ANNUAL STATEMENT OF THE **Bridgefield Employers Insurance Company** of_____ in the state of _____ TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2007**



ANNUAL STATEMENT

YES[X]NO[]

For the Year Ended December 31, 2007

OF THE CONDITION AND AFFAIRS OF THE Bridgefield Employers Insurance Company NAIC Group Code **NAIC Company Code Employer's ID Number** 0111 0111 10701 59-1835212 (Current Period) (Prior Period) , State of Domicile or Port of Entry _ FLORIDA Organized under the Laws of **FLORIDA** Country of Domicile _ UNITED STATES OF AMERICA Incorporated/Organized: May 28, 1997 Commenced Business: April 1, 1978 Statutory Home Office: 2310 COMMERCE POINT DRIVE LAKELAND, FL 33801 (City, State and Zip Code) (Street and Number) Main Administrative Office: 2310 COMMERCE POINT DRIVE LAKELAND, FL 33801 863-665-6060 (City, State and Zip Code) (Area Code)(Telephone Number) (Street and Number) LAKELAND, FL 33802 (City, State and Zip Code) Mail Address: P. O. BOX 988 (Street and Number) Primary Location of Books and Records: 175 BERKELEY STREET BOSTON, MA 02116 617-357-9500 (Street and Number) (City, State and Zip Code) (Area Code)(Telephone Number) Internet Website Address: www.summitholdings.com 617-357-9500 44393 (Area Code)(Telephone Number)(Extension) Joanne.Connolly@LibertyMutual.com 617-574-5955 **OFFICERS CHAIRMAN OF THE BOARD** GARY RICHARD GREGG Name Title **GARY RICHARD GREGG** PRESIDENT & CHIEF EXECUTIVE OFFICER 2 EDMUND CAMPION KENEALY SECRETARY 3. JAMES FRANCIS DORE TREASURER & CHIEF FINANCIAL OFFICER Vice-Presidents Title Name Title Name MARK EDWARD FIEBRINK EXECUTIVE VICE PRESIDENT ANTHONY ALEXANDER FONTANES **EVP & CHIEF INVESTMENT OFFICER** JOSEPH ANTHONY GILLES **EVP & CHIEF OPERATING OFFICER DIRECTORS OR TRUSTEES** JAMES FRANCIS DORE JOHN DEREK DOYLE MARK EDWARD FIEBRINK JOSEPH ANTHONY GILLES CHRISTOPHER CHARLES MANSFIELD GARY RICHARD GREGG RICKY TARVER HODGES State of Massachusetts County of Suffolk The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. (Signature) (Signature) (Signature) GARY RICHARD GREGG **EDMUND CAMPION KENEALY** JAMES FRANCIS DORE (Printed Name) (Printed Name) (Printed Name) 2. PRESIDENT & CHIEF EXECUTIVE OFFICER **SECRETARY** TREASURER & CHIEF FINANCIAL OFFICER (Title) (Title)

2008

a. Is this an original filing?

1. State the amendment number

2. Date filed 3. Number of pages attached

b. If no:

Subscribed and sworn to before me this

31st

___ day of ____January_

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)	118,052,316		118,052,316	144,113,490	
2.	Stocks (Schedule D):					
	2.1 Preferred stocks	984,142		984,142		
	2.2 Common stocks	39,995,172		39,995,172		
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 (less \$ 0 encumbrances)					
	4.2 Properties held for the production of income (less \$					
	4.3 Properties held for sale (less \$ 0 encumbrances)					
5.	Cash (\$ (8,625,392), Schedule E-Part 1), cash equivalents (\$ 0					
	Schedule E-Part 2) and short-term investments (\$ 841,023 , Schedule DA)			(7,784,369)	6,511,010	
6.	Contract loans (including \$ 0 premium notes)					
7.	Other invested assets (Schedule BA)					
8.	Receivables for securities				9,615	
9.	Aggregate write-ins for invested assets					
10.	Subtotals, cash and invested assets (Lines 1 to 9)	151,247,261		151,247,261	180,034,313	
11.	Title plants less \$ 0 charged off (for Title insurers only)					
12.	Investment income due and accrued	1,098,211		1,098,211	1,384,138	
13.	Premiums and considerations:					
	13.1 Uncollected premiums and agents' balances in the course of collection	6,373,054	4,352,084	2,020,970	(5,649)	
	13.2 Deferred premiums, agents' balances and installments booked but deferred and					
	not yet due (including \$ (18,732,815) earned but unbilled premiums)	6,301,911		6,033,764		
	13.3 Accrued retrospective premiums	22,824,242	2,166,075	20,658,167	31,740,595	
14.	Reinsurance:	04 000 504		04 000 504	04 000 000	
	14.1 Amounts recoverable from reinsurers			21,028,521	21,638,362	
	14.2 Funds held by or deposited with reinsured companies					
45	14.3 Other amounts receivable under reinsurance contracts					
15. 16.1	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon					
16.2						
10.2 17.	Net deferred tax asset Guaranty funds receivable or on deposit					
18.						
19.	Electronic data processing equipment and software Furniture and equipment, including health care delivery assets (\$ 0)					
20.	Net adjustment in assets and liabilities due to foreign exchange rates					
21.	Receivables from parent, subsidiaries and affiliates	5,963		5,963		
22.	Health care (\$ 0) and other amounts receivable					
23.	Aggregate write-ins for other than invested assets					
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell					
	Accounts (Lines 10 to 23)	208,879,163	6,786,306	202,092,857	254,292,475	
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
26.	Total (Lines 24 and 25)	208,879,163	6,786,306	202,092,857	254,292,475	
	DETAILS OF WRITE-INS					
0901.						
0902						

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
1. 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)		
Commissions payable, contingent commissions and other similar charges		8,489,019
5. Other expenses (excluding taxes, licenses and fees)		211,349
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	27,061,611	35,053,733
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses)) 7.2 Net deferred tax liability	500,000	976,350 765,000
8. Borrowed money \$ 13,989,110 and interest thereon \$ 0	12 000 110	
Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of	13,969,110	
\$ 0 and including warranty reserves of \$ 0)		
10. Advance premium	1,833,499	2,765,333
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		41,835,795
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	I I	
Amounts withheld or retained by company for account of others Remittances and items not allocated		
(0.1.1.5.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	000 400	2,221,000
Provision for reinsurance (Schedule F, Part 7) Net adjustments in assets and liabilities due to foreign exchange rates		2,221,000
18. Drafts outstanding		* * * * * * * * * * * * * * * * * * * *
19. Payable to parent, subsidiaries and affiliates	48,186,957	70,640,290
20. Payable for securities		1,046
21. Liability for amounts held under uninsured plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities		5,519,678
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	108,468,706	168,478,593
25. Protected cell liabilities	100 460 706	160 470 502
26. Total liabilities (Lines 24 and 25)		168,478,593
Aggregate write-ins for special surplus funds Common capital stock	4 500 000	1,500,000
20 Professed capital stock		1,000,000
30. Aggregate write-ins for other than special surplus funds		* * * * * * * * * * * * * * * * * * * *
31. Surplus notes		********
32. Gross paid in and contributed surplus	41,824,490	41,824,490
33. Unassigned funds (surplus)	50,299,661	42,489,392
34. Less treasury stock, at cost:		
34.1 0 shares common (value included in Line 28 \$ 0)		
34.2 0 shares preferred (value included in Line 29 \$ 0)	00 004 454	05.042.000
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39) 36. TOTALS (Page 2, Line 26, Col. 3)	93,624,151	85,813,882 254,292,475
30. 1017/LO (1 age 2, Ellie 20, 001. 3)	202,032,001	204,202,410
DETAILS OF WRITE-INS		
2301. MEMBER DEPOSITS		5,519,678
2302.		5,515,070
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		5,519,678
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		
2000. Totalo (Lines 500 Filinough 5000 pius 5000) (Line 50 above)		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 34, Column 4)		
	DEDUCTIONS		
	Losses incurred (Part 2, Line 34, Column 7)		
3.	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		* * * * * * * * * * * * * * * * * * * *
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	7,358,986	8,811,501
10.	Net investment income earned (Exhibit of Net Investment Income, Line 17) Net realized capital gains (losses) less capital gains tax of \$ (102,713) (Exhibit of Capital Gains (Losses)) Net investment gain (loss) (Lines 9 + 10)	102,153 7,461,139	(153,925)
111.	7	7,461,139	8,657,576
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
12	(amount recovered \$ 0 amount charged off \$ 0)		
14.	Finance and service charges not included in premiums Aggregate write-ins for miscellaneous income		
15.	Total other income (Lines 12 through 14)		
16.	Net income before dividends to policyholders, after capital gains tax		
17	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)		8,657,576
	Dividends to policyholders Net income, after dividends to policyholders, after capital gains tax		
10.	and before all other federal and foreign income taxes (Line 16 minus Line 17)	7,461,139	8,657,576
	Federal and foreign income taxes incurred	2,993,454	3,036,719
20.	Net income (Line 18 minus Line 19) (to Line 22)	4,467,685	5,620,857
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		85,813,442
	Net income (from Line 20)		5,620,857
	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ (49,480)	1 209 633	953,864
25.	Change in net unrealized foreign exchange capital gain (loss)	1,200,000	300,004
26.	Change in net deferred income tax	135,520	(1,795,000)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	704,860	
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes	1,292,571	(209,000)
	Surplus (contributed to) withdrawn from protected cells		
	Cumulative effect of changes in accounting principles		
32.	Capital changes: 32.1 Paid in		
	32.1 Paid in 32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus	* * * * * * * * * * * * * * * * * * * *	
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office	* * * * * * * * * * * * * * * * * * * *	
35.	Dividends to stockholders		(4,248,000)
36.	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)	7,810,269	440
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	93,624,151	85,813,882
255	DETAILS OF WRITE-INS		
0501. 0502.			
0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401.	***************************************		
1402. 1403.			
1	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3701.			
3702.			**********
3703.			***************************************
	Summary of remaining write-ins for Line 37 from overflow page Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		
10133.	Totalo (Lineo oto i unough otoo piuo Line otoo) (Line ot above)		

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
A. Deservision collected and of crimerons		
Premiums collected net of reinsurance Net investment income.	(10,478,613)	19,471,100
Net investment income Miscellaneous income	7,629,053	8,838,175
A Table (Grand Albanyah 2)	(2,849,560)	28,309,275
C. Dareft and less related assumes to	(000 044)	20,168,125
Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	l	20,100,123
Commissions, expenses paid and aggregate write-ins for deductions	10,305,454	7,994,491
0 Divide a de maid de malia, de Idana		1,004,401
Dividence paid to policyholders Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	3,426,423	2,936,534
10 Total (Linea E through 0)	13,122,036	31,099,150
11. Net cash from operations (Line 4 minus Line 10)	(15,971,596)	(2,789,875)
Cash from Investments		, , ,
12. Proceeds from investments sold, matured or repaid:		
10.4 D. I	30,532,389	27,337,525
40.0 Objection	499.456	21,001,020
12.2 Stocks 12.3 Mortgage loans		
I 10.4 Deal actata	l	
12.5. Other invested exacts		
12.5 Other invested assets 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		(3,032)
12.7 Miscellaneous proceeds	8,570	3,638
12.8 Total investment proceeds (Lines 12.1 to 12.7)		27,338,131
13. Cost of investments acquired (long-term only):		
13.1 Bonds	4,890,192	16,167,035
13.2 Stocks	10 404 140	
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	15,374,334	16,167,035
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	45 000 004	11,171,096
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds	13,989,110	
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		4,248,000
16.6 Other cash provided (applied)	(27,978,974)	3,638,465
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(13,989,864)	(609,535)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(14,295,379)	7,771,686
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,511,010	(1,260,676)
19.2 End of year (Line 18 plus Line 19.1)	(7,784,369)	6,511,010
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002.		
20.0003.		

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

	1	Reinsuranc	e Assumed	Reinsuran	ce Ceded	6
	Direct	2	3 From	4	5 To	Net Premiums Written
Line of Business	Business (a)	From Affiliates	Non- Affiliates	To Affiliates	Non- Affiliates	Cols. 1 + 2 + 3 - 4 - 5
1. Fire		* * * * * * * * * * * * * * * * * *				
2. Allied lines						
Farmowners multiple peril						
4. Homeowners multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical malpractice - occurrence						
11.2 Medical malpractice - claims-made						
12. Earthquake						
13. Group accident and health			l			
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation	420,330,457			420,376,434	(45,977)	
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	420,330,457			420,376,434	(45,977)	
34. TOTALS DETAILS OF WRITE-INS	420,330,457			420,376,434	(45,977)	

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

⁽a) Does the company's direct premiums written include premiums recorded on an installment basis?

Yes [X] No []

If yes: 1. The amount of such installment premiums \$ 420,330,457

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ 380,476,262

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)
Fire Allied lines								
3. Farmowners multiple peril				* * * * * * * * * * * * * * * * * * * *				
Homeowners multiple peril								
Commercial multiple peril		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		
Mortgage guaranty								
8. Ocean marine								
9. Inland marine				* * * * * * * * * * * * * * * * * * * *				
10. Financial guaranty				******				
11.1 Medical malpractice - occurrence								
11.2 Medical malpractice - claims - made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation	165,199,856	(7,990)	165,191,866					
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	10= 100 0=0	(= A)	10= 101 000					
34. TÕTALS	165,199,856	(7,990)	165,191,866					
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)							1	

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

		Report	ed Losses		Incurred But Not Reported			8	9
Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
1. Fire 2. Allied lines 3. Farmowners multiple peril 4. Homeowners multiple peril 5. Commercial multiple peril 6. Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial guaranty 11.1 Medical malpractice - occurrence 11.2 Medical malpractice - claims - made 12. Earthquake 13. Group accident and health 14. Credit accident and health (group and individual) 15. Other accident and health 16. Workers' compensation 17.1 Other liability - occurrence 17.2 Other liability - occurrence 18.2 Products liability - claims - made 18.1 Products liability - claims - made 19.1, 19.2 Private passenger auto liability 19.3, 19.4 Commercial 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 31. Reinsurance-Nonproportional Assumed Financial Lines 33. Aggregate write-ins for other lines of business 34. TOTALS	XXX XXX XXX XXX XXX	302,758	177,913,845		X X X X X X X X X X X X X X X X X X	617,153	367,807,703	(a) (a)	
DETAILS OF WRITE-INS	,,	,.	,,5.0		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>'</u>	
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 4			
		1 Loss Adjustment	2 Other Underwriting	3 Investment	4
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct				
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				46,334,218
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed				
	2.6 Contingent-reinsurance ceded				
	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)				(66,201,226
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations				1,027,299
6.	Surveys and underwriting reports			43	43
7.	Audit of assureds' records		27,4,881		274,88
8.	Salary and related items:				
	8.1 Salaries		29,558,647		29,591,43
	8.2 Payroll taxes		2,156,855	1,534	2,158,389
9.	Employee relations and welfare		8,894,928	2,002	8,896,930
10.	Insurance		163,852		164,164
11.	Directors' fees				
12.	Travel and travel items		2,956,518	543	2,957,061
13.	Rent and rent items		2,625,197	458	2,625,655
14.	Equipment		274,040	585	274,62
15.	Cost or depreciation of EDP equipment and software		****	176	176
16.	Printing and stationery		999,039	81	
17.	Postage, telephone and telegraph, exchange and express		1,565,260	157	
18.	Legal and auditing		347,433	4,382	351,81
19.	Totals (Lines 3 to 18)		51,643,610	43,275	51,686,88
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0		14,261,598		14,261,598
	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)		14,261,598		14,261,59
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses		296,018		
25.	Total expenses incurred			41,321	(a) 41,321
26.	Less unpaid expenses-current year				
27.	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)		10,305,454	41,321	10,346,77
	DETAILS OF WRITE-INS				
101			000.040	/4.05.4\	004.00
	Other Expenses		296,018	(1,954)	294,064
2402.					
2403.					
.498.	Summary of remaining write-ins for Line 24 from overflow page				

DETAILS OF WRITE-INS			
2401. Other Expenses	 296,018	(1,954)	294,064
2402.	 		
2403.	 		* * * * * * * * * * * * * * * * * * * *
2498. Summary of remaining write-ins for Line 24 from overflow page			
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	296,018	(1,954)	294,064

⁽a) Includes management fees of \$ 46,337 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

Collected	Earned
During Year	During Year
(a) 2,170,102	2,029,321
(a) 710,114	
(a) 4,006,118	3,861,933
(a)	
(b)	
(b)	
(c)	
(d)	
(e) 800,284	795,704
(f)	
(384)	,
7,686,234	7,400,307
ļ	(g) 41,321
	(g)
	(h)
	(i)
	(7
	41,321
	7.358.986
	1,000,000
(394)	(384)
(304)	(304)
(384)	(384
(304)	(304
less \$ 0 paid for accrued i 0 interest on encumbrances.	dividends on purchases. interest on purchases. interest on purchases.
	(a) 710,114 (a) 4,006,118 (a) (b) (b) (c) (d) (e) 800,284 (f) (384) 7,686,234 (384) (384) (384) (384) (384) (384) (384) (384) (384) (384) (384) (384) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388) (388)

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(174,420)		(174,420)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(119,047)		(119,047)	(141,370)	
1.3	Bonds of affiliates					
	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates	292,906		292,906	1,301,524	
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)	(561)		(561)	1,160,154	

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

2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			* * * * * * * * * * * * * * * * * * * *
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
_	4.3 Properties held for sale Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
^	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			* * * * * * * * * * * * * * * * * * * *
8.	Receivables for securities			* * * * * * * * * * * * * * * * * * * *
9. 10.	Aggregate write-ins for invested assets			
11.	Subtotals, cash and invested assets (Lines 1 to 9) Title plants (for Title insurers only)			
12.	Investment in some due and account			
13.	Premiums and considerations:			
10.		4,352,084	4,769,738	417,654
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	268,147	1,044,717	
	13.3 Accrued retrospective premiums	0.400.075		
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			* * * * * * * * * * * * * * * * * * * *
	14.3 Other amounts receivable under reinsurance contracts			* * * * * * * * * * * * * * * * * * * *
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
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)	6,786,306	7,491,166	704,860
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)	6,786,306	7 404 466	704 900
26.	Total (Lines 24 and 25)	0,700,300	7,491,166	704,860
	DETAILS OF WRITE-INS			
0901.				
0901.				
0903.	Oursell of the state of the sta			
	Summary of remaining write-ins for Line 09 from overflow page Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.				
2302.	***************************************			
2302.				
	Summary of remaining write-ins for Line 23 from overflow page			
∠∪00.	Commany or remaining white-ind for Line 20 from overflow page			

Note 1- Summary of Significant Accounting Policies

A. Accounting Practices

Effective January 1, 2001, and subject to any deviations prescribed or permitted by the Florida Department of Insurance, the accompanying financial statements of Bridgefield Employers 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 affiliated preferred stocks
- 5. The Company does not own mortgage loans.
- 6. Mortgage backed/asset backed securities are stated at amortized cost or market based on guidance in the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual). Prepayment assumptions for mortgage backed/asset backed securities are updated monthly using the Bloomberg data service. The retrospective adjustment method is used to value all mortgage backed/asset backed securities.
- 7. The Company carries its investments in SCA companies in accordance with SSAP No. 97, "Investment in Subsidiaries, Controlled and Affiliated Entities. A Replacement of SSAP No. 88," and the SVO Manual. Schedule D Part 6 Section 1 illustrates the valuation method used for each SCA company.
- 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 29.
- 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 2007.
- 13. The Company has no pharmaceutical rebate receivables.

Note 2- Accounting Changes and Correction of Errors

A. There were no material changes in accounting principle or correction or 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
 - 1. The Company elected to use the book value as of January 1, 1994 as the cost for applying the retrospective adjustment method to securities purchased prior to that date, where historical cash flows are not readily available.
 - 2. Prepayment speed assumptions are updated monthly with data sourced from the Bloomberg data service.
 - 3. The Company had no negative yield situations requiring a change from the retrospective to prospective method.
- 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, 2007.

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, 2007	December 31, 2006	Change
Total of gross deferred tax assets	79,000	15,000	64,000
Total of deferred tax liabilities	(659,000)	(780,000)	121,000
Net deferred tax asset (liability)	(580,000)	(765,000)	185,000
Net deferred tax asset non-admitted	0	0	0
Net deferred tax asset (liability)	(580,000)	(765,000)	185,000

- 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:

	2007	2006
Federal tax on operations	2,993,454	3,036,719
Net operating loss benefit	0	0
Foreign tax on operations	0	0
Income tax incurred on operations	2,993,454	3,036,719
Tax on capital (losses) gains	(102,713)	(82,882)
Total income tax incurred	2,890,741	2,953,837

The Company's deferred tax assets and liabilities result primarily from deferred intercompany transactions and the reversal of discount accretion on bonds.

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

	2007
Change in net deferred income tax (without unrealized gain or loss)	135,520
Tax effect of unrealized (gains) losses	49,480
Total change in net deferred income tax	185,000

- D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of tax-exempt interest, deemed distribution from subsidiary, and excludible dividend income.
- E. The amount of Federal income taxes incurred and available for recoupment in the event of future losses is \$2,463,000 from the current year and \$3,113,000 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
American Fire & Casualty Insurance Company *
Avomark Insurance Company *

Avomark Insurance 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)
Capitol Agency, Inc. (Tennessee corporation)

Cascade Disability Management, Inc. Colorado Casualty Insurance Company

Companies Agency Insurance Services of California

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.
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 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 Canada, Inc. * Liberty Financial Services, Inc. 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 General Insurance Company

LLS Insurance Agency of Nevada, Inc. LM General Insurance Company LM Insurance Corporation LM Personal Insurance Company

LM Property & Casualty Insurance Company 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

OCASCO Budget, Inc *
OCI Printing, Inc.*
Ohio Casualty Corporation *
Ohio Casualty Insurance Company *
Ohio Casualty of New Jersey, Inc *
Ohio Life Brokerage Services, Inc.*
Ohio Security Insurance Company *
Peerless Indemnity Insurance Company
Peerless 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.

Wausau General Insurance Company

West American Insurance Company 3

Wausau Underwriters Insurance Company

The First Liberty Insurance Corporation Liberty Hospitality Group, Inc. Liberty Insurance Company of America The Midwestern Indemnity Company

Liberty Insurance Corporation The National Corporation

Liberty Insurance Holdings, Inc. The Netherlands Insurance Company Liberty Insurance Underwriters, Inc. Wausau Service Corporation Liberty Life Assurance Company of Boston Wausau Signature Agency, Inc. Wausau Business Insurance Company

Liberty Life Holdings, Inc.

Liberty Lloyds of Texas Insurance Company

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

Liberty Mutual Fire Insurance Company

* This company joined the consolidated group in 2007 and its activity from the date it joined the group is included in the

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

- All of the outstanding shares of capital stock of the Company are Summit Holdings Southeast, Inc., a Florida corporation. Summit Holdings Southeast, Inc. is wholly owned by Liberty Mutual Insurance Company ("LMIC"), an insurance company incorporated in Massachusetts. The ultimate parent of LMIC is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- The Company contributed capital in the amount of \$9,500,000 to its subsidiary, Bridgefield Casualty Insurance Company, in 2007.
- D. At December 31, 2007 the company reported \$48,180,994 due to affiliates. In general the terms of the intercompany arrangements require settlement at least quarterly.
- The Company did not have any material contingent exposures of assets to liabilities as a result of guarantees or undertakings for the benefits of an affiliate.
- F. See Note 25 for information regarding inter-company pooling arrangement.

There is a Management Services 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 LMIC.

There is a Distribution Agreement between the Company and Helmsman Insurance Agency, Inc., ("Helmsman") whereby Helmsman provides agent commission payments, accounting, office services and other services under the terms of the Distribution Agreement.

Commencing June 1998, BEIC issued a Parental Guarantee to BCIC for worker's Compensation insurance business underwritten in the State of Louisiana.

Effective February 1, 2003 BEIC entered into a Florida Workers' Compensation Managed Care Agreement with Heritage Summit HealthCare, Inc. (HSHC). Pursuant to this Agreement, HSHC agrees to provide BEIC a network of physicians and facilities geared toward initial and continuing treatment of work-related injuries relating to insurance coverage provided by BEIC.

BEIC is party to a Managing General Agency Agreement with Summit Consulting, Inc., an affiliate.

The Company entered into an agreement for a loan or extension of credit effective May 22, 2006; namely a revolving credit agreement under which they may borrow up to \$50,000,000 from LMIC. Each loan will be for six months or less. The purpose of the extension of credit is for operating liquidity to accommodate fluctuations in daily cash flow and to promote efficient management of investments. As of December 31, 2007, there have been no drawings under this agreement.

The Company entered into investment management agreements, effective January 1, 2007 with LMIC, and effective May 1, 2000 with Liberty Mutual Investment Advisors LLC (LMIA). Under these agreements, LMIC and LMIA provide investment management services to the Company.

The Company is party to a Federal Tax Sharing Agreement between LMIC and affiliates (see Note 9F).

- G. The Company is part of a holding company structure as illustrated in Schedule Y part 1.
- The Company does not own shares of any upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- The Company owns 100% of Bridgefield Casualty Insurance Company ("BCIC") The Companies are carried at underlying statutory equity, as reported in its respective annual statement.

The Company's subsidiary is not publicly traded. At December 31, 2007, the statement value of the Company's

subsidiary's assets, liabilities and results of operations are as follows:

	Assets	Liabilities	Results of Operations
Total	\$122,875,928	\$82,880,755	\$2,585,627

The Company did not change the valuation method of its subsidiaries, controlled and affiliated entities.

J. Impairment of subsidiaries

The Company did not recognize any impairment write down for its subsidiary, controlled, or affiliated company during the statement period.

K. Investment in foreign insurance subsidiaries.

The Company does not hold investments in foreign insurance subsidiaries.

L. Investment in downstream noninsurance holding companies.

The Company does not hold investments in downstream noninsurance holding companies.

Note 11- Debt

The Company made a short term borrowing from Liberty Mutual Investment Advisors Liquidity Pool in the amount of \$13,989,110 on December 20, 2007. Interest on this borrowed money is accrued daily based on a variable interest rate. Interest in the amount of \$23,002 was incurred in 2007. The borrowing was re-paid in full in January of 2008. No collateral was required on this borrowing.

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

The Company has 15,000 shares authorized, issued and outstanding; \$100 par value.

1. Preferred Stock

Not applicable

2. Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends that can be paid by State of Florida insurance companies without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus. The maximum dividend payout that may be made without prior approval during 2008 is \$4,365,532.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company does 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 \$6,113,990.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

13. The company did not pay a dividend to its parent during 2007.

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.

The Company has accrued a liability for guaranty funds and other assessments of \$12,462,991 and related premium tax benefit asset of \$0. This represent management's best estimates based on information received from the states in which the company writes business and may change due to factors including the Company's share of the ultimate cost of current insolvencies.

C. Gain Contingencies

Not applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

The company did not have claims related extra contractual obligation losses and bad faith losses stemming from lawsuits in the current period.

E. 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 transfer 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 sales 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

All of the Company's premiums were written through an affiliated managing general agent.

A. Name and Address of managing general agent:

Summit Consulting, Inc. 2310 Commerce Point Drive Lakeland, Florida 33801

- B. FEI Number 59-1683711
- C. Exclusive Contract: Yes
- D. Types of business written: Workers Compensation
- E. Types of Authority Granted:

Underwriting, claims payments, claims adjustments, reinsurance ceding, binding authority, premium collections.

F. Total Direct Premiums Written in 2007 were \$420,330,457.

Note 20- Other Items

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

Not applicable

- C. Other Disclosures
 - 1. Pursuant to Florida Statutes 624.424 the following pertains to the Special Disability Trust Fund
 - a. The amount taken by the Company in determination of its loss reserves was \$8,304,097 for the prior calendar year and \$7,482,912 in the current reporting period.
 - b. The company received payments from the SDTF of \$2,809,765 in the prior calendar year and \$2,167,418 in the current reporting period.
 - c. The Company was assessed by the SDTF for \$24,870,863 in the prior calendar year and \$17,636,613 in the current reporting period.
 - 2. Pursuant to Florida Statutes 625.012 the following pertains to the Agents Balances at December 31, 2007.

	A cents' belonges on Uncellested Duamiums non Statement	620	20.070 (1)
a.	Agents' balances or Uncollected Premiums per Statement	\$ 2,0	20,970 (1)
b.	Premiums collected by "Controlled of Controlling" Persons	\$	0 (2)
c.	Premiums collected by "Controlled or Controlling" Persons w/i 15 days	\$	0 (3)
d.	Amount of applicable trust fund	\$	0 (4)
e.	Amount of applicable letter of credit	\$	0 (5)
f.	Amount of applicable Financial Guaranty bond	\$	0 (6)
g.	Totals of (4), (5), & (6)	\$	0 (7)
h.	(2) minus (3) minus (7)	\$	0 (8)

Assets in the amount of \$6,124,779 and \$6,136,535 as of December 31, 2007 and 2006, 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 25), the Company has no exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase Business Interruption coverage.

F. State Transferable Tax Credits

The Company does not hold state transferable tax credits.

- G. The Company does not have deposits admitted under section 6603 of the Internal Revenue Services Code.
- H. Hybrid Securities

The Company currently owns the following securities meeting the NAIC definition of "Hybrid Securities" per SVO report 9B.

<u>CUSIP</u>	<u>Issuer</u>	<u>Description</u>	Book/Adjusted Carrying Value
338899AA5	Fleet Capital Trust II	Redeemable Preferred	984,142

I. Sub-Prime Lending

The company does not have exposure to sub-prime mortgage related risk.

Note 21- Events Subsequent

There were no events subsequent to December 31, 2007 that would require disclosure.

Note 22- Reinsurance

A. <u>Unsecured Reinsurance Recoverables</u>

The Company has the following unsecured reinsurance recoverable for losses and loss adjustment expense, paid and unpaid, including IBNR which exceed 3% of the policyholders' surplus (\$000 omitted):

EDINI	NIAIC #		AMOUNT
FEIN	NAIC #		AMOUNT
36-2114545	20443	Continental Casualty Co.	\$9,695
48-0921045	39845	Employers Reinsurance Corp.	\$5,528
23-0723970	22713	Insurance Company of North America.	\$2,811
25-0687550	19445	National Union Fire Insurance Co.	\$3,115
94-1517098	25534	TIG Insurance Co.	\$2,852
25-0410420	24147	Old Republic Insurance Company	\$2.858

B. Reinsurance Recoverable in Dispute

There are no reinsurance recoverables in dispute from an individual reinsurer which exceed 5% of the Company's Surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.

C. Reinsurance Assumed and Ceded

a. The following table sets forth the maximum return premium and commission due the reinsurer or the Company if all of the company's assumed and ceded reinsurance were canceled as of December 31, 2007.

Assumo	Assumed Reinsurance		einsurance	<u>N</u>	<u>Net</u>	
	Commission		Commission		Commission	
<u>UEP</u>	Equity	<u>UEP</u>	Equity	<u>UEP</u>	Equity	
9	\$0	\$0	\$0	\$0	\$0	
	0 0	0	0	0	0	
9	50 \$0	\$0	\$0	\$0	\$0	

Direct Unearned Premium Reserve \$0

- b. There are no accrued contingent commissions, sliding scale, or other profit sharing commissions for direct, assumed or ceded business.
- c. There are no reinsurance contracts covering losses that have occurred prior to the inception of the contract that have not been accounted for in conformity with NAIC instructions.

D. <u>Uncollectible Reinsurance</u>

The Company has not written off balances in the current year.

E. Commutation of Ceded Reinsurance

The Company cedes 100% of its commutations which included the commutation of the aggregate reinsurance agreement with Gulf Insurance Company Ltd.

F. Retroactive Reinsurance

The Company did not have any retroactive reinsurance contracts that transferred liabilities for losses that had already occurred and that would have generated special surplus transactions.

G. The Company has no reinsurance contracts accounted for as a deposit.

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Accrued retrospective premiums reported in Line 13.3 of the asset page have been determined based upon loss experience on business subject to such experience rating adjustment. Accrued retrospectively rated premiums, including all those relating to bulk IBNR, have been determined by or allocated to individual policyholder accounts. Ten percent of the amount not offset by retrospective return premiums or collateral has been designated non-admitted and charged to surplus.

Total accrued retro premium	22,824,242
Unsecured amount	15,544,147
Less: Non-admitted amount	(1,554,415)
Less: Non-admitted for any person for whom agent's	
balances or uncollectible premiums are non-admitted	(611,660)
Admitted amount	20,658,167

Note 24 - Changes in Incurred Losses and Loss Adjustment Expenses

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 25), the Company has no net exposure to changes in incurred losses and loss adjustment expenses.

Note 25- 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.

Pursuant to the approval of the appropriate state insurance departments, effective January 1, 2008 the Company and its subsidiary, Bridgefield Casualty Insurance Company, novated their 100% Quota Share agreements with LMIC to substitute Peerless Insurance Company as the reinsurer.

Note 26- Structured Settlements

- A. As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 25), the Company has no net exposure to contingent liabilities from the purchase of annuities.
- B. Not applicable

Note 27 - Health Care Receivables

Not applicable

Note 28 - Participating Policies

Not applicable

Note 29 - Premium Deficiency Reserves

As of December 31, 2007, the Company had no liabilities related to premium deficiency reserves. The Company considers anticipated investment income when calculating its premium deficiency reserves.

Note 30- High Dollar Deductible Policies

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 25), the Company does not have any net high dollar deductible policy liabilities.

Note 31- Discounting of Liabilities for Unpaid Losses and Unpaid Loss Adjustment Expenses

Not applicable

Note 32 - Asbestos/Environmental Reserves

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMIC (see Note 25), the Company has no net exposure to asbestos and environmental claims.

Note 33- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 34 - Multiple Peril Crop Insurance

Not applicable

SUMMARY INVESTMENT SCHEDULE

	Gross Investment Holdings		Admitted <i>A</i> Reported Annual St	d in the	
		1	2	3	4
	Investment Categories	Amount	Percentage	Amount	Percentage
4 Day	ala.				
	nds: U.S. treasury securities	7,495,148	4.956	7,495,148	4.956
	U.S. government agency obligations (excluding mortgage-backed securities):	7,495,146	4.930	7,433,140	4.950
	1.21 Issued by U.S. government agencies	20,008,318	13.229	20,008,318	13.229
	1.22 Issued by U.S. government sponsored agencies	1,994,927	1.319	1,994,927	1.319
1.3	Foreign government (including Canada, excluding mortgage-backed securities)				
1.4					
	and political subdivisions in the U.S.:				
	1.41 States, territories and possessions general obligations	6,940,966	4.589	6,940,966	4.589
	1.42 Political subdivisions of states, territories and possessions and political	0.070.040	4.070	0.070.040	4.070
	subdivisions general obligations 1.43 Revenue and assessment obligations	2,979,212 6,979,838	1.970 4.615	2,979,212 6,979,838	1.970 4.615
	1.44 Industrial development and similar obligations	0,979,030	4.013	0,979,030	4.013
1.5					
	1.51 Pass-through securities:				
	1.511 Issued or guaranteed by GNMA				
	1.512 Issued or guaranteed by FNMA and FHLMC	28,695,944	18.973	28,695,944	18.973
	1.513 All other			* * * * * * * * * * * * * * * * * * * *	
	1.52 CMOs and REMICs:				
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	8,985,910	5.941	8,985,910	5.941
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-	072 467	0.643	072 467	0.643
	backed securities issued or guaranteed by agencies shown in Line 1.521	973,167	0.043	973,167	0.643
2 0#	er debt and other fixed income securities (excluding short term):			* * * * * * * * * * * * * * * * * * * *	
	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)	32,005,655	21.161	32,005,655	21.161
	Unaffiliated foreign securities	993,231	0.657	993,231	0.657
	Affiliated securities				
3. Eq	uity interests:			* * * * * * * * * * * * * * * * * * * *	
3.1	Investments in mutual funds	841,023	0.556	841,023	0.556
3.2	Preferred stocks:				
	3.21 Affiliated				
2.2	3.22 Unaffiliated	984,142	0.651	984,142	0.651
ა.ა	Publicly traded equity securities (excluding preferred stocks): 3.31 Affiliated				
	3.32 Unaffiliated				
3.4	Other equity securities:				
	3.41 Affiliated	39,995,172	26.444	39,995,172	26.444
	3.42 Unaffiliated				
3.5	Other equity interests including tangible personal property under lease:				
	3.51 Affiliated				
	3.52 Unaffiliated				
	rtgage loans:				
	Construction and land development Agricultural				
4.2					
4.4					
4.5				* * * * * * * * * * * * * * * * * * * *	
4.6					
5. Re	al estate investments:				
5.1					
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				
6 0	acquired in satisfaction of debt) ntract loans				
	ntract loans beivables for securities				
	sh, cash equivalents and short-term investments	(8,625,392)	(5.703)	(8,625,392)	(5.703)
	er invested assets	(9,929,992)		(9,920,932)	
	al invested assets	151,247,261	100.000	151,247,261	100.000

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes[X] No[]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes[X] No[] N/A[
1.3	State Regulating?	Florida
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes[] No[X]
2.2	If yes, date of change:	
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2006
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2006
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	01/24/2008
3.4	By what department or departments? Florida Office of Insurance Regulation	
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	
	4.11 sales of new business? 4.12 renewals?	Yes[] No[X] Yes[] No[X]
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	
	4.21 sales of new business? 4.22 renewals?	Yes[X] No[] Yes[] No[X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [] No [X]
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	
	1 2 3	
	Name of Entity NAIC Company Code State of Domicile	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable)	
	suspended or revoked by any governmental entity during the reporting period?	Yes [] No [X]
6.2	If yes, give full information	
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes[] No[X]
	If yes,	
	7.21 State the percentage of foreign control7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its	<u></u> %
	manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact	τι.
	1 2 Nationality Type of Entity	
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes[] No[X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.	

PART 1 - COMMON INTERROGATORIES

8.3 8.4	Is the company affiliated with one or m If response to 8.3 is yes, please provid	e the names and locations (city and state of t	ne main office) of a	ny affiliates regu	ılated by a federa	l	s[] No[X]	
	financial regulatory services agency [i. Thrift Supervision (OTS), the Federal I affiliate's primary federal regulator.	e. the Federal Reserve Board (FRB), the Offic Deposit Insurance Corporation (FDIC) and the	e of the Comptrolle Securities Exchan	er of the Currenc ge Commission	ey (OCC), the Office (SEC)] and identification	ce of fy the		
	1	2	3	4	5	6	7	
	Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC	
9.	Ernst & Young, LLP	ndependent certified public accountant or accountant	-					
10.	What is the name, address and affiliaticonsulting firm) of the individual provid 1.75 Berkeley Street, Boston, MA 0211.	on (officer/employee of the reporting entity or ing the statement of actuarial opinion/certifica	actuary/consultant tion? Roy K. Morell	associated with	an actuarial			
11.1	Does the reporting entity own any secu	urities of a real estate holding company or oth 11.11 Name of real 11.12 Number of pa 11.13 Total book/a	estate holding con	npany		Ye:	s[] No[X]	(
11.2								(
12		F ALIEN REPORTING ENTITIES ONLY:						
	What changes have been made during	the year in the United States manager or the			• ,			
12.2		ss transacted for the reporting entity through i					s[] No[X]	
12.3	Have there been any changes made to	any of the trust indentures during the year?				Ye	s[] No[X]	
12.4	If answer to (12.3) is yes, has the dom	iciliary or entry state approved the changes?				Ye	s[] No[]] N/A [X]
13.1	performing similar functions) of the rep a. Honest and ethical conduct, includin relationships;	tive officer, principal financial officer, principal orting entity subject to a code of ethics, which g the ethical handling of actual or apparent co	includes the follow inflicts of interest b	ving standards? etween personal	and professional	Ye	s[X] No[]]
3.11	c. Compliance with applicable governmd. The prompt internal reporting of violate. Accountability for adherence to the offithe response to 13.1 is No, please expenses.	ations to an appropriate person or persons ide	ntified in the code;	and				
13 2						Va	s[] No[X]	
3.21	If the response to 13.2 is Yes, provide $$	information related to amendment(s).					9[] NO[X]	
	Have any provisions of the code of eth	ics been waived for any of the specified office the nature of any waiver(s).	rs?			· · · Ye	s[] No[X]	
						* * *		
		BOARD OF						
14.	Is the purchase or sale of all investment committee thereof?	nts of the reporting entity passed upon either t	by the board of dire	ectors or a subor	dinate	Ye	s[X] No[]]
15.	Does the reporting entity keep a compl committees thereof?	ete permanent record of the proceedings of it	s board of directors	and all subordir	nate	Ye	s[X] No[]]
16.	Has the reporting entity an established affiliation on the part of any of its office official duties of such person?	procedure for disclosure to its board of directers, directors, trustees or responsible employe	ors or trustees of a es that is in conflic	iny material inter t or is likely to co	est or onflict with the	Ye	s[X] No[]]
		FINA	ICIAI					
17.	Has this statement been prepared usin	g a basis of accounting other than Statutory A		es (e.g., General	ly Accepted			
	Accounting Principles)?	nclusive of Separate Accounts, exclusive of po				Ye	s[] No[X]	
	, ,	18.11 To directors	or other officers			\$		(
		18.12 To stockhold 18.13 Trustees, su		aternal only)		\$		(
18.2	Total amount of loans outstanding at the	ne end of year (inclusive of Separate Accounts		cy loans):				
		18.21 To directors 18.22 To stockhold	ers not officers			\$ \$		(
		18.23 Trustees, su	oreme or grand (Fr	aternal only)		\$		(

PART 1 - COMMON INTERROGATORIES

19.1	Were any assets reported in this statement subjobligation being reported in the statement?	ect to a contractual obligation	to transfer to a	nother party without th	e liability for such	Yes [] No [X	1
19.2	If yes, state the amount thereof at December 31	of the current year:					•
		19.21 Rented				\$	0
		19.22 Borrow 19.23 Leased	red from others			\$	0
		19.24 Other	i ilolli otileis			\$	0
20.1	Does this statement include payments for asses association assessments?	sments as described in the Ar	nual Statemen	t Instructions other tha	n guaranty fund or guaranty	Yes [] No [X]
20.2	If answer is yes:	20.21 Amour	t naid aa laaaa	s or risk adjustment		¢	0
			it paid as iosse it paid as exper			\$ \$	0
		20.23 Other a				\$	0
	Does the reporting entity report any amounts du			ge 2 of this statement?)	Yes [X] No []
21.2	If yes, indicate any amounts receivable from par	ent included in the Page 2 am	ount:			\$	0
		IN	VESTMENT	•			
22.1	Were all the stocks, bonds and other securities of in the actual possession of the reporting entity of		•			Yes [X] No []
22.2	If no, give full and complete information, relating	thereto			****		
23.1	Were any of the stocks, bonds or other assets o control of the reporting entity, or has the reportir is currently in force? (Exclude securities subject	g entity sold or transferred an		•	•	Yes[X] No[1
23.2	If yes, state the amount thereof at December 31	of the current year:					
20.2	ii yes, state the amount thereof at December 31	of the current year.	23.21 Loane	ed to others		\$	0
				ct to repurchase agree	ements	\$	0
			-	ct to reverse repurcha		\$	0
			23.24 Subje	ct to dollar repurchase	agreements	\$	0
			23.25 Subje	ct to reverse dollar rep	urchase agreements	\$	0
			-	ed as collateral		\$	0
				d under option agreem		\$	0
				stock or securities reseposit with state or other		\$	6,124,779
			23.29 Off de 23.291 Othe	•	er regulatory body	\$\$	0,124,779
00.0	F		20.201 0010			<u> </u>	
23.3	For category (23.28) provide the following:				_	_	
	1 Nature of Restriction		2 Description		3 Amount		
	Nature of Nestriction		Decomption		ranount		
24.1	Does the reporting entity have any hodging trans	pactions reported an Cahadula	DB3				1
	Does the reporting entity have any hedging trans If yes, has a comprehensive description of the h			lomiciliary state?		Yes [] No [X Yes [] No [] N/A [X]
_7.4		aaana kraarum boon mude d	. Sindolo to tile t	state:		.00[] 10[1[V]
	If no, attach a description with this statement.						
25.1	Were any preferred stocks or bonds owned as o issuer, convertible into equity?	f December 31 of the current	year mandatori	ly convertible into equi	ty, or, at the option of the	Yes [] No [X]
25.2	If yes, state the amount thereof at December 31	of the current year.				\$	0
26.	Excluding items in Schedule E, real estate, mort safety deposit boxes, were all stocks, bonds and with a qualified bank or trust company in accord agreements of the NAIC Financial Condition Exa	other securities owned through ance with Section 3, III Condu	ghout the curre	nt year held pursuant	o a custodial agreement	Yes[X] No[1
26.01	For agreements that comply with the requirement	nts of the NAIC Financial Cond	lition Examiner	s Handbook, complete	the following:		
	1				2	\neg	
	Name of Cust	odian(s)			ın's Address		
	JP MORGAN CHASE		3 Cha	se Metro Tech Center	, Brooklyn, NY 11245	\dashv	
						\exists	
26.02	For all agreements that do not comply with the r name, location and a complete explanation:	equirements of the NAIC Final	ncial Condition	Examiners Handbook	provide the		
	1	2			3		
	Name(s)	Location(s)		Comp	olete Explanation(s)		
		+		1		—	
		1		1			

Yes [] No [X]

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

PART 1 - COMMON INTERROGATORIES

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

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

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

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

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

Yes [] No [X]

27.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
27 2000 Total		
27.2999 Total		

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

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

28. 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 (+)
28.1 Bonds	118,893,339	118,203,879	(689,460)
28.2 Preferred stocks	984,142	1,039,080	54,938
28.3 Totals	119,877,481	119,242,959	(634,522)

28.4 Describe the sources or methods utilized in determining the fair values: IDC, Bloomberg, NAIC-SVO, Broker Quotes, Analytically Determined

Yes [X] No [] 29.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed?

29.2 If no, list exceptions:

OTHER

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

1,001,475

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

1	2
Name	Amount Paid
NCCI	\$ 932,047
	\$
	\$

31.1 Amount of payments for legal expenses, if any?

76,779

PART 1 - COMMON INTERROGATORIES

31.2 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
Dale Gardner Jacobs	\$ 64,611
	\$
	\$

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

30,000

32.2 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
Advocacy Associates, Inc.	\$ 30,000
·	\$
	\$
	\$

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?						
1.2	If yes, indicate premium earned on U. S. business only.				\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement	Insurance Experience Exhibit?			\$		0
	1.31 Reason for excluding						
1 /	Indicate amount of earned premium attributable to Canadian and/or O	ther Alien not included in Item (1	2) ahove		¢		٥
		The Allem not included in item (1.	z) above.		φ		0
1.5					<u> </u>		
1.6		nt three years:					
		otal premium earned			¢		0
		otal premium earned			ψ		0
		umber of covered lives			ψ		0
					Ψ		
	• •	ior to most current three years:			¢		0
		otal premium earned			ф		0
		otal incurred claims			<u>*</u>		0
4 7		umber of covered lives					0
1.7	Group policies:	4 46					
		nt three years:			Φ.		0
		otal premium earned			<u>\$</u>		0
		otal incurred claims			\$		0
		umber of covered lives			\$		0
	•	ior to most current three years:			•		•
		otal premium earned			\$		0
		otal incurred claims			\$		0
	1.76 N	umber of covered lives			\$		0
2.	Health Test:		,				
			1	2			
			Current Year	Prior Year			
		um Numerator	\$ 0	\$ 0			
		um Denominator	\$ 0	\$			
		um Ratio (2.1/2.2)	0.00	0.00			
		ve Numerator	\$	\$			
		ve Denominator	\$ 0	\$			
	2.6 Reser	ve Ratio (2.4/2.5)	0.00	0.00			
3.1	Does the reporting entity issue both participating and non-participating	policies?			YES [] NO [X]	
3.2	If yes, state the amount of calendar year premiums written on:						
	3.21 Pa	articipating policies			\$		0
	3.22 N	on-participating policies			\$		0
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 contingent	iability of the policyholders?					0 %
4.4	Total amount of assessments paid or ordered to be paid during the ye	ar on deposit notes or contingent	premiums.		\$		0
5.	For Reciprocal Exchanges Only:						
5.1	Does the exchange appoint local agents?				YES [] NO [X]	
5.2	If yes, is the commission paid:						
		ut of Attorney's-in-fact compensa	ition		YES [] NO []	N/A [X]
	5.22 A	s a direct expense of the exchang	ge		YES [] NO []	N/A [X]
5.3	What expenses of the Exchange are not paid out of the compensation	of the Attorney in fact?	.		-		
	· · · · · · · · · · · · · · · · · · ·						
F 4					VECT	INOTY	
	Has any Attorney-in-fact compensation, contingent on fulfillment of cel				-] NO [X]	
5.5	If yes, give full information			* * * * * * * * * * * * * * * * * * * *			
				* * * * * * * * * * * * * * * * * * * *			

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: Quota Share, Excess of Loss Reinsurance and Catastrophe Reinsurance		
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 has evaluated its probable maximum loss using a combination of internal and external actuarial loss development techniques and computer modeling.		
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 does not write Property insurance. The Company only writes Workers' Compensation, for which the Company carries Workers Compensation Catastrophe reinsurance.	ce.	
6.4	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?	YES ()	(]NO[]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	0 [/	,,,,,,,,,
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? If yes, indicate the number of reinsurance contracts containing such provisions.	YES [] NO [X]
	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES []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? If yes, give full information	YES [] NO [X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% 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 5% 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) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	YESI] 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), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% 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 5% of prior year-end surplus as regards policyholders; 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 or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity	120 [luc [v]
9.3	or its affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	YES [] NO [X]
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		
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	YES [] NO [X]

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

9.5	If yes to 9.4, explain in the Reinsuran		I Filing for General Inte	errogatory 9 (Section D) why the contract(s)			
0.6	is treated differently for GAAP and SA		Cupplement under en	or more of the following	ag aritaria:			
9.0	The reporting entity is exempt from th (a) The entity does not utilize reinsu		Supplement under one	or more or the following	ig criteria.		YES[]NO[X]	
	(b) The entity only engages in a 100		ith an affiliate and the a	affiliated or lead compa	ny has filed an			
	attestation supplement; or,	one and only participates in	n an intercompany noo	l and the affiliated or le	ad company has		YES[]NO[X]	
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. YI							
10.	If the reporting entity has assumed ris which the original entity would have b	•	-		isurances a reserve equ	al to that	YES[X]NO[]N/A[]	
11.1	Has the reporting entity guaranteed p	olicies issued by any other	entity and now in force	e:			YES[]NO[X]	
11.2								
12.1	If the reporting entity recorded accrue	d retrospective premiums						
	amount of corresponding liabilities rec							
		12.11 12.12	Unpaid losses	ovnonces (including le	ss adjustment expenses	۸	\$ <u>0</u> \$ 0	
		12.12	Onpaid underwriting	expenses (including to	ss adjustment expenses)	\$	
	Of the amount on Line 13.3, Page 2,		-				\$ 16,694,499	
12.3	If the reporting entity underwrites com from its insureds covering unpaid prei			nsation, are premium r	notes or promissory note	s accepted	YES[X]NO[]N/A[]	
	- , ,	•						
12.4	If yes, provide the range of interest ra	-		covered by this stateme	ent:		5,000.0	
		12.41 12.42	From				5.000 %	
12.5	Are letters of credit or collateral and o		To	ov the reporting entity t	o secure premium notes	or	5.000 %	
12.5	promissory notes taken by a reporting		-					
	losses under loss deductible features		and reporting entity of	oportou amost ampara m	300 1000 100, monaum.g		YES[X]NO[]	
12.6	If yes, state the amount thereof at De	•	:					
		12.61	Letters of Credit				\$ 24,626,000	
		12.62	Collateral and other	funds			\$ 19,405,000	
13.1	Largest net aggregate amount insured	d in any one risk (excluding	g workers' compensation	on):			\$ 0	
13.2	Does any reinsurance contract consid	lered in the calculation of t	his amount include an	aggregate limit of reco	very without also includi	ng a		
	reinstatement provision?						YES[]NO[X]	
13.3	State the number of reinsurance cont	· · · · ·		=	tative programs, automa	atic		
	facilities or facultative obligatory contr	racts) considered in the cal	lculation of the amount				0	
14.1	Is the company a cedant in a multiple	cedant reinsurance contra	act?				YES[X]NO[]	
14.2	If yes, please describe the method of	allocating and recording re	einsurance among the	cedants: Premiun	ns and losses allocated	based		
	on the individual company							
14.3	If the answer to 14.1 is yes, are the m	nethods described in item 1	14.2 entirely contained	in the respective multir	ble cedant reinsurance			
	contracts?		,				YES[X]NO[]	
14.4	If the answer to 14.3 is no, are all the	methods described in 14.2	2 entirely contained in	written agreements?			YES[]NO[X]	
14.5	If the answer to 14.4 is no, please exp							
15.1	Has the reporting entity guaranteed a	ny financed premium acco	unts?				YES[]NO[X]	
15.2	If yes, give full information							
16.1	Does the reporting entity write any wa	arranty business?					YES[]NO[X]	
	If yes, disclose the following informati	on for each of the following	g types of warranty cov	verage:				
		1	2	3	4	5		
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premiun	n	
		Incurred	Unpaid	Premium	Unearned	Earned		
	40.44 11		·				0	
	16.11 Home	\$	\$ 0	\$ 0	\$	\$	0	
	16.12 Products	\$	\$ 0	\$ 0	\$ 0	Ф с	υ 	
	16.13 Automobile 16.14 Other*	\$	\$ 0 \$ 0	\$ 0 \$ 0	\$	\$ \$	0	
		Ψ	Ť	Ť	*	*		
	* Disclose type of coverage:							

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on una	uthorized reinsurance in Schedule F - Part 3 that it excludes from		
	Schedule F - Part 5.		YES[]N	O[X]
	Incurred but not reported losses on contracts not in force prior	to July 1, 1984 and not subsequently renewed are exempt from inclusion in Sched	ule F -	
S I 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	\$	0
	17.12	Unfunded portion of Interrogatory 17.11	\$	0
	17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$	0
	17.14	Case reserves portion of Interrogatory 17.11	\$	0
	17.15	Incurred but not reported portion of Interrogatory 17.11	\$	0
	17.16	Unearned premium portion of Interrogatory 17.11	\$	0
	17.17	Contingent commission portion of Interrogatory 17.11	\$	0
5 F	Provide the following information for all other amounts included	l 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	\$	0
	17.19	Unfunded portion of Interrogatory 17.18	\$	0
	17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$	0
	17.21	Case reserves portion of Interrogatory 17.18	\$	0
	17.22	Incurred but not reported portion of Interrogatory 17.18	\$	0
	17.23	Unearned premium portion of Interrogatory 17.18	\$	0

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 , 1				_
		2007	2 2006	3 2005	4 2004	5 2003
		2001	2000	2003	2004	2000
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)	420,330,457	584,097,071	527,276,368	402,139,042	226,728,998
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
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)	420,330,457	584,097,071	527,276,368	402,139,042	226,728,998
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
1	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) Nonproportional reinsurance lines (Lines 30, 31 & 32)					
	Total (Line 24)					
'2.	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)					
	Net investment gain (loss) (Line 11)	- 404 400	8,657,576	8,192,198	7,647,563	8,430,953
15.	Total other income (Line 15)					
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)	2,993,454	3,036,719	2,657,044	2,503,617	3,303,509
18.	Net income (Line 20)	4,467,685	5,620,857	5,535,154	5,143,946	5,127,444
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business		25,4 222,455		40= 004 400	40-04-444
	(Page 2, Line 24, Col. 3)	202,092,857	254,292,475	220,869,320	187,031,436	187,617,144
20.	Premiums and considerations (Page 2, Col. 3)	2,020,970	/F 640\	(06.247)	(2.204.265)	1 075 050
	20.1 In course of collection (Line 13.1) 20.2 Deferred and not yet due (Line 13.2)	0.000.704	(5,649)	(96,347) 10,928,020	(3,294,365) 12,084,955	1,975,959 20,419,856
	20.3 Accrued retrospective premiums (Line 13.3)	20,658,167	31,740,595	23,376,154	20,453,130	10,525,480
21	Total liabilities excluding protected cell business (Page 3, Line 24)	108,468,706	168,478,593	135,055,878	107,232,062	112,039,105
	Losses (Page 3, Line 1)		100,470,000		107,202,002	112,000,100
23.	Loss adjustment expenses (Page 3, Line 3)	** * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *
24.						
25.	Capital paid up (Page 3, Lines 28 & 29)	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
26.	Surplus as regards policyholders (Page 3, Line 35)	93,624,151	85,813,882	85,813,442	79,799,374	75,578,040
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	(15,971,596)	(2,789,875)	(1,907,836)	27,398,411	78,274,827
	Risk-Based Capital Analysis					
	Total adjusted capital	93,624,151	85,813,882	85,813,442	79,799,374	75,578,040
29.	Authorized control level risk-based capital	2,792,943	2,759,657	2,739,897	2,232,553	2,691,290
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
30	Danda (Line 4)	78.1	80.0	84.9	85.5	90.7
31.	***************************************		16.3	15.8	12.8	12.7
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					* * * * * * * * * * * * * * * * * * * *
33.	Real estate (Lines 4.1, 4.2 & 4.3)	1 1				
34.	Cash, cash equivalents and short-term investments (Line 5)		3.6	(0.7)	1.8	(3.3)
35.	Contract loans (Line 6)	1 1				
36.	Other invested assets (Line 7)					
37.	Receivables for securities (Line 8)					
38.	Aggregate write-ins for invested assets (Line 9)		,			
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
40	Investments in Parent, Subsidiaries and Affiliates		- 1			
40.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)			* * * * * * * * * * * * * * * * * * * *		
	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1) Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)	39,995,172	29,400,199	28,472,379	19,900,800	19,053,985
1	Affiliated short-term investments (subtotals included in Schedule DA,		23,400,133	20,412,319	10,000,000	19,000,300
70.	Part 2, Col. 5, Line 7)					
44.	Affiliated mortgage loans on real estate			* * * * * * * * * * * * * * * * * * * *		
45.	All other affiliated			* * * * * * * * * * * * * * * * * * * *		
46.	Total of above Lines 40 to 45	20 005 470	29,400,199	28,472,379	19,900,800	19,053,985
47.	Percentage of investments in parent, subsidiaries and affiliates					
	to surplus as regards policyholders (Line 46 above divided by	1				
	Page 3, Col. 1, Line 35 x 100.0)	42.7	34.3	33.2	26.3	25.2
		·				

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2007	2 2006	3 2005	4 2004	5 2003
	Capital and Surplus Accounts (Page 4)					
48. 49.	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35)	1,209,633	953,864 (4,248,000)	1,545,535	846,814	2,147,323
1	Change in surplus as regards policyholders for the year (Line 38)	7,810,269	440	6,014,068	4,221,334	9,570,465
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
51.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	165,191,866	200,709,614	184,553,293	150,566,705	136,167,684
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
55.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
56.	Total (Line 34)	165,191,866	200,709,614	184,553,293	150,566,705	136,167,684
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
59.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
60.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) Nonproportional reinsurance lines (Lines 30, 31 & 32)					
	Total (Line 34)					
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	Losses incurred (Line 2)					
65.	Loss expenses incurred (Line 3)					
67.	Other underwriting expenses incurred (Line 4) Net underwriting gain (loss) (Line 8)					
	Other Percentages					
68.	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)					
69.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
70.	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)					
71.	Development in estimated losses and loss expenses incurred prior					
72	to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11) Percent of development of losses and loss expenses incurred					
172.	to policyholders' surplus of prior year end (Line 71 above divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
73.	Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P,					
	2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)					
74.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 73 above divided by Page 4, Line 21, Col. 2 x 100.0)					

SCHEDULE D - SUMMARY BY COUNTRY

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments	United States Canada	29,498,393	29,655,751	29,645,854	29,008,
(Including all obligations guaranteed	3. Other Countries				
by governments)	4. Totals	29,498,393	29,655,751	29,645,854	29,008,
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries	6,940,966	7,051,927	6,938,841	6,965,0
(Enoceand guaranteed)	8. Totals	6,940,966	7,051,927	6,938,841	6,965,0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States 10. Canada 11. Other Countries	2,979,212	3,026,560	2,977,020	3,000,0
,	12. Totals	2,979,212	3,026,560	2,977,020	3,000,0
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of	13. United States 14. Canada 15. Other Countries	44,661,692	44,397,468	44,672,091	44,847,
obligations of agencies and authorities of governments and their political subdivisions Public Utilities (unaffiliated) Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	16. Totals	44,661,692	44,397,468	44,672,091	44,847,
Public Utilities (unaffiliated)	17. United States 18. Canada 19. Other Countries	3,014,185	2,966,050	3,020,240	3,000,0
	20. Totals	3,014,185	2,966,050	3,020,240	3,000,0
	21. United States	29,964,637	29,366,948	30,051,818	30,211,0
Industrial and Miscellaneous and	22. Canada 23. Other Countries	993,231	898,152	991,145	1,000,0
Credit Tenant Loans (unaffiliated)	24. Totals	30,957,868	30,265,100	31,042,963	31,211,0
Parent, Subsidiaries and Affiliates	25. Totals	00,001,000	00,200,100	01,012,000	01,211,
	26. Total Bonds	118,052,316	117,362,856	118,297,009	118,031,
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				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada 37. Other Countries	984,142	1,039,080	982,390	
	38. Totals	984,142	1,039,080	982,390	
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks	984,142	1,039,080	982,390	
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	39,995,172	39,995,172	33,739,812	
	54. Total Common Stocks	39,995,172	39,995,172	33,739,812	
	55. Total Stocks	40,979,314	41,034,252	34,722,202	
	56. Total Bonds and Stocks	159,031,630	158,397,108	153,019,211	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value of bonds and		7. Amortization of premium	82,968
	stocks, prior year	173,513,689	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	15,374,334	8.1 Column 15, Part 1	
3.	Accrual of discount	98,827	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 (141,370)		8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		Book/adjusted carrying value at end of current period	159,031,630
	4.3 Column 15, Part 2, Section 2 1,603,460		10. Total valuation allowance	
	4.4 Column 11 - 13, Part 4 (301,936)	1,160,154	11. Subtotal (Lines 9 plus 10)	159,031,630
5.	Total gain (loss), Column 19, Part 4	(561)	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period	159,031,630
	disposed of Column 7, Part 4	31,031,845		

NONE Schedule P - Part 1 - Summary

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

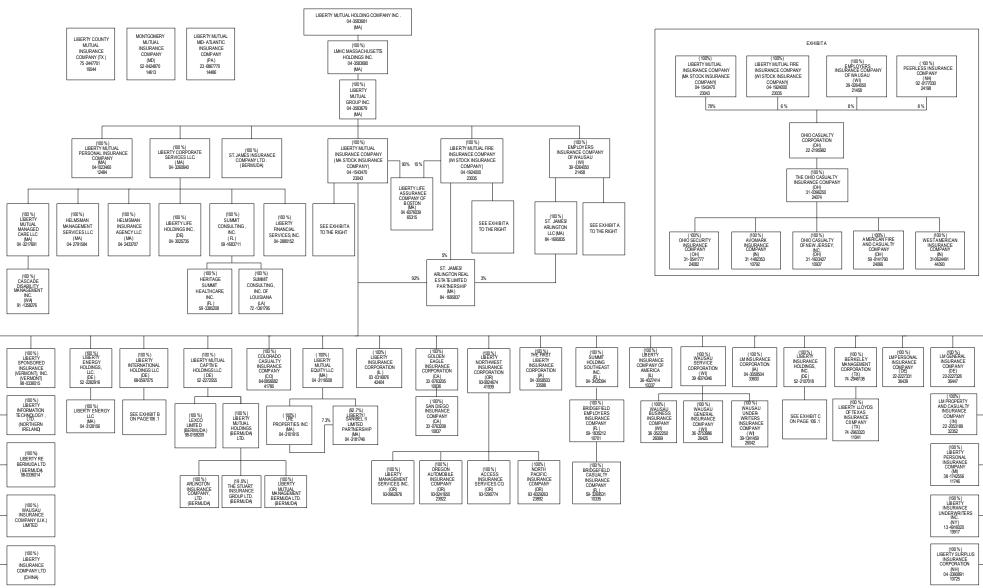
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

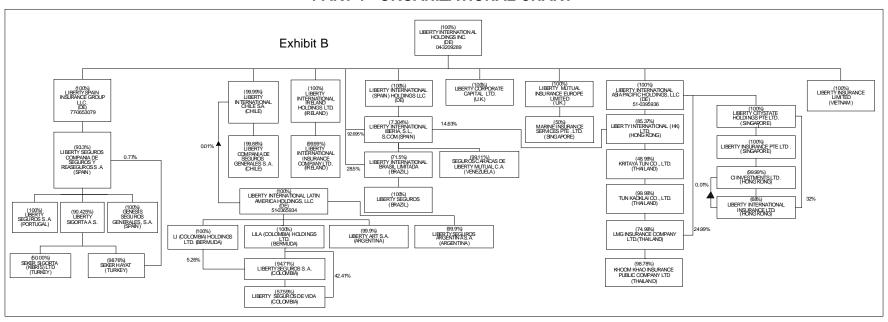
					States and I					
		1 Is Insurer Licen- sed?	Gross Premiums and Members Return Premium on Policies	hip Fees Less s and Premiums Not Taken 3	4 Dividends Paid or Credited to Policyholders	5 Direct Losses Paid	6 Direct	7 Direct	8 Finance and Service Charges Not	9 Direct Premium Written for Federal Purchasing
		(Yes or	Direct Premiums	Direct Premiums	on Direct	(Deducting	Losses	Losses	Included in	Groups (Included
States, Etc.		No)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
1. Alabama	AL	NO								
2. Alaska	AK	NO								
3. Arizona 4. Arkansas	AZ AR	NO NO								
5. California	CA	NO								
6. Colorado	CO	NO								
7. Connecticut	CT	NO								
8. Delaware	DE	NO								
9. Dist. Columbia	DC	NO								
10. Florida	FL	YES	420,330,457	420,330,457	39,702,903	1,65,199,856	113,352,202	544,801,638		
11. Georgia 12. Hawaii		NO NO								
13. Idaho	HI ID	NO								
14. Illinois	IL	NO								
15. Indiana	IN	NO	* * * * * * * * * * * * * * * * * * * *							
16. lowa	IA	NO								
17. Kansas	KS	NO					*****			
18. Kentucky		NO								
19. Louisiana	LA	NO								
20. Maine	ME	NO								
21. Maryland 22. Massachusetts	MD MA	NO NO								
23. Michigan	MI	NO								
24. Minnesota	MN	NO								
25. Mississippi		NO					* * * * * * * * * * * * * * * * * * * *			
26. Missouri	MO	NO					* * * * * * * * * * * * * * * * * * * *			
27. Montana	MT	NO					* * * * * * * * * * * * * * * * * * * *			
28. Nebraska	NE	NO								
29. Nevada	NV	NO								
30. New Hampshire 31. New Jersey	NH NJ	NO NO								
31. New Jersey 32. New Mexico	NJ NM	NO								
33. New York	NY	NO								
34. No. Carolina	NC	NO								
35. No. Dakota	ND	NO					* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
36. Ohio	OH	NO								
37. Oklahoma	OK									
38. Oregon	OR									
39. Pennsylvania	PA									
40. Rhode Island 41. So. Carolina	RI SC	NO NO								
42. So. Dakota	SD	NO								
43. Tennessee	TN	NO								
44. Texas	TX	NO								
45. Utah	UT	NO								
46. Vermont	VT	NO								
47. Virginia	VA	NO								
48. Washington	WA	NO								
49. West Virginia 50. Wisconsin	WV WI	NO NO								
51. Wyoming	WY	NO								
52. American Samoa	AS	NO								
53. Guam	GU	NO					*****			
54. Puerto Rico	PR	NO					* * * * * * * * * * * * * * * * * * * *			
55. U.S. Virgin Islands	VI	NO								
56. Northern Mariana Islands		NO								
57. Canada 58. Aggregate other	CN	NO								
alien	ОТ	XXX	1							
*************	J1		400 000 15-	400 000 1=-	00 700 000	405 400 0	440.050.005	E44.004.005		
59. Totals		(a) 1	420,330,457	420,330,457	39,702,903	165,199,856	113,352,202	544,801,638		<u> </u>
DETAIL O OF WOITE WA										
DETAILS OF WRITE-INS	1		ļ							
5801.		xxx								
5802.		XXX								
5803.		X X X								
5898. Summary of remaining			1							
write-ins for Line 58			1							
from overflow page		XXX								
5899. Totals (Lines 5801		1	1							
through 5803 + 5898)										
(Line 58 above)		XXX	<u> </u>							
		•	•							•

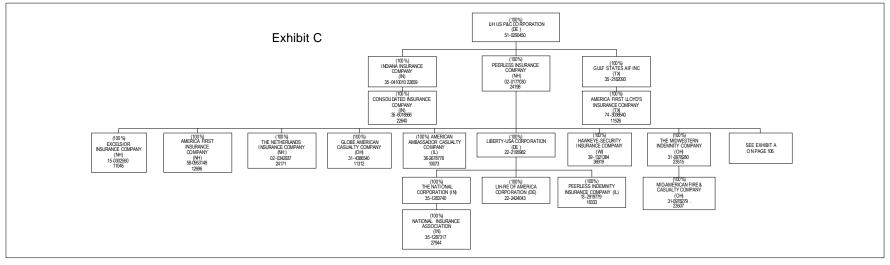
Explanation of basis of allocation of premiums by st *Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boiler and M	· · · · · · · · · · · · · · · · · · ·
*States of Jurisdiction under which payrolls and resulting premiums are developed - Worker's Compensation	*Location of Court - Surety
*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	*Location of Properties covered - Burglary and Theft
*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



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





Annual Statement for the year 2007 of the	Bridgefield Employers Insurance Company	
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