34,939,121

There are no sliding scale adjustments, or other profit sharing commissions for direct, assumed or ceded business.

The Company does not use protected cells as an alternative to traditional reinsurance.

- D. The Company has not written off any uncollectible balances in the current year.
- E. The Company has not recorded any commutations in the current year.
- F. The Company has no retroactive reinsurance.
- G. There are no contracts recorded as deposit accounting.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have net accrued retrospective premiums.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company has no exposure to changes in incurred losses and loss adjustment expenses.

Note 26- Intercompany Pooling Arrangements

The Company participates in a 100% Quota Share Reinsurance Agreement with an affiliate, LMIC. Pursuant to the Agreement, after external reinsurance, the Company cedes its net underwriting activity to LMIC.

Note 27- Structured Settlements

- A. As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company has no exposure to contingent liabilities from the purchase of annuities.
- B. Not applicable

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

As of December 31, 2006, the Company had no liabilities related to premium deficiency reserves. The Company considers anticipated investment income when calculating its premium deficiency reserves.

Note 31- High Dollar Deductible Policies

As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company does not have any net high dollar deductible policy liabilities.

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

Not applicable

Note 33 - Asbestos/Environmental Reserves

As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 26), the Company has no net exposure to asbestos and environment claims.

Note 34- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 35 - Multiple Peril Crop Insurance

Not applicable

SUMMARY INVESTMENT SCHEDULE

| | | | Gro Investment | | Admitted Assets as Reported in the Annual Statement | | |
|-----|------|--|-------------------|-----------------|---|-----------------|--|
| | | Investment Categories | 1 Amount | 2 Percentage | 3 Amount | 4 Percentage | |
| 1. | Bone | de: | | | | | |
| 1 | | U.S. treasury securities | 4,502,789 | 78.850 | 4,502,789 | 78.850 | |
| | | 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) | | | | | |
| | 1.4 | 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 | | | | | |
| _ | 011 | 1.523 All other | | | | | |
| | | er debt and other fixed income securities (excluding short term): | | | | | |
| | | Unaffiliated domestic securities (includes credit tenant loans rated by the SVO) | | | | | |
| I | | Unaffiliated foreign securities | | | | | |
| 1 | | Affiliated securities | | | | | |
| 1 | | ty interests: Investments in mutual funds | | | | | |
| 1 | | Preferred stocks: | | | | | |
| | J.Z | 3.21 Affiliated | | | | | |
| | | 3.22 Unaffiliated | | | | | |
| | 3.3 | Publicly traded equity securities (excluding preferred stocks): | | | | | |
| | 0.0 | 3.31 Affiliated | | | | | |
| | | 3.32 Unaffiliated | | | | | |
| | 34 | Other equity securities: | | | | | |
| | • | 3.41 Affiliated | | | | | |
| | | 3.42 Unaffiliated | | | | | |
| | 3.5 | Other equity interests including tangible personal property under lease: | | | | | |
| | | 3.51 Affiliated | | | | | |
| | | 3.52 Unaffiliated | | | | | |
| 4. | Mort | gage loans: | | | | | |
| | 4.1 | Construction and land development | | | | | |
| | 4.2 | Agricultural | | | | | |
| | 4.3 | Single family residential properties | | | | | |
| | 4.4 | Multifamily residential properties | | | | | |
| l | | Commercial loans | | | | | |
| | 4.6 | Mezzanine real estate loans | | | | | |
| ı | | l estate investments: | | | | | |
| | | Property occupied by company | | | | | |
| | 5.2 | Property held for production of income | | | | | |
| | | (including \$ 0 of property acquired in satisfaction of debt) | | | | | |
| | 5.3 | Property held for sale (including \$ 0 property | | | | | |
| _ | _ | acquired in satisfaction of debt) | | | | | |
| l | | tract loans | | | | | |
| 7. | | eivables for securities | | | | | |
| | | h, cash equivalents and short-term investments | 1,207,770 | 21.150 | 1,207,770 | 21.150 | |
| l | | er invested assets | E 740 FF0 | 400.000 | E 740 FF0 | 400.000 | |
| 10. | ıota | l invested assets | 5,710,559 | 100.000 | 5,710,559 | 100.000 | |

PART 1 - COMMON INTERROGATORIES

GENERAL

]

| is | an insurer? | , , , , , , , , , , , , , , , , , , , | • | | Yes [X] No [] |
|---|--|---|---|--|---|
| sı pı M | yes, did the reporting entity register and file with its don ich regulatory official of the state of domicile of the print oviding disclosure substantially similar to the standards odel Insurance Holding Company System Regulatory A andards and disclosure requirements substantially simil | cipal insurer in the Holding Co adopted by the National Asso ct and model regulations pert | ompany System, a registra ociation of Insurance Com aining thereto, or is the rep | tion statement missioners (NAIC) in its | Yes[X] No[] |
| .3 S | ate Regulating? | | | | Texas |
| | as any change been made during the year of this stater the reporting entity? | nent in the charter, by-laws, a | rticles of incorporation, or | deed of settlement | Yes [] No [X] |
| .2 If | yes, date of change: | | | | |
| 1 S | ate as of what date the latest financial examination of t | ne reporting entity was made | or is being made. | | 12/31/2002 |
| | ate the as of date that the latest financial examination r his date should be the date of the examined balance sh | • | | | 12/31/2002 |
| do | ate as of what date the latest financial examination reporting entity. This is the release date on alance sheet date). | | • | | 02/14/2004 |
| .4 B | what department or departments? Texas Department | of Insurance | | ***** | |
| | | | | | |
| CC | uring the period covered by this statement, did any age embination thereof under common control (other than sa substantial part (more than 20 percent of any major line | laried employees of the repor | rting entity) receive credit of ect premiums) of: | or commissions for or control | |
| | | | | sales of new business? renewals? | Yes[] No[X] Yes[] No[X] |
| 2 D | uring the period covered by this statement, did any sale | s/service organization owned | in whole or in part by the | | |
| af | filiate, receive credit or commissions for or control a sub rect premiums) of: | ostantial part (more than 20 p | 4.21 | sales of new business? | Yes[] No[X] Yes[X] No[] |
| af di | rect premiums) of: | | 4.21 4.22 | | Yes [X] No [] |
| at di 1 H | rect premiums) of: as the reporting entity been a party to a merger or cons | olidation during the period cov | 4.21 4.22 vered by this statement? | sales of new business? renewals? | |
| af di 1 H 2 If | rect premiums) of: | olidation during the period cov | 4.21 4.22 vered by this statement? | sales of new business? renewals? | Yes [X] No [] |
| af di 1 H 2 If | rect premiums) of: as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company cocased to exist as a result of the merger or consolidation | olidation during the period covide, and state of domicile (use | 4.21 4.22 vered by this statement? two letter state abbreviation | sales of new business? renewals? | Yes [X] No [] |
| af di 1 H 2 If | rect premiums) of: as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company cocased to exist as a result of the merger or consolidation | olidation during the period cov le, and state of domicile (use | 4.21 4.22 vered by this statement? two letter state abbreviation | sales of new business? renewals? | Yes [X] No [] |
| af di 1 H 2 If | rect premiums) of: as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company cocased to exist as a result of the merger or consolidation | olidation during the period covide, and state of domicile (use | 4.21 4.22 vered by this statement? two letter state abbreviation | sales of new business? renewals? | Yes [X] No [] |
| af di 1 H 2 If ce | rect premiums) of: as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company cocased to exist as a result of the merger or consolidation | olidation during the period covered and state of domicile (use 2 NAIC Company Code | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has | Yes [X] No [] |
| af di | rect premiums) of: as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company considers to exist as a result of the merger or consolidation 1 Name of Entity | le, and state of domicile (use NAIC Company Code licenses or registrations (include) | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has | Yes [X] No [] |
| af di 1 H 2 If ce 1 H | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company consequed to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, [Stended or revoked by any governmental entity during the content of the | le, and state of domicile (use NAIC Company Code licenses or registrations (include) | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has n, if applicable) | Yes [X] No [] |
| af di 1 H 2 If ce 1 H yve | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company consequed to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, [Stended or revoked by any governmental entity during the content of the | le, and state of domicile (use NAIC Company Code licenses or registrations (include the reporting period? | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has n, if applicable) | Yes [X] No [] |
| af dididididididididididididididididididi | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company conseased to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, saying the reporting entity had any governmental entity durin yes, give full information | le, and state of domicile (use NAIC Company Code licenses or registrations (include the reporting period? | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has n, if applicable) | Yes [X] No [] Yes [] No [X] |
| af dididididididididididididididididididi | as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company considers to exist as a result of the merger or consolidation. 1 Name of Entity as the reporting entity had any Certificates of Authority, self-self-and or revoked by any governmental entity during the self-and or revoked by any governmental entity durin | le, and state of domicile (use NAIC Company Code licenses or registrations (include the reporting period? | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile | sales of new business? renewals? on) for any entity that has n, if applicable) | Yes [X] No [] |
| ati di | as the reporting entity been a party to a merger or considers, provide the name of the entity, NAIC company considers to exist as a result of the merger or consolidation. 1 Name of Entity as the reporting entity had any Certificates of Authority, self-self-and or revoked by any governmental entity during the self-and or revoked by any governmental entity durin | le, and state of domicile (use 2 | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile uding corporate registration or more of the reporting exists a mutual or reciprocal | sales of new business? renewals? on) for any entity that has n, if applicable) ntity? | Yes [X] No [] Yes [] No [X] Yes [] No [X] |
| af dididididididididididididididididididi | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company conseques to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, as the reporting entity had any governmental entity durin yes, give full information bees any foreign (non-United States) person or entity directly, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign persons | le, and state of domicile (use 2 NAIC Company Code licenses or registrations (include the reporting period? ectly or indirectly control 10% con(s) or entity(s); or if the entitle type of entity(s) (e.g., indivi | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile uding corporate registration or more of the reporting exists a mutual or reciprocal | sales of new business? renewals? on) for any entity that has n, if applicable) ntity? | Yes [X] No [] Yes [] No [X] Yes [] No [X] |
| af dididididididididididididididididididi | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company conseques of the exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, as the reporting entity had any governmental entity during yes, give full information bees any foreign (non-United States) person or entity directly yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person manager or attorney-in-fact and identify the | le, and state of domicile (use 2 NAIC Company Code licenses or registrations (include the reporting period? ectly or indirectly control 10% con(s) or entity(s); or if the entitle type of entity(s) (e.g., indivi | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile uding corporate registration or more of the reporting endity is a mutual or reciprocal idual, corporation, governing | sales of new business? renewals? on) for any entity that has n, if applicable) ntity? | Yes [X] No [] Yes [] No [X] Yes [] No [X] |
| ati di | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company conseques to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, as the reporting entity had any governmental entity durin yes, give full information bees any foreign (non-United States) person or entity directly yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person manager or attorney-in-fact and identify the | le, and state of domicile (use 2 NAIC Company Code licenses or registrations (include the reporting period? ectly or indirectly control 10% con(s) or entity(s); or if the entitle type of entity(s) (e.g., individed to the period to the type of entity(s) (e.g., individed to the | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile uding corporate registration or more of the reporting endity is a mutual or reciprocal idual, corporation, governing | sales of new business? renewals? on) for any entity that has n, if applicable) ntity? | Yes [X] No [] Yes [] No [X] Yes [] No [X] |
| afi di 1 H 2 If co 2 If 1 D 2 If | as the reporting entity been a party to a merger or conseques, provide the name of the entity, NAIC company conseques to exist as a result of the merger or consolidation 1 Name of Entity as the reporting entity had any Certificates of Authority, as the reporting entity had any governmental entity durin yes, give full information bees any foreign (non-United States) person or entity directly yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person manager or attorney-in-fact and identify the | le, and state of domicile (use 2 | 4.21 4.22 vered by this statement? two letter state abbreviation 3 State of Domicile uding corporate registration or more of the reporting exity is a mutual or reciprocal idual, corporation, governing to the properties of the properties | sales of new business? renewals? on) for any entity that has n, if applicable) ntity? | Yes [X] No [] Yes [] No [X] Yes [] No [X] |

PART 1 - COMMON INTERROGATORIES

| | Is the company affiliated with one or m If response to 8.3 is yes, please provid financial regulatory services agency [i. | ore banks, thrifts or securities firms? le the names and locations (city and state of e. the Federal Reserve Board (FRB), the Offi | the main office) of a | any affiliates reguler of the Currency | lated by a federal y (OCC), the Offic | | s[] No[X] | |
|------|---|--|-----------------------|--|--|----------|-------------|-----------|
| | Thrift Supervision (OTS), the Federal I affiliate's primary federal regulator. | Deposit Insurance Corporation (FDIC) and the | e Securities Exchar | nge Commission (| SEC)] and identify | the the | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | ACCII A AI | (0)(0) () | 500 | 000 | 0.70 | FDIO | 050 | |
| | Affiliate Name | Location (City, State) | FRB | OCC | OTS | FDIC | SEC | |
| | | | | | | | | |
| | | | | | | | | |
| 9. | What is the name and address of the in | I | ounting firm retaine | ed to conduct the | annual audit? | | | |
| | Ernst & Young, LLP 200 Clarendon Street, Boston, MA 021 | 16 | | | | | | |
| 10. | consulting firm) of the individual provid 175 Berkeley Street, Boston, MA 0211 | on (officer/employee of the reporting entity or ing the statement of actuarial opinion/certifica 7 mpany | ation? Roy K. More | II | | | | |
| 11.1 | | urities of a real estate holding company or oth | | | | Yes | s[] No[X] | |
| | | 11.11 Name of rea | l estate holding co | - | | | | |
| | | 11.12 Number of p 11.13 Total book/a | diusted carrying va | alue | | \$ | | 0 |
| 11.2 | | | | | | * * | | |
| 12 | | OF ALIEN REPORTING ENTITIES ONLY: | | | | * * | | |
| | | the year in the United States manager or the | United States trus | stees of the report | ting entity? | | | |
| | | | | | | | | |
| 12.2 | | ss transacted for the reporting entity through | | | | | s[] No[X] | |
| | , , | any of the trust indentures during the year? | | | | Yes | s[] No[X] | |
| 12.4 | If answer to (12.3) is yes, has the dom | iciliary or entry state approved the changes? | | | | Yes | s[] No[] | N/A [X] |
| | | BOARD OF | DIRECTORS | | | | | |
| 13. | Is the purchase or sale of all investment committee thereof? | nts of the reporting entity passed upon either | by the board of dire | ectors or a subord | linate | Voo | IVI old I I | |
| 14. | | lete permanent record of the proceedings of i | ts board of director | s and all subordin | ate | 163 | s[] No[X] | |
| | committees thereof? | | | | | Yes | [X] No[] | |
| 15. | | procedure for disclosure to its board of directers, directors, trustees or responsible employed | | | | Yes | s[X] No[] | |
| | | FINA | NCIAL | | | | | |
| 16.1 | Total amount loaned during the year (i | nclusive of Separate Accounts, exclusive of p | olicy loans): | | | | | |
| | | 16.11 To directors 16.12 To stockhold | | | | \$ | | 0 |
| | | 16.13 Trustees, su | | raternal only) | | \$ | | 0 |
| 16.2 | Total amount of loans outstanding at the | ne end of year (inclusive of Separate Account | | cy loans): | | • | | |
| | | 16.21 To directors 16.22 To stockhold | | | | \$ \$ | | 0 |
| 4- 4 | | 16.23 Trustees, su | | • , | | \$ | | 0 |
| 17.1 | obligation being reported in the statem | ment subject to a contractual obligation to tra ent? | nsfer to another pa | rty without the liab | bility for such | Yes | s[] No[X] | |
| 17.2 | If yes, state the amount thereof at Dec | ember 31 of the current year: | | | | | | |
| | | 17.21 Rented from 17.22 Borrowed from | | | | \$ \$ | | 0 |
| | | 17.23 Leased from | | | | \$ | | 0 |
| | 5 | 17.24 Other | • • • • • • | | | , • | | |
| | association assessments? | for assessments as described in the Annual | Statement Instructi | ons other than gu | iaranty fund or gu | | [] No[X] | |
| 18.2 | If answer is yes: | 18.21 Amount paid | l as losses or risk a | adjustment | | \$ | | 0 |
| | | 18.22 Amount paid 18.23 Other amou | | | | \$ \$ | | 0 |
| 19.1 | Does the reporting entity report any an | nounts due from parent, subsidiaries or affilia | • | is statement? | | Yes | s[] No[X] | |
| | | e from parent included in the Page 2 amount: | - 5 | | | \$ | | 0 |
| | | | | | | | | |

PART 1 - COMMON INTERROGATORIES

INVESTMENT

| 20.1 | | e all the stocks, bonds and other sec 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 a rol of the reporting entity, except as s assets subject to a put option contra | shown on Schedu | le E - Part 3 - Special Depos | sits, or has the re | eporting entit | ty sold or transferred | Yes [|] No[X] | |
| 21.2 | If ye | s, state the amount thereof at Decen | nber 31 of the cur | rent year: | | | | | | |
| | | | | | Loaned to other | | | \$ | | 0 |
| | | | | | Subject to rever | | | \$ \$ | | 0 |
| | | | | | Subject to dolla | | | \$ | | 0 |
| | | | | | | | ourchase agreements | \$ | | 0 |
| | | | | | Pledged as colla Placed under or | | nente | \$ | | 0 |
| | | | | | | U | stricted as to sale | \$ \$ | | 0 |
| | | | | 21.29 | Other | | | \$ | | 0 |
| 21.3 | For o | category (21.28) provide the following | g: | | | | | | | |
| | | 1 | | | 2 | | 3 | | | |
| | | Nature of Restriction | n | Desci | ription | | Amount | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 22.1 | Does | s the reporting entity have any hedgin | ng transactions re | ported on Schedule DB? | | | | Yes [|] No[X] | |
| 22.2 | If yes | s, has a comprehensive description of | of the hedging pro | gram been made available t | o the domiciliary | state? | | Yes [|] No [] | N/A [X] |
| | If no | , attach a description with this staten | ment. | | | | | | | |
| 23.1 | | e any preferred stocks or bonds own er, convertible into equity? | ed as of Decembe | er 31 of the current year mar | ndatorily convert | ible into equ | ity, or, at the option of the | Yes [|] No [X] | |
| 23.2 | If ye | s, state the amount thereof at Decen | nber 31 of the cur | rent year. | | | | \$ | | 0 |
| | safe with Fina | uding items in Schedule E, real estat ty deposit boxes, were all stocks, bor a qualified bank or trust company in ncial Condition Examiners Handbook | nds and other sec accordance with I </td <td>eurities owned throughout the Part 1-General, Section IV.H</td> <td>e current year he l-Custodial or Sa</td> <td>ld pursuant fekeeping a</td> <td>to a custodial agreement greements of the NAIC</td> <td>Yes [X]</td> <td> No[]</td> <td></td> | eurities owned throughout the Part 1-General, Section IV.H | e current year he l-Custodial or Sa | ld pursuant fekeeping a | to a custodial agreement greements of the NAIC | Yes [X] | No[] | |
| 24.01 | For a | agreements that comply with the requ | uirements of the N | NAIC Financial Condition Exa | aminers Handbo | ok, complete | e the following: | | | |
| | | | 1 | | | | 2 | | | |
| | | JP MORGAN CHASE | of Custodian(s) | | 3 Chase Metro | | an's Address r, Brooklyn, NY 11245 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 24.02 | | all agreements that do not comply wi e, location and a complete explanation | | ts of the NAIC Financial Cor | ndition Examiner | s Handbook | , provide the | | | |
| | | 1 | | 2 | | | 3 | | | |
| | | Name(s) | | Location(s) | | Com | plete Explanation(s) | | | |
| | | | | | | | | | | |
| | | e there been any changes, including s, give full and complete information | | the custodian(s) identified in | n 24.01 during th | ne current ye | par? | Yes [|] No[X] | |
| | | 1 | | 2 | 3 | | 4 | | | |
| | | 0110 11 | | 0 1 1 | Date of | | | | | |
| | | Old Custodian | Nev | w Custodian | Change | | Reason | | | |
| | | | | | | | | = | | |
| 24.05 | | tify all investment advisors, brokers/c stment accounts, handle securities a | | | | | to the | | | |
| | | 1 | | 2 | | | 3 | | | |
| | | Central Registration Depository Number(s) | | Name | | | Address | | | |
| | | Depository Number(s) | | inailie | | | Addioss | | | |

PART 1 - COMMON INTERROGATORIES

25.2 If yes, complete the following schedule:

| 1 | 2 | 3 |
|---------------|---------------------|---------------------------------|
| | | Book/Adjusted |
| CUSIP# | Name of Mutual Fund | Book/Adjusted Carrying Value |
| | | |
| | | |
| | | |
| | | |
| 25.2999 Total | | |

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

| 1 | 2 | 3 | 4 |
|---|---|--|----------------------|
| Name of Mutual Fund (from above table) | Name of Significant Holding of the Mutual Fund | Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | Date of Valuation |
| , | | · | |
| | | | |
| | | | |

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 | 5,710,559 | 5,652,420 | 58,139 |
| 26.2 Preferred stocks | | | |
| 26.3 Totals | 5,710,559 | 5,652,420 | 58,139 |

| 26.4 | Describe the sources or methods utilized in determining the fair values: IDC, Bloomberg, NAIC, SVO, Broker Quotes, Analytically Determined | | |
|------|--|--------------|---|
| 27.1 | Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities 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? | \$ | 0 |
| 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 | | |

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | \$ |
| | \$ |

associations, service organizations and statistical or rating bureaus during the period covered by this statement.

29.1 Amount of payments for legal expenses, if any?

\$______0__

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 |
| | \$ |
| | \$ |
| | \$ |

30.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

| | | 0 |
|--|--|---|
| | | U |

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 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| 1.1 | Does the reporting entity have any direct Medicare Supplement | t 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 | olement Insurance Experience Exhibit | ? | | \$ |
| | 1.31 Reason for excluding | | | | |
| | · · · · · · · · · · · · · · · · · · · | | ********* | ***** | * * |
| | | | | | ** |
| 1.4 | · | | (1.2) above. | | \$ |
| 1.5 | Indicate total incurred claims on all Medicare Supplement insur- | ance. | | | \$ |
| 1.6 | Individual policies: | | | | |
| | Mosi | t current three years: | | | |
| | 1.61 | Total premium earned | | | \$ |
| | 1.62 | Total incurred claims | | | \$ |
| | 1.63 | Number of covered lives | | | \$ |
| | All y | 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: | | | | |
| | • • | t current three years: | | | |
| | 1.71 | | | | \$ |
| | 1.72 | ' | | | \$ |
| | 1.73 | | | | \$ |
| | | ears prior to most current three years: | • | | <u>*</u> |
| | 1.74 | | • | | \$ |
| | 1.75 | | | | \$ |
| | 1.76 | | | | <u>•</u> |
| | 1.70 | Number of covered lives | | | Ψ |
| 2. | Health Test: | | 1 | 2 | |
| | | | Current Year | Prior Year | |
| | 2.1 | Dramium Numerator | | | |
| | | Premium Numerator | \$ | \$ | |
| | | Premium Denominator | \$ | \$ | |
| | | Premium Ratio (2.1/2.2) | · · · · · · · · · · · · · · · · · · · | | |
| | | Reserve Numerator | \$ | \$ | |
| | | Reserve Denominator | 5 | \$ | |
| | 2.0 | Reserve Ratio (2.4/2.5) | * | * | |
| 3.1 | Does the reporting entity issue both participating and non-partic | cipating 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 conti | ingent liability of the policyholders? | | | 9 |
| 4.4 | Total amount of assessments paid or ordered to be paid during | the year on deposit notes or continge | ent premiums. | | \$ |
| P5or F | Reciprocal Exchanges Only: | | | | |
| 5.1 | | | | | YES[]NO[X] |
| | If yes, is the commission paid: | | | | |
| | 5.21 | Out of Attorney's-in-fact compen | sation | | YES[]NO[]N/A[X] |
| | 5.22 | , , | | | YES[]NO[]N/A[X] |
| 5.3 | What expenses of the Exchange are not paid out of the compet | neation of the Attorney-in-fact? | | | |
| 0.0 | | | | | |
| | | | | | |
| 5.4 | Has any Attorney-in-fact compensation, contingent on fulfillmen | nt of certain conditions, been deferred | ? | | YES[]NO[X] |
| 5.5 | If yes, give full information | | | *** | |
| | | | | **** | |

(Continued)

| 0.1 | compensation contract issued without limit of loss: The Company has a 100% Quota share agreement with Liberty Mutual Insurance Company | | |
|---------------------|--|-------|----------------------------------|
| 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 employs industry recognized catastrophe modeling software to estimate the PML. For property exposures, we employ RiskLink v6.0 from RMS and AIR Clasic/2 v 8.0 from AIR. For WC, Liberty Mutual utilizes Risk Link v6.0 from RMS. | | |
| 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 has a 100% Quota share agreement with Liberty Mutual Insurance Company | 3 | |
| | 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 | YES[) | K]NO[] |
| | hedge its exposure to unreinsured catastrophic loss | | |
| 7.1 | 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)? | YES [|]NO[X] |
| | 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 | |]NO[X] |
| | 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] |
| 8.2 | If yes, give full information | | |
| 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 | VEG [|] NO [X] |
| 9.2 | Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple 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 | .201 |]o[v] |
| | (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. | YES [|] NO [X] |
| 9.3 | 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. | | |
| 9.4 | 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 | | |
| 9.5 | | YES [|]NO[X] |
| 10. 11.1 11.2 | Has the reporting entity guaranteed policies issued by any other entity and now in force: | - |] NO [] N/A [X]] NO [X] |
| 11.2 | If yes, give full information | | |

(Continued)

| 12.1 | 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 | | | | \$ | | |
| | | 12.12 | Unpaid underwriting | g expenses (including lo | ss adjustment expense | s) | \$ | | |
| 12.2 | Of the amount on Line 13.3, Page 2, sta | te the amount that is s | secured by letters of cre | dit, collateral and other | funds? | | \$ | | |
| 12.3 | If the reporting entity underwrites comme | ercial insurance risks, | such as workers' comp | ensation, are premium | notes or promissory not | es accepted | | | |
| | from its insureds covering unpaid premiu | ıms and/or unpaid loss | ses? | | | | YES[]N |] A/N [X] O | |
| 12.4 | If yes, provide the range of interest rates | charged under such i | notes during the period | covered by this stateme | ent: | | | | |
| | | 12.4 | 1 From | | | | | | |
| | | 12.42 | 2 To | | | | | | |
| 12.5 | Are letters of credit or collateral and other | er funds received from | insureds being utilized | by the reporting entity t | to secure premium note | s or | | | |
| | promissory notes taken by a reporting er | ntity, or to secure any | of the reporting entity's | reported direct unpaid I | loss reserves, including | unpaid | | | |
| | losses under loss deductible features of | commercial policies? | | | | | YES[]N | O[X] | |
| 12.6 | If yes, state the amount thereof at Decer | mber 31 of current yea | ar: | | | | | | |
| | | 12.61 | 1 Letters of Credit | | | | \$ | | |
| | | 12.62 | 2 Collateral and other | er funds | | | \$ | | |
| 13.1 | Largest net aggregate amount insured in | n any one risk (excludi | ng workers' compensati | on): | | | \$ | | |
| 13.2 | Does any reinsurance contract considered | ed in the calculation of | this amount include an | aggregate limit of reco | very without also includ | ing a | | | |
| | reinstatement provision? | | | | | | YES[X]N | 0[] | |
| 13.3 | State the number of reinsurance contract | ts (excluding individua | al facultative risk certific | ates, but including facu | Itative programs, autom | atic | | | |
| | facilities or facultative obligatory contract | ts) considered in the c | alculation of the amour | t. | | | | 1 | |
| 14.1 | Is the company a cedant in a multiple ce | dant reinsurance cont | ract? | | | | YES[X]N | 1 10 | |
| 14.2 | | | | cedants: Premiur | ns were allocated base | d on exposures, | | | |
| | recoverables were based on losses incu | - | · · | | | | | | |
| | | | * | | | | | | |
| 44.0 | If the amount of A A is a second of the month | | . 44.0 | | | | | | |
| 14.3 | If the answer to 14.1 is yes, are the meth contracts? | noas described in item | 14.2 entirely contained | in the respective multi | pie cedant reinsurance | | VECT 1N | 0171 | |
| 111 | | othodo dogorihod in 14 | 2 antiroly contained in | written agreemente? | | | YES[]NO | | |
| | If the answer to 14.3 is no, are all the me If the answer to 14.4 is no, please explain | | ere allocated based on e | = | | | IES[]IN | | |
| 14.5 | recoverables were based on losses incu | | ile allocated based off | | | | | | |
| | Tecoverables were based on losses med | | | | | | | | |
| 15 1 | Has the reporting entity guaranteed any | financed promium acc | ounte? | | | * | VECT 1NI | 0 I V I | |
| | If yes, give full information | illianced premium acc | ounts: | | | | YES[]N | O[X] | |
| 10.2 | ii yes, give iuii iiioiiiiatioii | | | | | * | | | |
| 10.1 | D | | | | | * | VEC 1 1 1 | 10.17.1 | |
| 10.1 | Does the reporting entity write any warra If yes, disclose the following information | - | ng types of warranty co | verage. | | | YES[]N | IO [X] | |
| | ii yes, disclose the following information | Tor each of the following | ng types of warranty co | verage. | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | | | |
| | | Direct Losses | Direct Losses | Direct Written | Direct Premium | Direct Premiur | n | | |
| | | Incurred | Unpaid | Premium | Unearned | Earned | | | |
| | 16.11 Home | \$ | \$ | \$ | \$ | \$ | | | |
| | 16.12 Products | \$ | \$ | \$ | \$ | \$ | * * | | |
| | 16.13 Automobile | \$ | \$ | \$ | \$ | \$ | * * | | |
| | 16.14 Other* | \$ | \$ | \$ | \$ | \$ | * * | | |
| | | **** | * | | * | * | * * | | |
| | * Disclose type of coverage: | | | | Disclose type of coverage: | | | | |

(Continued)

| 17.1 | Does the reporting entity include amounts recoverable on unaut | nonzed remodrance in Schedule F - Fart 3 that it excludes nom | |
|------|---|---|------------|
| | 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: | | |
| | 17.11 | Gross amount of unauthorized reinsurance in Schedule F - Part 3 | |
| | | excluded from Schedule F - Part 5 | \$ |
| | 17.12 | Unfunded portion of Interrogatory 17.11 | \$ |
| | 17.13 | Paid losses and loss adjustment expenses portion of Interrogatory 17.11 | \$ |
| | 17.14 | Case reserves portion of Interrogatory 17.11 | \$ |
| | 17.15 | Incurred but not reported portion of Interrogatory 17.11 | \$ |
| | 17.16 | Unearned premium portion of Interrogatory 17.11 | \$ |
| | 17.17 | Contingent commission portion of Interrogatory 17.11 | \$ |
| | Provide the following information for all other amounts included | in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above. | |
| | 17.18 | Gross amount of unauthorized reinsurance in Schedule F - Part 3 | |
| | | excluded from Schedule F - Part 5 | \$ |
| | 17.19 | Unfunded portion of Interrogatory 17.18 | \$ |
| | 17.20 | Paid losses and loss adjustment expenses portion of Interrogatory 17.18 | \$ |
| | 17.21 | Case reserves portion of Interrogatory 17.18 | \$ |
| | 17.22 | Incurred but not reported portion of Interrogatory 17.18 | \$ |
| | 17.23 | Unearned premium portion of Interrogatory 17.18 | \$ |
| | 17.24 | Contingent commission portion of Interrogatory 17.18 | \$ |

FIVE-YEAR HISTORICAL DATA

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

| | | 1 2006 | 2 2005 | 3 2004 | 4 2003 | 5 2002 |
|-------------|---|------------|------------|------------|------------|---|
| 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) | | | | | |
| 2. | *************************************** | 4,525,217 | 3,929,164 | 3,478,615 | 2,252,679 | 1,901,908 |
| 3. | Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 62,133,109 | 68,091,525 | 72,784,161 | 54,569,605 | 48,793,314 |
| 4. | All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) | | | | | |
| 5. | Nonproportional reinsurance lines (Lines 30, 31 & 32) | | | | | |
| 6. | Total (Line 34) | 66,658,326 | 72,020,689 | 76,262,776 | 56,822,284 | 50,695,222 |
| 7. | Net Premiums Written (Page 8, Part 1B, Col. 6) 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) | | | | | * |
| 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) | | | | | |
| 12 | Statement of Income (Page 4) Net underwriting gain (loss) (Line 8) | 1 | | | | |
| 13. | | 213,661 | 160,501 | 125,657 | 93,302 | 155,204 |
| 1 | Total other income (Line 15) | 210,001 | | | (10,324) | 100,204 |
| 16. | Dividends to policyholders (Line 17) | | | | | |
| 17. | 1 | 64,497 | 65,025 | 43,376 | (24,627) | 54,250 |
| 18. | Net income (Line 20) | 149,164 | 95,476 | 82,281 | 107,605 | 100,954 |
| | Balance Sheet Lines (Pages 2 and 3) | | | | | |
| 19. | Total admitted assets excluding protected cell business | | | | | |
| | (Page 2, Line 24, Col. 3) | 5,770,970 | 5,667,570 | 5,555,165 | 5,430,031 | 5,116,682 |
| 20. | Premiums and considerations (Page 2, Col. 3) | | | | | |
| | 20.1 In course of collection (Line 13.1) 20.2 Deferred and not yet due (Line 13.2) | | | | | |
| | 20.3 Accrued retrospective premiums (Line 13.3) | | | | | |
| 21. | Total liabilities excluding protected cell business (Page 3, Line 24) | 16,885 | 62,649 | 45,720 | 2,868 | 5,049 |
| 22. | Losses (Page 3, Line 1) | | | | | |
| 23. | Loss adjustment expenses (Page 3, Line 3) | | | | | * |
| 24. | Unearned premiums (Page 3, Line 9) | | | | | |
| 25. | Capital paid up (Page 3, Lines 28 & 29) | | | | | |
| 26. | Surplus as regards policyholders (Page 3, Line 35) | 5,754,085 | 5,604,921 | 5,509,445 | 5,427,163 | 5,111,633 |
| | Risk-Based Capital Analysis | 5 754 005 | 5 004 004 | 5 500 445 | 5 407 400 | 5 444 000 |
| 1 | Total adjusted capital Authorized control level risk-based capital | 5,754,085 | 5,604,921 | 5,509,445 | 5,427,163 | 5,111,633 |
| 20. | Percentage Distribution of Cash, Cash Equivalents and Invested Assets | 4,539 | 4,136 | 4,361 | 3,863 | 10,453 |
| | (Page 2, Col. 3) | | | | | |
| | (Item divided by Page 2, Line 10, Col. 3) x 100.0 | | | | | |
| 29. | | 78.9 | 80.4 | 78.9 | 83.5 | 44.9 |
| 30. | Stocks (Lines 2.1 & 2.2) | | | | | |
| 31. | Mortgage loans on real estate (Lines 3.1 and 3.2) | | | | | |
| 32. | Real estate (Lines 4.1, 4.2 & 4.3) | | | | | |
| 33. | Cash, cash equivalents and short-term investments (Line 5) | 21.1 | 19.6 | 21.1 | 16.5 | 55.1 |
| 34. 35. | Contract loans (Line 6) Other invested assets (Line 7) | | | | | XXX |
| 36. | Descirables for appreities (Line 9) | | | | | |
| 1 | Aggregate write-ins for invested assets (Line 9) | | | | | * |
| | 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) | | | | | |
| 42. | Affiliated short-term investments (subtotals included in Schedule DA, | | | | | |
| 12 | Part 2, Col. 5, Line 11) | | | | | |
| 43. 44. | Affiliated mortgage loans on real estate All other affiliated | . [| | | | |
| 45. | Total of above Lines 39 to 44 | - | | | | |
| 46. | *********************************** | . [| | | | |
| | to surplus as regards policyholders (Line 45 above divided by Page 3, Col. 1, Line 35 x 100.0) | | | | | |

FIVE-YEAR HISTORICAL DATA

(Continued)

| | | 1 2006 | 2 2005 | 3 2004 | 4 2003 | 5 2002 |
|------------|--|------------|------------|------------|------------|------------|
| | Capital and Surplus Accounts (Page 4) | | | | | |
| 47. 48. | Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35) | (35,021) | 35,021 | | 207,400 | (207,400) |
| 1 ' | Change in surplus as regards policyholders for the year (Line 38) | 149,164 | 95,476 | 82,282 | 315,530 | (106,971) |
| | 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) | | | | | |
| 51 | Property lines (Lines 1, 2, 9, 12, 21 & 26) | 2,252,705 | 1,861,648 | 1,078,049 | 1,747,211 | 1,274,344 |
| 52. | Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 22,174,522 | 25,010,480 | 20,869,370 | 37,156,854 | 36,301,594 |
| | All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) | 22,174,322 | 25,010,400 | 20,009,570 | 37,130,034 | 30,301,334 |
| 54 | Nonproportional reinsurance lines (Lines 30, 31 & 32) | | | | | |
| 55. | Total (Line 24) | 24,427,227 | 26,872,128 | 21,947,419 | 38,904,065 | 37,575,938 |
| | Net Losses Paid (Page 9, Part 2, Col. 4) | LT,TE1,EL1 | 20,072,120 | 21,011,110 | 00,004,000 | |
| | 100 100 1 and 1 ago 0, 1 art 2, 001. 4) | | | | | |
| | 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. | Property lines (Lines 1, 2, 9, 12, 21 & 26) | | | | | |
| 58. | Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | | | | | |
| 59. | All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) | | | | | |
| 60. 61. | Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34) | | | | | |
| | 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) | | | | | |
| 64. | Loss expenses incurred (Line 3) | | | | | |
| 65. | Other underwriting expenses incurred (Line 4) | | | | | |
| 66. | Net underwriting gain (loss) (Line 8) | | | | | |
| | Other Percentages | | | | | |
| | Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0) | | | | | |
| 68. | Losses and loss expenses incurred to premiums earned | | | | | |
| | (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) | | | | | |
| 69. | Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, 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, | | | | | |
| 1 | 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 | | | | | |
| <u> </u> | 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 (Including all obligations guaranteed | United States Canada Other Countries | 4,502,789 | 4,444,650 | 4,523,259 | 4,500,00 |
| by governments) | 4. Totals | 4,502,789 | 4,444,650 | 4,523,259 | 4,500,00 |
| 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 Credit Tenant Loans (unaffiliated) | 21. United States 22. Canada 23. Other Countries | | | | |
| | 24. Totals | | | | |
| Parent, Subsidiaries and Affiliates | 25. Totals | | | | |
| | 26. Total Bonds | 4,502,789 | 4,444,650 | 4,523,259 | 4,500,00 |
| PREFERRED STOCKS Public Utilities (unaffiliated) | 27. United States 28. Canada 29. Other Countries | | | | |
| Banks, Trust and Insurance Companies (unaffiliated) | 30. Totals 31. United States 32. Canada 33. Other Countries | | | | |
| | 34. Totals 35. United States 36. Canada | • | | | |
| Industrial and Miscellaneous (unaffiliated) | 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 | | | | |
| | LEE TAILLOUALS | ı | | I | I |
| | 55. Total Stocks 56. Total Bonds and Stocks | 4,502,789 | 4,444,650 | 4,523,259 | |

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

| 1. | Book/adjusted carrying value of bonds and | | 7. Amortization of premium | 7,443 |
|----|---|-----------|---|-----------|
| | stocks, prior year | 4,508,797 | Foreign Exchange Adjustment: | |
| 2. | Cost of bonds and stocks acquired, Column 7, Part 3 | | 8.1 Column 15, Part 1 | |
| 3. | Accrual of discount | 1,435 | 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 | 4,502,789 |
| | 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) | 4,502,789 |
| 5. | Total gain (loss), Column 19, Part 4 | | 12. Total nonadmitted amounts | |
| 6. | Deduct consideration for bonds and stocks | | Statement value of bonds and stocks, current period | 4,502,789 |
| | disposed of Column 7, Part 4 | | | |
| | | | | |

SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P-PART 1-SUMMARY

(\$000 omitted)

| | Pr | emiums Earned | t | Loss and Loss Expense Payments | | | | | | | | | | |
|--------------------------------|------------------|------------------|------------------|--------------------------------|------------------|----------------|------------|--------------------|---|---------------------------|-----------------------------|--------------------------------|--|--|
| Years in Which | 1 | 2 | 3 | Loss Pa | yments | Defense a | | Adjus and Other | • | 10 | 11 T-1-1 | Number of | | |
| Premiums Were Earned and | Direct | | Net | 4 Direct | 5 | 6 Direct | 7 | 8 Direct | 9 | Salvage and | Total Net Paid (Cols. | Claims Reported - Direct | | |
| Losses Were Incurred | and Assumed | Ceded | (Cols. 1 - 2) | and Assumed | Ceded | and Assumed | Ceded | and Assumed | Ceded | Subrogation Received | 4 - 5 + 6 - 7 + 8 - 9) | and Assumed | | |
| 1. Prior | XXX | XXX | XXX | | | | ***** | | * | * * * * * * * * * * * * * | ***** | XXX | | |
| 2. 1997 3. 1998 | | | | | | | | | | | | XXX | | |
| 4. 1999 | | | | | | | | | | | | XXX | | |
| 5. 2000 | 3,708 | 3,708 | | 5,156 | 5,156 | 361 | 361 | 403 | 403 | | | XXX | | |
| 6. 2001 | 32,784 | 32,784 | | 43,624 | 43,624 | 3,972 | 3,972 | 5,091 | 5,091 | | | XXX | | |
| 7. 2002 | 45,223 | 45,223 | | 32,187 | 32,187 | 2,562 | 2,562 | 2,952 | 2,952 | | | XXX | | |
| 8. 2003 | 53,666 | 53,666 | | 34,964 | 34,964 | 939 | 939 | 792 | 792 | | | X X X | | |
| 9. 2004 10. 2005 | 64,794 75.428 | 64,794 75.428 | | 16,979 28,392 | 16,979 28,392 | 573 504 | 573 504 | 262 923 | 262 923 | | | XXX | | |
| 11. 2006 | 69,572 | 69,572 | | 18,655 | 18,655 | 240 | 240 | 514 | 514 | | | XXX | | |
| 12. Totals | XXX | XXX | XXX | 179,957 | 179,957 | 9,151 | 9,151 | 10,937 | 10,937 | | | XXX | | |

| | | Losses | Unpaid | | Defen | se and Cost C | Containment U | Inpaid | Adjusting a | | 23 | 24 | 25 |
|------------|-----------------------|-------------|---------------------------|-------------|-----------------------|---------------|-----------------------|-------------|--------------------------|-------|--|---|---------------------------------------|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | Number of |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Claims Outstanding Direct and Assumed |
| 1. Prior | | | | | | | | | | | | - · · · · · · · | XXX |
| 2. 1997 | | | * * * * * * * * * * * * * | | | | | | | | * * * * * * * * * * * * * * | * * * * * * * * * * * * * * | XXX |
| 3. 1998 | | | | | | | | | | | | | XXX |
| 4. 1999 | | | | | | | | | | | | | XXX |
| 5. 2000 | | | | | | | | | | | | | XXX |
| 6. 2001 | 29 | 29 | | | | | 36 | 36 | 5 | 5 | | | XXX |
| 7. 2002 | 45 | 45 | | 16 | | | 100 | 100 | 10 | 10 | | | XXX |
| 8. 2003 | 371 | 371 | 32 | 32 | | | 246 | 246 | 20 | 20 | | | XXX |
| 9. 2004 | 210 | 210 | 52 | 52 | | | 308 | 308 | 26 | 26 | | | X X X |
| 10. 2005 | 848 | 848 | | 345 | | | 552 | 552 | 492 | 492 | | | X X X |
| 11. 2006 | 2,669 | 2,669 | 2,072 | 2,072 | | | 911 | 911 | 341 | 341 | | | XXX |
| 12. Totals | 4,172 | 4,172 | 2,517 | 2,517 | | | 2,153 | 2,153 | 894 | 894 | 1 | 1 | XXX |

| | | otal Losses and Expenses Incu | | | Loss and Loss Expense Percentage (Incurred / Premiums Earned) | | | Discount | 34 | Net Balance Sheet Reserves After Discount | | | |
|------------|--------------------------|----------------------------------|-----|--------------------------|--|-----|------|-----------------|----------------------------------|--|----------------------------|----|----|
| | 26 | 27 | 27 | 27 | 27 | 27 | 27 | 28 | 29 30 31 32 3 | 33 | Inter-Company | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Pooling Participation Percentage | Losses Unpaid | Loss Expenses Unpaid | | |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | | | |
| 2. 1997 | | | | | | | | | | | | | |
| 3. 1998 | | | | | | | | | | | | | |
| 4. 1999 | | | | | | | | | | | | | |
| 5. 2000 | 5,920 | 5,920 | | 159.655 | 159.655 | | | | | | | | |
| 6. 2001 | 52,757 | 52,757 | | 160.923 | 160.923 | | | | | | | | |
| 7. 2002 | 37,872 | 37,872 | | 83.745 | 83.745 | | | | | | | | |
| 8. 2003 | 37,364 | 37,364 | | 69.623 | 69.623 | | | | | | | | |
| 9. 2004 | 18,410 | 18,410 | | 28.413 | 28.413 | | | | | | | | |
| 10. 2005 | 32,056 | 32,056 | | 42.499 | 42.499 | | | | | | | | |
| 11. 2006 | 25,402 | 25,402 | | 36.512 | 36.512 | | | | | | | | |
| 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 1 | | | | | |
|-----------------------------------|----------|------------------------------|--|---------------------------------|--|---|------------------------------|----------------------------|--|---|
| | | 1 Is Insurer Licen- | Gross Premiums and Members Return Premium on Policies | hip Fees Less s and Premiums | 4 Dividends Paid or Credited to | 5 Direct Losses | 6 | 7 | 8 Finance and Service | 9 Direct Premium Written for Federal |
| States, Etc. | | sed? (Yes or No) | 2 Direct Premiums Written | 3 Direct Premiums Earned | Policyholders on Direct Business | Paid (Deducting Salvage) | Direct Losses Incurred | Direct Losses Unpaid | Charges Not Included in Premiums | Purchasing Groups (Included in Col. 2) |
| | Λ1 | | VVIILLEIT | Lameu | Dusiness | Salvage) | iliculted | Oripaid | 1 Terrilariis | 111 COI. 2) |
| 1. Alabama 2. Alaska | AL AK | NO NO | | | | | | | | |
| 3. Arizona | AZ | NO NO | | | | | | | | |
| 4. Arkansas | AR | NO NO | | | | | | | | |
| 5. California | CA | NO NO | | | | * * * * * * * * * * * * * * * * | | | | |
| 6. Colorado | CO | NO | | | * | | | | | * |
| 7. Connecticut | CT | NO | | | | * * * * * * * * * * * * * * * * * * | | | | * |
| 8. Delaware | DE | NO | | | * | * | | | | * |
| 9. Dist. Columbia | DC | NO | | | * | * | | | | * |
| 10. Florida | FL | NO | | | | | (56) | | | |
| 11. Georgia | GA | NO | | | | | | | | |
| 12. Hawaii | HI | NO | | | | | | | | |
| 13. Idaho | ID | NO | | | | | | | | |
| 14. Illinois | IL | NO | | | | | | | | |
| 15. Indiana | IN | NO | | | | | | | | |
| 16. lowa | IΑ | NO | | | | | | | | |
| 17. Kansas | KS | NO | | | | | | | | |
| 18. Kentucky | KY | NO | | | | | | | | |
| 19. Louisiana | LA | NO | | | | | | | | |
| 20. Maine | ME | NO | | | | | | | | |
| 21. Maryland | MD | NO | | | | | | | | |
| 22. Massachusetts | MA | NO | | | | | | | | |
| 23. Michigan | MI | NO NO | | | | | | | | |
| 24. Minnesota 25. Mississippi | MN MS | NO NO | | | | | | | | |
| 26. Missouri | MO | NO NO | | | | | | | | |
| 27. Montana | MT | NO NO | | | | | | | | |
| 28. Nebraska | NE | NO NO | | | | | | | | |
| 29. Nevada | NV | NO NO | | | | * * * * * * * * * * * * * * * * | | | | |
| 30. New Hampshire | NH | NO NO | | | | * * * * * * * * * * * * * * * * * | | | | |
| 31. New Jersey | NJ | NO | | | | * * * * * * * * * * * * * * * * * | | | | |
| 32. New Mexico | NM | NO | | | | * * * * * * * * * * * * * * * * | | | | * |
| 33. New York | NY | NO | | | | * * * * * * * * * * * * * * * * | | | | * |
| 34. No. Carolina | NC | NO | | | | * * * * * * * * * * * * * * * * | | | | * |
| 35. No. Dakota | ND | NO | | | | * | | | | * |
| 36. Ohio | ОН | NO | | | * | * * * * * * * * * * * * * * * * * | | | | * |
| 37. Oklahoma | OK | NO | | | * | * | | | | * |
| 38. Oregon | OR | NO | | | | | | | | |
| 39. Pennsylvania | PA | NO | | | | | | | | |
| 40. Rhode Island | RI | NO | | | | | | | | |
| 41. So. Carolina | SC | NO | | | | | | | | |
| 42. So. Dakota | SD | NO | | | | | | | | |
| 43. Tennessee | TN | NO | | | | | | | | |
| 44. Texas | TX | YES | 66,658,326 | 69,572,144 | | 24,427,227 | 20,709,145 | 6,687,228 | 507,464 | |
| 45. Utah | UT | NO | | | | | | | | |
| 46. Vermont | VT | NO. | | | | | | | | |
| 47. Virginia | VA | NO | | | | | | | | |
| 48. Washington | WA | NO | | | | | | | | |
| 49. West Virginia | WV | NO | | | | | | | | |
| 50. Wisconsin | WI | NO NO | | | | | | | | |
| 51. Wyoming 52. American Samoa | WY AS | NO NO | | | | | | | | |
| 53. Guam | GU | NO NO | | | | | | | | |
| 54. Puerto Rico | PR | NO NO | | | * * * * * * * * * * * * * * * * * * * | * * * * * * * * * * * * * * * | | | | |
| 55. U.S. Virgin Islands | VI | NO NO | | | | | | | | |
| 56. Northern Mariana Islands | MP | NO | | | | | | | | |
| 57. Canada | CN | NO | | | | | | | | |
| 58. Aggregate other | | | | | | * * * * * * * * * * * * * * * * | | | | |
| alien | OT | XXX | | | | | | | | |
| 59. Totals | | (a) 1 | 66,658,326 | 69,572,144 | | 24,427,227 | 20,709,089 | 6,687,228 | 507,468 | |
| บบ. าบเลเอ | | <u> </u> | 1 00,000,320 | 1 03,312,144 | <u> </u> | ۲٦,۴۲۱,۷۷۱ | 20,103,009 | 0,001,220 | JU1,400 | <u> </u> |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 5004 | | V V V | | | | | | | | |
| 5801. | | XXX | | | | | | | | |
| 5802. | | XXX | | | | | | | | |
| 5803. | | XXX | 1 | | | | | | | |
| 5898. Summary of remaining | | | | | | | | | | |
| write-ins for Line 58 | | | 1 | | | | | | | |
| | | ,,,, | 1 | | | | | | | |
| from overflow page | | XXX | - | | | | | | | |
| 5899. Totals (Lines 5801 | | 1 | 1 | | | | | | | |
| through 5803 + 5898) | | | 1 | | | | | | | |
| | | | 1 | 1 | i | | | | 1 | |
| (Line 58 above) | | XXX | | | | | | | | |

Explanation of basis of allocation of premiums by states, etc. *Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boiler and Machinery *States of Jurisdiction under which payrolls and resulting premiums are developed - Worker's Compensation *Location of Principal place of garaging of each individual car - Auto Liability, Auto Physical Damage *Address of Assured - Other Accident and Health *Principal Location of business or location of coverage - Liability other than Auto, Fidelity *Point of origin of shipment or principal location of assured - Inland Marine *Principal Location of Assured - Ocean Marine, Credit *State in which employees regularly work - Group Accident and Health *Primary residence of Assured - Aircraft (all perils)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

