

ANNUAL STATEMENT

OF THE

HAWKEYE-SECURITY INSURANCE COMPANY

of WAUKESHA

in the state of WISCONSIN

TO THE

Insurance Department

OF THE

FOR THE YEAR ENDED

December 31, 2008

PROPERTY AND CASUALTY

2008



36919200820100010

ANNUAL STATEMENT

For the Year Ended December 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Hawkeye-Security Insurance Company

| | | | | | | |
|--|--|------------------------|--|---------------------------------------|--|------------|
| NAIC Group Code | 0111 (Current Period) | 0111 (Prior Period) | NAIC Company Code | 36919 | Employer's ID Number | 39-1321384 |
| Organized under the Laws of | Wisconsin | | State of Domicile or Port of Entry Wisconsin | | | |
| Country of Domicile | United States of America | | | | | |
| Incorporated/Organized: | February 23, 1979 | | | Commenced Business: February 28, 1979 | | |
| Statutory Home Office: | N14W24200 Tower Place (Street and Number) | | Waukesha, WI 53188 (City or Town, State and Zip Code) | | | |
| Main Administrative Office: | N14W24200 Tower Place (Street and Number) | | | | | |
| | Waukesha, WI 53188 (City or Town, State and Zip Code) | | 262-446-8000 (Area Code) (Telephone Number) | | | |
| Mail Address: | 175 Berkeley Street (Street and Number or P.O. Box) | | Boston, MA 02116 (City or Town, State and Zip Code) | | 02116 (City or Town, State and Zip Code) | |
| Primary Location of Books and Records: | 175 Berkeley Street (Street and Number) | | Boston, MA 02116 (City or Town, State and Zip Code) | | 617-357-9500 (Area Code) (Telephone Number) | |
| Internet Website Address: | www.LibertyMutualAgencyMarkets.com | | | | | |
| Statutory Statement Contact: | Joanne Connolly (Name) | | 617-357-9500 x44393 (Area Code) (Telephone Number) | | 617-574-5955 (Extension) | |
| | Joanne.Connolly@LibertyMutual.com (E-Mail Address) | | | | 617-574-5955 (Fax Number) | |

OFFICERS

Chairman of the Board

Gary Richard Gregg

| | Name | Title |
|----|-------------------------|---------------------------------------|
| 1. | Gary Richard Gregg | President and Chief Executive Officer |
| 2. | Dexter Robert Legg # | Secretary |
| 3. | Michael Joseph Fallon # | Treasurer and Chief Financial Officer |

VICE-PRESIDENTS

| Name | Title | Name | Title |
|----------------------------|----------------------------------|-----------------------|--------------------------|
| Anthony Alexander Fontanes | EVP and Chief Investment Officer | Joseph Anthony Gilles | Executive Vice President |
| Scott Rhodes Goodby | EVP and Chief Operating Officer | | |
| | | | |
| | | | |
| | | | |

DIRECTORS OR TRUSTEES

| | | | |
|-------------------------|-------------------------------|-----------------------|---------------------|
| Michael Joseph Fallon # | John Derek Doyle | Joseph Anthony Gilles | Scott Rhodes Goodby |
| Gary Richard Gregg | Christopher Charles Mansfield | | |
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State of Massachusetts

County of Suffolk ss

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

| | | |
|---------------------------------------|-------------------------------------|--|
| (Signature) Gary Richard Gregg | (Signature) Dexter Robert Legg # | (Signature) Michael Joseph Fallon # |
| (Printed Name) 1. | (Printed Name) 2. | (Printed Name) 3. |
| President and Chief Executive Officer | Secretary | Treasurer and Chief Financial Officer |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me this
2nd day of February, 2009

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

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) | 7,781,317 | | 7,781,317 | 9,004,108 |
| 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 (less \$ 0 encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ 0 encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ 0 encumbrances) | | | | |
| 5. Cash (\$ 0, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 4,577,421, Schedule DA) | 4,577,421 | | 4,577,421 | 2,945,968 |
| 6. Contract loans (including \$ 0 premium notes) | | | | |
| 7. Other invested assets (Schedule BA) | | | | |
| 8. Receivables for securities | | | | 4,701 |
| 9. Aggregate write-ins for invested assets | | | | |
| 10. Subtotals, cash and invested assets (Lines 1 to 9) | 12,358,738 | | 12,358,738 | 11,954,777 |
| 11. Title plants less \$ 0 charged off (for Title insurers only) | | | | |
| 12. Investment income due and accrued | 76,575 | | 76,575 | 111,305 |
| 13. Premiums and considerations: | | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) | | | | |
| 13.3 Accrued retrospective premiums | | | | |
| 14. Reinsurance: | | | | |
| 14.1 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 (\$ 0) | | | | |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 21. Receivables from parent, subsidiaries and affiliates | 98,522 | | 98,522 | 396,587 |
| 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) | 12,533,835 | | 12,533,835 | 12,462,669 |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. Total (Lines 24 and 25) | 12,533,835 | | 12,533,835 | 12,462,669 |

| DETAILS OF WRITE-IN LINES | | | | |
|---|--|--|--|--|
| 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 | 2 |
|--|--------------|------------|
| | Current Year | Prior Year |
| 1. Losses (Part 2A, Line 35, Column 8) | 0 | 0 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | 0 | 0 |
| 3. Loss adjustment expenses (Part 2A, Line 35, Column 9) | 0 | 0 |
| 4. Commissions payable, contingent commissions and other similar charges | 0 | 0 |
| 5. Other expenses (excluding taxes, licenses and fees) | 0 | 0 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 0 | 0 |
| 7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses)) | 81,167 | 96,045 |
| 7.2 Net deferred tax liability | 119,000 | 41,000 |
| 8. Borrowed money \$ 0 and interest thereon \$ 0 | 0 | 0 |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 27,241,892 and including warranty reserves of \$ 0) | 0 | 0 |
| 10. Advance premium | 0 | 0 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | 0 | 0 |
| 11.2 Policyholders | 0 | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 0 | 0 |
| 13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) | 0 | 0 |
| 14. Amounts withheld or retained by company for account of others | 0 | 0 |
| 15. Remittances and items not allocated | 0 | 0 |
| 16. Provision for reinsurance (Schedule F, Part 7) | 0 | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 |
| 18. Drafts outstanding | 0 | 0 |
| 19. Payable to parent, subsidiaries and affiliates | 122,829 | 432,193 |
| 20. Payable for securities | 0 | 0 |
| 21. Liability for amounts held under uninsured plans | 0 | 0 |
| 22. Capital notes \$ 0 and interest thereon \$ 0 | 0 | 0 |
| 23. Aggregate write-ins for liabilities | 350,617 | 253,134 |
| 24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) | 673,613 | 822,372 |
| 25. Protected cell liabilities | 0 | 0 |
| 26. Total liabilities (Lines 24 and 25) | 673,613 | 822,372 |
| 27. Aggregate write-ins for special surplus funds | 0 | 0 |
| 28. Common capital stock | 2,000,000 | 2,000,000 |
| 29. Preferred capital stock | 0 | 0 |
| 30. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 31. Surplus notes | 0 | 0 |
| 32. Gross paid in and contributed surplus | 7,784,101 | 7,784,101 |
| 33. Unassigned funds (surplus) | 2,076,121 | 1,856,196 |
| 34. Less treasury stock, at cost: | | |
| 34.1 0 shares common (value included in Line 28 \$ 0) | 0 | 0 |
| 34.2 0 shares preferred (value included in Line 29 \$ 0) | 0 | 0 |
| 35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39) | 11,860,222 | 11,640,297 |
| 36. Totals (Page 2, Line 26, Col. 3) | 12,533,835 | 12,462,669 |

| DETAILS OF WRITE-IN LINES | | |
|---|---------|---------|
| 2301. Other liabilities | 350,617 | 253,134 |
| 2302. | 0 | 0 |
| 2303. | 0 | 0 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 350,617 | 253,134 |
| 2701. | 0 | 0 |
| 2702. | 0 | 0 |
| 2703. | 0 | 0 |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | 0 | 0 |
| 2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) | 0 | 0 |
| 3001. | 0 | 0 |
| 3002. | 0 | 0 |
| 3003. | 0 | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | 0 | 0 |

STATEMENT OF INCOME

| | 1 | 2 |
|---|--------------|------------|
| | Current Year | Prior Year |
| UNDERWRITING INCOME | | |
| 1. Premiums earned (Part 1, Line 35, Column 4) | | |
| DEDUCTIONS: | | |
| 2. Losses incurred (Part 2, Line 35, Column 7) | | |
| 3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) | | |
| 4. 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) | 477,376 | 561,963 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ 1,444 (Exhibit of Capital Gains (Losses)) | 2,682 | |
| 11. Net investment gain (loss) (Lines 9 + 10) | 480,058 | 561,963 |
| OTHER INCOME | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0) | | |
| 13. Finance and service charges not included in premiums | | |
| 14. Aggregate write-ins for miscellaneous income | (1,727) | (185) |
| 15. Total other income (Lines 12 through 14) | (1,727) | (185) |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 478,331 | 561,778 |
| 17. Dividends to policyholders | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 478,331 | 561,778 |
| 19. Federal and foreign income taxes incurred | 180,406 | 176,820 |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | 297,925 | 384,958 |
| CAPITAL AND SURPLUS ACCOUNT | | |
| 21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) | 11,640,297 | 11,267,339 |
| 22. Net income (from Line 20) | 297,925 | 384,958 |
| 23. Net transfers (to) from Protected Cell accounts | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0 | | |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | |
| 26. Change in net deferred income tax | (78,000) | (12,000) |
| 27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3) | | |
| 28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) | | |
| 29. Change in surplus notes | | |
| 30. Surplus (contributed to) withdrawn from protected cells | | |
| 31. Cumulative effect of changes in accounting principles | | |
| 32. Capital changes: | | |
| 32.1 Paid in | | |
| 32.2 Transferred from surplus (Stock Dividend) | | |
| 32.3 Transferred to surplus | | |
| 33. Surplus adjustments: | | |
| 33.1 Paid in | | |
| 33.2 Transferred to capital (Stock Dividend) | | |
| 33.3 Transferred from capital | | |
| 34. Net remittances from or (to) Home Office | | |
| 35. Dividends to stockholders | | |
| 36. Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1) | | |
| 37. Aggregate write-ins for gains and losses in surplus | | |
| 38. Change in surplus as regards policyholders for the year (Lines 22 through 37) | 219,925 | 372,958 |
| 39. Surplus as regards policyholders, as of December 31 current year (Lines 21 plus Line 38) (Page 3, Line 35) | 11,860,222 | 11,640,297 |

| DETAILS OF WRITE-IN LINES | | |
|---|---------|-------|
| 0501. | | |
| 0502. | | |
| 0503. | | |
| 0598. Summary of remaining write-ins for Line 05 from overflow page | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) | | |
| 1401. Other income/(expense) | (1,727) | (185) |
| 1402. | | |
| 1403. | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | (1,727) | (185) |
| 3701. | | |
| 3702. | | |
| 3703. | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | | |
| 3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) | | |

CASH FLOW

| | 1 | 2 |
|--|--------------|-------------|
| Cash from Operations | Current Year | Prior Year |
| 1. Premiums collected net of reinsurance | | (4,461,858) |
| 2. Net investment income | 505,980 | 546,997 |
| 3. Miscellaneous income | (1,727) | (62,615) |
| 4. Total (Lines 1 through 3) | 504,253 | (3,977,476) |
| 5. Benefit and loss related payments | | (2,645,453) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses) | 196,728 | 118,547 |
| 10. Total (Lines 5 through 9) | 196,728 | (2,526,906) |
| 11. Net cash from operations (Line 4 minus Line 10) | 307,525 | (1,450,570) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 5,242,652 | 2,000,000 |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains (or losses) on cash, cash equivalents and short-term investments | | |
| 12.7 Miscellaneous proceeds | 4,701 | 2,257 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 5,247,353 | 2,002,257 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 4,009,610 | 2,300,290 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 4,009,610 | 2,300,290 |
| 14. Net increase (decrease) in contract loans and premium notes | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 1,237,743 | (298,033) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | | |
| 16.2 Capital and paid in surplus, less treasury stock | | |
| 16.3 Borrowed funds | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 Dividends to stockholders | | |
| 16.6 Other cash provided (applied) | 86,185 | 1,981,684 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6) | 86,185 | 1,981,684 |
| 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) | 1,631,453 | 233,081 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 2,945,968 | 2,712,887 |
| 19.2 End of year (Line 18 plus Line 19.1) | 4,577,421 | 2,945,968 |

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

| Line of Business | 1 | Reinsurance Assumed | | Reinsurance Ceded | | 6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5 |
|--|---------------------------|-------------------------|---------------------------------|-----------------------|-------------------------------|--|
| | Direct Business (a) | 2 From Affiliates | 3 From Non- Affiliates | 4 To Affiliates | 5 To Non- Affiliates | |
| 1. Fire | 343,381 | | | 343,381 | | |
| 2. Allied lines | 366,895 | | | 366,895 | | |
| 3. Farmowners multiple peril | | | | | | |
| 4. Homeowners multiple peril | 4,573,111 | | | 4,573,111 | | |
| 5. Commercial multiple peril | 11,298,824 | | | 11,298,824 | | |
| 6. Mortgage guaranty | | | | | | |
| 8. Ocean marine | | | | | | |
| 9. Inland marine | 467,144 | | | 467,144 | | |
| 10. Financial guaranty | | | | | | |
| 11.1 Medical malpractice—occurrence | | | | | | |
| 11.2 Medical malpractice—claims-made | | | | | | |
| 12. Earthquake | 348,091 | | | 348,091 | | |
| 13. Group accident and health | | | | | | |
| 14. Credit accident and health (group and individual) | | | | | | |
| 15. Other accident and health | | | | | | |
| 16. Workers' compensation | 19,340,171 | | | 19,340,171 | | |
| 17.1 Other liability—occurrence | 9,743,640 | | | 9,743,640 | | |
| 17.2 Other liability—claims-made | | | | | | |
| 18.1 Products liability—occurrence | 46,428 | | | 46,428 | | |
| 18.2 Products liability—claims-made | | | | | | |
| 19.1,19.2 Private passenger auto liability | 4,180,984 | | | 4,180,984 | | |
| 19.3,19.4 Commercial auto liability | 3,588,802 | | | 3,588,802 | | |
| 21. Auto physical damage | 5,128,573 | | | 5,128,573 | | |
| 22. Aircraft (all perils) | | | | | | |
| 23. Fidelity | | | | | | |
| 24. Surety | | | | | | |
| 26. Burglary and theft | 2,651 | | | 2,651 | | |
| 27. Boiler and machinery | | | | | | |
| 28. Credit | | | | | | |
| 29. International | | | | | | |
| 30. Warranty | | | | | | |
| 31. Reinsurance-Nonproportional Assumed Property | X X X | | | | | |
| 32. Reinsurance-Nonproportional Assumed Liability | X X X | | | | | |
| 33. Reinsurance-Nonproportional Assumed Financial Lines | X X X | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | |
| 35. TOTALS | 59,428,695 | | | 59,428,695 | | |

| DETAILS OF WRITE-IN LINES | | | | | | |
|---|--|--|--|--|--|--|
| 3401. | | | | | | |
| 3402. | | | | | | |
| 3403. | | | | | | |
| 3498. Sum of remaining write-ins for Line 34 from overflow page | | | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | |

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

| Line of Business | Reported Losses | | | | Incurred But Not Reported | | | 8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7) | 9 Net Unpaid Loss Adjustment Expenses |
|---|-----------------|--------------------------|--|---|---------------------------|--------------------------|------------------------|---|--|
| | 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 | | |
| 1. Fire | 42,911 | | 42,911 | | 10,405 | | 10,405 | | |
| 2. Allied lines | 20,052 | | 20,052 | | 11,477 | | 11,477 | | |
| 3. Farmowners multiple peril | | | | | | | | | |
| 4. Homeowners multiple peril | 531,723 | | 531,723 | | 223,217 | | 223,217 | | |
| 5. Commercial multiple peril | 10,181,134 | | 10,181,134 | | 4,060,148 | | 4,060,148 | | |
| 6. Mortgage guaranty | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | |
| 9. Inland marine | 10,626 | | 10,626 | | 15,938 | | 15,938 | | |
| 10. Financial guaranty | | | | | | | | | |
| 11.1 Medical malpractice—occurrence | | | | | | | | | |
| 11.2 Medical malpractice—claims-made | | | | | | | | | |
| 12. Earthquake | | | | | | | | | |
| 13. Group accident and health | | | | | | | | (a) | |
| 14. Credit accident and health (group and individual) | | | | | | | | (a) | |
| 15. Other accident and health | | | | | | | | | |
| 16. Workers' compensation | 15,475,636 | | 15,475,636 | | 7,437,255 | | 7,437,255 | | |
| 17.1 Other liability—occurrence | 2,739,653 | | 2,739,653 | | 8,488,228 | | 8,488,228 | | |
| 17.2 Other liability—claims-made | | | | | | | | | |
| 18.1 Products liability—occurrence | 1,000,000 | | 1,000,000 | | 196,898 | | 196,898 | | |
| 18.2 Products liability—claims-made | | | | | | | | | |
| 19.1,19.2 Private passenger auto liability | 3,924,398 | | 3,924,398 | | 248,536 | | 248,536 | | |
| 19.3,19.4 Commercial auto liability | 781,601 | | 781,601 | | 1,868,614 | | 1,868,614 | | |
| 21. Auto physical damage | 822,703 | | 822,703 | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | |
| 23. Fidelity | | | | | | | | | |
| 24. Surety | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | |
| 28. Credit | | | | | | | | | |
| 29. International | | | | | | | | | |
| 30. Warranty | | | | | | | | | |
| 31. Reinsurance-Nonproportional Assumed Property | X X X | | | | X X X | | | | |
| 32. Reinsurance-Nonproportional Assumed Liability | X X X | | | | X X X | | | | |
| 33. Reinsurance-Nonproportional Assumed Financial Lines | X X X | | | | X X X | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | |
| 35. TOTALS | 35,530,437 | | 35,530,437 | | 22,560,716 | | 22,560,716 | | |

| DETAILS OF WRITE-IN LINES | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 3401. | | | | | | | | | |
| 3402. | | | | | | | | | |
| 3403. | | | | | | | | | |
| 3498. Sum of remaining write-ins for Line 34 from overflow page | | | | | | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | |

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

| | 1 | 2 | 3 | 4 |
|--|-----------------------------|--------------------------------|------------------------|-----------|
| | Loss Adjustment Expenses | Other Underwriting Expenses | Investment Expenses | Total |
| 1. Claim adjustment services: | | | | |
| 1.1 Direct | 3,224,122 | | | 3,224,122 |
| 1.2 Reinsurance assumed | | | | |
| 1.3 Reinsurance ceded | 3,224,122 | | | 3,224,122 |
| 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) | | | | |
| 2. Commission and brokerage: | | | | |
| 2.1 Direct, excluding contingent | | 7,878,044 | | 7,878,044 |
| 2.2 Reinsurance assumed, excluding contingent | | | | |
| 2.3 Reinsurance ceded, excluding contingent | | 7,878,044 | | 7,878,044 |
| 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) | | | | |
| 3. Allowances to manager and agents | | | | |
| 4. Advertising | | | 29 | 29 |
| 5. Boards, bureaus and associations | | | 1 | 1 |
| 6. Surveys and underwriting reports | | | 14 | 14 |
| 7. Audit of assureds' records | | | | |
| 8. Salary and related items: | | | | |
| 8.1 Salaries | | | 2,671 | 2,671 |
| 8.2 Payroll taxes | | | 149 | 149 |
| 9. Employee relations and welfare | | | 152 | 152 |
| 10. Insurance | | | 5 | 5 |
| 11. Directors' fees | | | | |
| 12. Travel and travel items | | | 51 | 51 |
| 13. Rent and rent items | | | 60 | 60 |
| 14. Equipment | | | 54 | 54 |
| 15. Cost or depreciation of EDP equipment and software | | | 18 | 18 |
| 16. Printing and stationery | | | 7 | 7 |
| 17. Postage, telephone and telegraph, exchange and express | | | 20 | 20 |
| 18. Legal and auditing | | | 225 | 225 |
| 19. Totals (Lines 3 to 18) | | | 3,456 | 3,456 |
| 20. Taxes, licenses and fees: | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$ 0 | | | | |
| 20.2 Insurance department licenses and fees | | | | |
| 20.3 Gross guaranty association assessments | | | | |
| 20.4 All other (excluding federal and foreign income and real estate) | | | | |
| 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) | | | | |
| 21. Real estate expenses | | | | |
| 22. Real estate taxes | | | | |
| 23. Reimbursements by uninsured plans | | | | |
| 24. Aggregate write-ins for miscellaneous expenses | | | 334 | 334 |
| 25. Total expenses incurred | | | 3,790 | (a) 3,790 |
| 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) | | | 3,790 | 3,790 |

| DETAILS OF WRITE-IN LINES | | | | |
|--|--|--|-----|-----|
| 2401. Other expenses | | | 334 | 334 |
| 2402. | | | | |
| 2403. | | | | |
| 2498. Sum of remaining write-ins for Line 24 from overflow page | | | | |
| 2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) | | | 334 | 334 |

(a) Includes management fees of \$ 3,790 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|-------------------------------|----------------------------|
| 1. U.S. Government bonds | (a) 346,748 | 303,745 |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) 55,819 | 64,952 |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) 113,459 | 112,600 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | (131) | (131) |
| 10. Total gross investment income | 515,895 | 481,166 |
| 11. Investment expenses | | (g) 3,790 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. Interest expense | | (h) |
| 14. Depreciation on real estate and other invested assets | | (i) |
| 15. Aggregate write-ins for deductions from investment income | | |
| 16. Total deductions (Lines 11 through 15) | | 3,790 |
| 17. Net investment income (Line 10 minus Line 16) | | 477,376 |

| DETAILS OF WRITE-IN LINES | | |
|---|-------|-------|
| 0901. Miscellaneous Income / (Expense) | (131) | (131) |
| 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) | (131) | (131) |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | |

- (a) Includes \$ 9,343 accrual of discount less \$ 3,217 amortization of premium and less \$ 4,153 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 6 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) on Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|--|---|---------------------------------------|---|--|--|
| 1. U.S. Government bonds | 4,126 | | 4,126 | | |
| 1.1 Bonds exempt from U.S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | | | | | |
| 1.3 Bonds of affiliates | | | | | |
| 2.1 Preferred stocks (unaffiliated) | | | | | |
| 2.11 Preferred stocks of affiliates | | | | | |
| 2.2 Common stocks (unaffiliated) | | | | | |
| 2.21 Common stocks of affiliates | | | | | |
| 3. Mortgage loans | | | | | |
| 4. Real estate | | | | | |
| 5. Contract loans | | | | | |
| 6. Cash, cash equivalents and short-term investments | | | | | |
| 7. Derivative instruments | | | | | |
| 8. Other invested assets | | | | | |
| 9. Aggregate write-ins for capital gains (losses) | | | | | |
| 10. Total capital gains (losses) | 4,126 | | 4,126 | | |

| DETAILS OF WRITE-IN LINES | | | | | |
|---|--|--|--|--|--|
| 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) | | | | | |

NONE Exhibit of Nonadmitted Assets

NOTES TO FINANCIAL STATEMENTS

Note 1- Summary of Significant Accounting Policies

A. Accounting Practices

Effective January 1, 2001, and subject to any deviations prescribed or permitted by the State of Wisconsin, the accompanying financial statements of Hawkeye-Security 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:

1. 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 SVO Manual.
3. The Company does not own common stocks.
4. The Company does not own 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 does not own any subsidiaries, controlled, or affiliated entities.
8. The Company does not own any joint ventures, partnerships or limited liability companies.
9. Derivative Securities, refer to Note 8.
10. Refer to Note 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 2008.
13. The Company has no pharmaceutical rebate receivables.

Note 2- Accounting Changes and Correction of Errors

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

Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

NOTES TO FINANCIAL STATEMENTS

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.

The Company does not have any open securities lending positions at the end of 2008.

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

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2008.

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.

NOTES TO FINANCIAL STATEMENTS

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, 2008 | December 31, 2007 | Change |
|-------------------------------------|-------------------|-------------------|----------|
| Total of gross deferred tax assets | 3,000 | 4,000 | (1,000) |
| Total of deferred tax liabilities | (122,000) | (45,000) | (77,000) |
| Net deferred tax (liability) asset | (119,000) | (41,000) | (78,000) |
| Net deferred tax asset non-admitted | 0 | 0 | 0 |
| Net deferred tax liability | (119,000) | (41,000) | (78,000) |

- 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:

| | 2008 | 2007 |
|-----------------------------------|---------|---------|
| Federal tax on operations | 180,406 | 176,820 |
| Net operating loss benefit | 0 | 0 |
| Foreign tax on operations | 0 | 0 |
| Income tax incurred on operations | 180,406 | 176,820 |
| Tax on capital gains | 1,444 | 0 |
| Total income tax incurred | 181,850 | 176,820 |

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

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

| | 2008 |
|---|----------|
| Change in net deferred income tax (without unrealized gain or loss) | (78,000) |
| Tax effect of unrealized (gains) losses | 0 |
| Total change in net deferred income tax | (78,000) |

- D. Effective tax rates approximate the current statutory rate of 35%.
- E. The amount of Federal income taxes incurred and available for recoupment in the event of future losses is \$89,000 from the current year and \$204,000 from the preceding year.

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

The Company does not have deposits admitted under Section 6603 of the Internal Revenue Services Code.

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

| | |
|---|--|
| Access Insurance Services, Co. | Liberty Mutual Group Inc. |
| AMBCO Capital Corporation | Liberty Mutual Holding Company Inc. |
| America First Insurance Company | Liberty Mutual Insurance Company |
| America First Lloyds Insurance Company | Liberty Mutual Personal Insurance Company |
| American Ambassador Casualty Company | Liberty Northwest Insurance Corporation |
| American Economy Insurance Company* | Liberty Personal Insurance Company |
| American Fire & Casualty Company | Liberty RE (Bermuda) Limited |
| American States Insurance Company* | Liberty Sponsored Insurance (Vermont) Inc. |
| American States Insurance Company of Texas* | Liberty Surplus Insurance Corporation |
| American States Lloyds Insurance Company* | LIH U.S. P&C Corporation |
| American States Preferred Insurance* | LIH-RE of America Corporation |
| Avomark Insurance Company | LIU Specialty Insurance Agency Inc. |
| Berkeley Holding Company Associates, Inc. | LM General Insurance Company |
| Berkeley Management Corporation | LM Insurance Corporation |
| Bridgefield Casualty Insurance Company | LM Personal Insurance Company |
| Bridgefield Employers Insurance Company | LM Property & Casualty Insurance Company |
| Capitol Court Corporation* | LMHC Massachusetts Holdings Inc. |
| Capitol Agency, Inc., The (Arizona corporation) | LRE Properties, Inc. |
| Capitol Agency, Inc., The (Ohio corporation) | Mid-American Agency, Inc. |
| Capitol Agency, Inc., The (Tennessee corporation) | Mid-American Fire & Casualty Company |
| Cascade Disability Management, Inc. | Missouri Agency, Inc. |
| Colorado Casualty Insurance Company | North Pacific Insurance Company |
| Commercial Aviation Insurance, Inc.* | OCASCO Budget, Inc. |
| Companies Agency Insurance Services of California (dissolved 8/15/2008) | OCI Printing, Inc. |
| Companies Agency of Alabama, Inc. (dissolved 8/18/2008) | Ohio Casualty Corporation |

NOTES TO FINANCIAL STATEMENTS

| | |
|---|--|
| Companies Agency of Georgia, Inc. (dissolved 8/15/2008) | Ohio Casualty of New Jersey, Inc. |
| Companies Agency of Kentucky, Inc. (dissolved 8/14/2008) | Ohio Life Brokerage Services, Inc. |
| Companies Agency of Massachusetts, Inc. (dissolved 8/29/08) | Ohio Security Insurance Company |
| Companies Agency of Michigan, Inc. (dissolved 8/15/2008) | Open Seas Solutions, Inc.* |
| Companies Agency of New York, Inc. | Oregon Automobile Insurance Company |
| Companies Agency of Pennsylvania, Inc. | Peerless Indemnity Insurance Company |
| Companies Agency of Phoenix, Inc. | Peerless Insurance Company |
| Consolidated Insurance Company | Pilot Insurance Services, Inc.* |
| Copley Venture Capital, Inc. | Rianoc Research Corporation* |
| Countrywide Services Corporation (dissolved 10/17/2008) | S.C. Bellevue, Inc.* |
| Diversified Settlements, Inc. | Safecare Company, Inc.* |
| Emerald City Insurance Agency, Inc.* | Safeco Corporation* |
| Employers Insurance Company of Wausau | Safeco General Agency, Inc.* |
| Excelsior Insurance Company | Safeco Insurance Company of America* |
| F.B. Beattie & Company, Inc.* | Safeco Insurance Company of Illinois* |
| First National Insurance Company of America* | Safeco Insurance Company of Indiana* |
| Florida State Agency, Inc. | Safeco Insurance Company of Oregon* |
| General America Corporation* | Safeco Lloyds Insurance Company* |
| General America Corporation of Texas * | Safeco National Insurance Company* |
| General Insurance Company of America* | Safeco Properties, Inc.* |
| Globe American Casualty Company | Safeco Surplus Lines Insurance Company* |
| Golden Eagle Insurance Corporation | San Diego Insurance Company |
| Gulf States AIF, Inc. | SCIT, Inc. * |
| Hawkeye-Security Insurance Company | St. James Insurance Company Ltd. |
| Heritage-Summit HealthCare, Inc. | State Agency, Inc. (Indiana corporation) |
| Indiana Insurance Company | State Agency, Inc. (Wisconsin corporation) |
| Insurance Company of Illinois* | Summit Consulting, Inc. |
| LEXCO Limited | Summit Consulting, Inc. of Louisiana |
| Liberty - USA Corporation | Summit Holding Southeast, Inc. |
| Liberty Assignment Corporation | The First Liberty Insurance Corporation |
| Liberty Energy Canada, Inc. | The Midwestern Indemnity Company |
| Liberty Financial Services, Inc. | The National Corporation |
| Liberty Hospitality Group, Inc. | The Netherlands Insurance Company |
| Liberty Insurance Company of America | The Ohio Casualty Insurance Company |
| Liberty Insurance Corporation | Wausau Business Insurance Company |
| Liberty Insurance Holdings, Inc. | Wausau General Insurance Company |
| Liberty Insurance Underwriters, Inc. | Wausau Service Corporation |
| Liberty Life Assurance Company of Boston | Wausau Underwriters Insurance Company |
| Liberty Life Holdings, Inc. | West American Insurance Company |
| Liberty Lloyds of Texas Insurance Company | Winmar Company, Inc.* |
| Liberty Management Services, Inc. | Winmar of the Desert, Inc.* |
| Liberty Mexico Holdings, Inc. | Winmar Oregon, Inc.* |
| Liberty Mutual Fire Insurance Company | Winmar-Metro, Inc.* |

* This company joined the consolidated group in 2008 and its activity from the date it joined the group is included in the consolidated return.

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

Note 10- Information concerning Parent, Subsidiaries and Affiliates

- A. All outstanding shares of the Company are owned by Peerless Insurance Company (“PIC”), an insurance company incorporated in the State of New Hampshire. PIC is a wholly owned subsidiary of LIH US P&C Corporation, an insurance holding company incorporated in Delaware. LIH US P&C Corporation is wholly owned by Liberty Insurance Holdings, Inc., an insurance holding company incorporated in Delaware. Liberty Insurance Holdings, Inc. is wholly owned by Liberty Mutual Insurance Company (LMIC 93%), an insurance company incorporated in Massachusetts, Liberty Mutual Fire Insurance Company (LMFIC 4%), a Wisconsin insurance company, and Employers Insurance Company of Wausau (EICOW 3%), a Wisconsin insurance company. The ultimate parent of LMIC, LMFIC and EICOW 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.
- C. Refer to Notes 10F, 22 and 25.
- D. At December 31, 2008 the Company reported \$24,308 due to affiliates. In general, the terms of the intercompany arrangements require settlement at least quarterly.

NOTES TO FINANCIAL STATEMENTS

- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates, which result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. Refer to Note 25 for information regarding the Amended and Restated Reinsurance Pooling Agreement.

Effective December 31, 2007 the Company became a party to an existing services agreement, via Amendment No. 6, between PIC and other affiliated insurance companies of the Liberty Mutual Agency Markets, the marketing name under which certain insurance companies within the Liberty Mutual Group market their insurance products to the public using the American Agency System.

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 entered into a cash management agreement with LMIA effective January 28, 2000.

The Company entered into a management services agreement, effective December 15, 2001, with LMIC. Under the agreement, LMIC may provide services related to common management functions including, but not limited to, accounting, financial, tax and auditing, information technology and support, purchasing, payroll and employee benefits, policy administration, real estate management, legal, general administration, as well as consulting and other services as the parties may request.

The Company paid \$196,728 under the LMIC Tax Sharing Agreement and paid \$ 3,790 under the LMIC investment services agreement. Pursuant to the Inter-Company Reinsurance 100% Quota Share Reinsurance Agreement, the Company had no net incurred expense under both the PIC Service Agreement and the LMIC Management Services Agreement.

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.
- H. The Company does not own shares of an upstream company, either directly or indirectly.
- I. The Company has no investments in subsidiary, controlled or affiliated companies.
- J. Impairment of subsidiaries
Refer to 10 I
- K. Investment in foreign insurance subsidiaries.
Refer to 10 I
- L. Investment in downstream noninsurance holding companies.
Refer to 10 I

Note 11- Debt

- A. Capital Notes
Not applicable
- B. All Other Debt
Not applicable

Note 12- Retirement Plans, Deferred Compensation, Post employment 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 Agreements as described in note 10 F.

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

1. Common Stock
The Company has 50,000 shares authorized, and 40,000 shares issued, and outstanding as of December 31, 2008. All shares have a stated par value of \$50.
2. Preferred Stock
Not applicable

NOTES TO FINANCIAL STATEMENTS

3. Dividend Restrictions

There are no dividend restrictions.

4. The Company did not pay a dividend to its parent during 2008.

5. The maximum amount of dividends that can be paid by Wisconsin-domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner is the lesser of (a) 10% of surplus, or the greater of (b) or (c); (b) net income for calendar year preceding date of dividend less realized gains for that calendar year, or (c) the aggregate of net income for three calendar years preceding the date of dividend less realized gains for those calendar years less dividends paid/credited within the first two of the preceding three calendar years. The maximum dividend payout that may be made without prior approval in 2009 is \$1,186,022.

6. The Company does not have restricted unassigned surplus.

7. The Company had no advances to surplus.

8. The Company did not hold stock for special purposes.

9. The Company does not hold special surplus funds.

10. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.

11. Surplus Notes

Not applicable

12. Quasi re-organization (dollar impact)

Not applicable

13. Quasi re-organization (effective date)

Not applicable

Note 14- Contingencies

A. Contingent Commitments

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

B. Assessments

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

As a result of an inter-company reinsurance arrangement (see Note 25), all guaranty fund and other assessments liabilities are ceded to Peerless Insurance Company.

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.

NOTES TO FINANCIAL STATEMENTS

- B. Leasing as a significant part of lessor's business activities

Not applicable

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

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

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

- A. Transfers of Receivables reported as sales

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

- B. Transfers and servicing of financial assets

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

- C. Wash Sales

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

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

- A. Administrative Services Only (ASO) Plans

Not applicable

- B. Administrative Services Contract (ASC) Plans

Not applicable

- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

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

Note 20- Other Items

- A. The Company has no extraordinary items to report.

- B. Troubled Debt Restructuring for Debtors

Not applicable

- C. Other Disclosures

1) Assets in the amount of \$2,210,813 and \$2,210,872 as of December 31, 2008 and 2007, respectively, were on deposit with government authorities or trustees as required by law.

- D. As a result of the PIC Amended and Restated Reinsurance Agreement with PIC (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 exposure to sub-prime mortgage related risk.

- H. The Company has not entered into Federal Home Loan Bank Agreements.

Note 21- Events Subsequent

There were no events subsequent to December 31, 2008 that would require disclosure.

NOTES TO FINANCIAL STATEMENTS

Note 22- Reinsurance

- A. Excluding amounts arising pursuant to the inter-company Reinsurance Agreement, as described in Note 25, there are no unsecured reinsurance recoverables with an individual reinsurer which exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer which exceeds 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. Reinsurance Assumed & Ceded
1. The following table sets forth the maximum return premium and commission equity due the reinsurer or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2008.

| | <u>Assumed Reinsurance</u> | | <u>Ceded Reinsurance</u> | | <u>Net Reinsurance</u> | |
|------------|----------------------------|-------------------|--------------------------|-------------------|------------------------|-------------------|
| | UEP | Commission Equity | UEP | Commission Equity | UEP | Commission Equity |
| Affiliates | \$0 | \$0 | \$27,241,892 | 3,611,266 | \$(27,241,892) | \$(3,611,266) |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | \$0 | \$0 | \$27,241,892 | \$3,611,266 | \$(27,241,892) | \$(3,611,266) |

Direct unearned premium reserve of \$27,241,892

2. There are no sliding scale adjustments, or other profit sharing commissions for direct, assumed or ceded business.
- D. The Company did not write off any uncollectible balances in 2008.
- E. The Company does not have ceded commutations.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2008.

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have net accrued retrospective premiums.

Note 24 - Changes in Incurred Losses and Loss Adjustment Expenses

The Company has no net exposure to changes in incurred losses and loss adjustment expenses (see Note 25).

Note 25- Intercompany Pooling Arrangements

The Company is a member of the PIC Amended and Restated Reinsurance Pooling Agreement consisting of the following affiliated companies:

| | | <u>NAIC</u> <u>Co. #</u> | <u>Pooling</u> <u>%</u> | <u>Lines of</u> <u>Business</u> |
|----------------------------|--|-----------------------------|----------------------------|------------------------------------|
| Lead Company | Peerless Insurance Company (PIC) | 24198 | 42.00% | All Lines |
| Affiliated Pool Companies: | Peerless Indemnity Insurance Company (PIIC) | 18333 | 5.00% | All Lines |
| | Golden Eagle Insurance Corporation (GEIC) | 10836 | 7.00% | All Lines (Except WC) |
| | Indiana Insurance Company (IIC) | 22659 | 8.00% | All Lines |
| | The Netherlands Insurance Company (NIC) | 24171 | 3.00% | All Lines |
| | American Fire and Casualty Company (AFCC) | 24066 | 1.00% | All Lines |
| | The Ohio Casualty Insurance Company (OCIC) | 24074 | 34.00% | All Lines |
| | Avomark Insurance Company (AIC) | 10798 | 0.00% | All Lines |
| | American Ambassador Casualty Company (AACC) | 10073 | 0.00% | All Lines |
| | America First Insurance Company (AFIC) | 12696 | 0.00% | All Lines |
| | America First Lloyd's Insurance Company (AFLIC) | 11526 | 0.00% | All Lines |
| | Colorado Casualty Insurance Company (CCIC) | 41785 | 0.00% | All Lines |
| | Consolidated Insurance Company (CIC) | 22640 | 0.00% | All Lines |
| | Excelsior Insurance Company (EIC) | 11045 | 0.00% | All Lines |
| | Globe American Casualty Company (GACC) | 11312 | 0.00% | All Lines |
| | Hawkeye-Security Insurance Company (HSIC) | 36919 | 0.00% | All Lines |
| | Liberty Mutual Mid-Atlantic Insurance Company (LMMAIC) | 14486 | 0.00% | All Lines |
| | Mid-American Fire & Casualty Company (MAFCC) | 23507 | 0.00% | All Lines |
| | Montgomery Mutual Insurance Company (MMC) | 14613 | 0.00% | All Lines |
| | The Midwestern Indemnity Insurance Company (MWIC) | 23515 | 0.00% | All Lines |

NOTES TO FINANCIAL STATEMENTS

| | | | | |
|-----------------------|--|-------|---------|-----------|
| | National Insurance Association (NIA) | 27944 | 0.00% | All Lines |
| | Ohio Casualty of New Jersey, Inc. (OCNJ) | 10937 | 0.00% | All Lines |
| | Ohio Security Insurance Company (OSIC) | 24082 | 0.00% | All Lines |
| | West American Insurance Company (WAIC) | 44393 | 0.00% | All Lines |
| | | | 100.00% | |
| 100% Quota Share | | | | |
| Affiliated Companies: | Liberty Northwest Insurance Corporation (LNW) | 41939 | 0.00% | All Lines |
| | Bridgefield Casualty Insurance Company (BCIC) | 10335 | 0.00% | All Lines |
| | Bridgefield Employers Insurance Company (BEIC) | 10701 | 0.00% | All Lines |
| | North Pacific Insurance Company (NPIC) | 23892 | 0.00% | All Lines |
| | Oregon Automobile Insurance Company (OAIC) | 23922 | 0.00% | All Lines |

Under the terms of the Reinsurance Agreements, the sequence of transactions is as follows:

- (a) Each Affiliated Pool Company cedes its net underwriting activity to the Lead Company.
- (b) Each 100% Quota Share Affiliated Company cedes its net underwriting activity to the Lead Company.
- (c) After recording the assumed affiliate transactions noted above, the Lead Company records 100% of its external assumed and ceded reinsurance activity.
- (d) The Lead Company's remaining underwriting activity, after processing all internal and external reinsurance is retroceded to the pool members in accordance with each company's pool participation percentage, as noted above.
- (e) There were no members that are parties to reinsurance agreements with non-affiliated reinsurers covering business subject to the pooling agreement that have a contractual right of direct recovery from the non-affiliated reinsurer per the terms of such reinsurance agreements.
- (f) There were no discrepancies between entries regarding pooled business on the assumed and ceded reinsurance schedules of the Lead Company and corresponding entries on the assumed and ceded reinsurance schedules of other pooled participants.
- (g) The write-off of uncollectible reinsurance is pooled and the Provision for Reinsurance is recognized by the entity placing the outbound external reinsurance.
- (h) At December 31, 2008, the Company does not have amounts due to or from the lead company and affiliates participating in the Peerless Pool.

Effective January 1, 2008, the PIC Amended and Restated Reinsurance Pooling Agreement was amended to adjust pooling percentages and add the affiliates noted below. Concurrently, each company noted below terminated their existing inter-company reinsurance agreements.

American Fire and Casualty Company
 Avomark Insurance Company
 National Insurance Association
 Ohio Casualty of New Jersey, Inc.
 Ohio Security Insurance Company
 The Ohio Casualty Insurance Company
 West American Insurance Company

Effective January 1, 2008 Bridgefield Employers Insurance Company and Bridgefield Casualty Insurance Company novated their 100% quota share agreements with Liberty Mutual Insurance Company to substitute PIC as the reinsurer.

Effective January 1, 2009, the PIC Amended and Restated Reinsurance Pooling Agreement was amended to adjust pooling percentages and add the affiliates noted below. Concurrently, each company noted below terminated their existing inter-company reinsurance agreements.

American Economy Insurance Company
 American States Insurance Company
 American States Insurance Company of Texas
 American States Lloyds Insurance Company
 American States Preferred Insurance Company
 First National Insurance Company of America
 General Insurance Company of America
 Insurance Company of Illinois
 Safeco Insurance Company of America
 Safeco Insurance Company of Illinois
 Safeco Insurance Company of Indiana
 Safeco Insurance Company of Oregon
 Safeco Lloyds Insurance Company
 Safeco National Insurance Company
 Safeco Surplus Lines Insurance Company

NOTES TO FINANCIAL STATEMENTS

Therefore, effective January 1, 2009, the PIC Amended and Restated Reinsurance Pooling Agreement consisted of the following affiliated companies:

| | | <u>NAIC</u> <u>Co. #</u> | <u>Pooling</u> <u>%</u> | <u>Lines of</u> <u>Business</u> |
|--|---|-----------------------------|----------------------------|------------------------------------|
| Lead Company | Peerless Insurance Company | 24198 | 25.20% | All Lines |
| Affiliated Pool Companies: | America First Insurance Company | 12696 | 0.00% | All Lines |
| | America First Lloyd's Insurance Company | 11526 | 0.00% | All Lines |
| | American Ambassador Casualty Company | 10073 | 0.00% | All Lines |
| | Colorado Casualty Insurance Company | 41785 | 0.00% | All Lines |
| | Consolidated Insurance Company | 22640 | 0.00% | All Lines |
| | Excelsior Insurance Company | 11045 | 0.00% | All Lines |
| | Globe American Casualty Company | 11312 | 0.00% | All Lines |
| | Golden Eagle Insurance Corporation | 10836 | 3.00% | All Lines |
| | | | | (Except WC) |
| | Hawkeye-Security Insurance Company | 36919 | 0.00% | All Lines |
| | Indiana Insurance Company | 22659 | 4.80% | All Lines |
| | Liberty Mutual Mid-Atlantic Insurance Company | 14486 | 0.00% | All Lines |
| | Mid-American Fire & Casualty Company | 23507 | 0.00% | All Lines |
| | The Midwestern Indemnity Company | 23515 | 0.00% | All Lines |
| | Montgomery Mutual Insurance Company | 14613 | 0.00% | All Lines |
| | The Netherlands Insurance Company | 24171 | 1.80% | All Lines |
| | Peerless Indemnity Insurance Company | 18333 | 3.00% | All Lines |
| | National Insurance Association | 27944 | 0.00% | All Lines |
| | The Ohio Casualty Insurance Company | 24074 | 20.40% | All Lines |
| | Avomark Insurance Company | 10798 | 0.00% | All Lines |
| | West American Insurance Company | 44393 | 0.00% | All Lines |
| | American Fire and Casualty Company | 24066 | 0.60% | All Lines |
| | Ohio Security Insurance Company | 24082 | 0.00% | All Lines |
| | Ohio Casualty of New Jersey, Inc. | 10937 | 0.00% | All Lines |
| | Insurance Company of Illinois (ICI) | 26700 | 0.00% | All Lines |
| | Safeco Insurance Company of Illinois (SICIL) | 39012 | 2.00% | All Lines |
| | American Economy Insurance Company (AEIC) | 19690 | 5.60% | All Lines |
| | American States Insurance Company (ASIC) | 19704 | 7.60% | All Lines |
| | American States Preferred Insurance Company (ASPIC) | 37214 | 0.80% | All Lines |
| | Safeco Insurance Company of Indiana (SICIN) | 11215 | 0.00% | All Lines |
| | Safeco National Insurance Company (SNIC) | 24759 | 0.00% | All Lines |
| | Safeco Insurance Company of Oregon (SICO) | 11071 | 0.00% | All Lines |
| | American States Lloyds Insurance Company (ASLIC) | 31933 | 0.00% | All Lines |
| | Safeco Lloyds Insurance Company (SLIC) | 11070 | 0.00% | All Lines |
| | First National Insurance Company of America (FNICA) | 24724 | 0.80% | All Lines |
| | General Insurance Company of America (GICA) | 24732 | 9.20% | All Lines |
| | Safeco Insurance Company of America (SICA) | 24740 | 15.20% | All Lines |
| | Safeco Surplus Lines Insurance Company (SSLIC) | 11100 | 0.00% | All Lines |
| | American States Insurance Company of Texas (ASICT) | 19712 | 0.00% | All Lines |
| | | | 100.00% | |
| 100% Quota Share Affiliated Companies: | Liberty Northwest Insurance Corporation (LNW) | 41939 | 0.00% | All Lines |
| | Bridgefield Casualty Insurance Company (BCIC) | 10335 | 0.00% | All Lines |
| | Bridgefield Employers Insurance Company (BEIC) | 10701 | 0.00% | All Lines |
| | North Pacific Insurance Company (NPIC) | 23892 | 0.00% | All Lines |
| | Oregon Automobile Insurance Company (OAIC) | 23922 | 0.00% | All Lines |

Note 26- Structured Settlements

- A. The Company has no net exposure to contingent liabilities from the purchase of annuities (see Note 25).
- B. Not applicable

Note 27 - Health Care Receivables

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 28 - Participating Policies

Not applicable

Note 29 – Premium Deficiency Reserves

The Company has no net exposure to liabilities related to premium deficiency reserves (see Note 25).

Note 30- High Dollar Deductible Policies

As a result of the Company's participation in the PIC Amended and Restated Pooling Agreement (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

The Company has no net exposure to asbestos and environmental claims (see Note 25).

Note 33- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 34 - Multiple Peril Crop Insurance

Not applicable

GENERAL INTERROGATORIES

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 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 No N/A
- 1.3 State Regulating? _____ Wisconsin _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change: _____ 06/10/2008 _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2004 _____
- 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. _____ 12/31/2004 _____
- 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). _____ 06/30/2006 _____
- 3.4 By what department or departments?
 State of Wisconsin Office of the Commissioner of Insurance

- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 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? Yes No
- 4.12 renewals? Yes No
- 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? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 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 Name of Entity | 2 NAIC Company Code | 3 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

GENERAL INTERROGATORIES

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]

7.2 If yes,

7.21 State the percentage of foreign control. _____

7.22 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 manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 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.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|------------------------|--------------------------------|----------|----------|----------|-----------|----------|
| | | | | | | |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young, LLP
 200 Clarendon Street
 Boston MA 02116

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

William M. Finn, FCAS, MAAA
 62 Maple Avenue, Keene, NH 03431
 Vice President & Chief Actuary of Liberty Mutual Agency Markets

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

11.11 Name of real estate holding company _____
 11.12 Number of parcels involved _____
 11.13 Total book/adjusted carrying value \$ _____

11.2 If yes, provide explanation:

.....

GENERAL INTERROGATORIES

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

.....

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes No

12.3 Have there been any changes made to any of the trust indentures during the year?

Yes No

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes No N/A

13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules, and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

Yes No

13.11 If the response to 13.1 is no, please explain:

.....

13.2 Has the code of ethics for senior managers been amended?

Yes No

13.21 If the response to 13.2 is yes, provide information related to amendment(s).

Liberty Mutual Group's Code of Business Ethics and Conduct was revised effective March 2008. It continues to contain all substantive areas of company policy and requirements included in the prior Code, but has been rewritten to enhance clarity and readability and provide additional practical guidance. This applies to all Liberty Mutual Group companies.

.....

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

Yes No

13.31 If the response to 13.3 is yes, provide the nature of any waiver(s).

.....

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes No

15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes No

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes No

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes No

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

| | | |
|---|----|---|
| 18.11 To directors or other officers | \$ | 0 |
| 18.12 To stockholders not officers | \$ | 0 |
| 18.13 Trustees, supreme or grand (Fraternal only) | \$ | 0 |

GENERAL INTERROGATORIES

- 18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|--|-------------|
| 18.21 To directors or other officers | | \$ <u>0</u> |
| 18.22 To stockholders not officers | | \$ <u>0</u> |
| 18.23 Trustees, supreme or grand (Fraternal only) | | \$ <u>0</u> |
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|----------------------------|--|----------|
| 19.21 Rented from others | | \$ _____ |
| 19.22 Borrowed from others | | \$ _____ |
| 19.23 Leased from others | | \$ _____ |
| 19.24 Other | | \$ _____ |
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 20.2 If answer is yes:
- | | | |
|--|--|----------|
| 20.21 Amount paid as losses or risk adjustment | | \$ _____ |
| 20.22 Amount paid as expenses | | \$ _____ |
| 20.23 Other amounts paid | | \$ _____ |
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 22.3)? Yes [X] No []
- 22.2 If no, give full and complete information relating thereto:

- 22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)
 The Company has a Securities Lending Agreement to generate additional income, whereby certain fixed income and mortgage backed securities can be loaned for a period of time from the Company's portfolio to qualifying third parties, via a lending agent. There are no outstanding loans as of 12/31/2008.

- 22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [X] No []
- 22.5 If answer to 22.4 is yes, report amount of collateral. \$ 0
- 22.6 If answer to 22.4 is no, report amount of collateral. \$ _____
- 23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3.) Yes [X] No []
- 23.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|--|---------------------|
| 23.21 Subject to repurchase agreements | | \$ _____ |
| 23.22 Subject to reverse repurchase agreements | | \$ _____ |
| 23.23 Subject to dollar repurchase agreements | | \$ _____ |
| 23.24 Subject to reverse dollar repurchase agreements | | \$ _____ |
| 23.25 Pledged as collateral | | \$ _____ |
| 23.26 Placed under option agreements | | \$ _____ |
| 23.27 Letter stock or securities restricted as to sale | | \$ _____ |
| 23.28 On deposit with state or other regulatory body | | \$ <u>2,210,813</u> |
| 23.29 Other | | \$ <u>0</u> |

GENERAL INTERROGATORIES

23.3 For category (23.27) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

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

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

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

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|---|
| JP MORGAN CHASE | 3 Chase Metro Tech Center, Brooklyn, NY 11245 |
| | |

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |
| | | |

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [] No [X]

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

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

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

| 1 Central Registration Depository Number(s) | 2 Name(s) | 3 Address |
|--|--|------------------------------------|
| N/A | Liberty Mutual Insurance Company | 175 Berkeley St., Boston, MA 02116 |
| N/A | Liberty Mutual Investment Advisors, LL | 175 Berkeley St., Boston, MA 02116 |

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]

GENERAL INTERROGATORIES

27.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|----------------------|--------------------------|-----------------------------------|
| | | 0 |
| | | 0 |
| | | 0 |
| 27.2999 TOTAL | | 0 |

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

| 1 Name of Mutual Fund (from above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|--|--|---|------------------------|
| | | 0 | |
| | | 0 | |
| | | 0 | |

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 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------|------------------------------------|-------------------|---|
| 28.1 Bonds | 12,358,738 | 12,779,769 | 421,031 |
| 28.2 Preferred stocks | 0 | 0 | 0 |
| 28.3 Totals | 12,358,738 | 12,779,769 | 421,031 |

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

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes No

29.2 If no, list exceptions:

.....

OTHER

30.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 378,554

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 Name | 2 Amount Paid |
|--------------------------------|------------------|
| Insurance Services Office Inc. | 378,554 |
| | 0 |
| | 0 |

31.1 Amount of payments for legal expenses, if any? \$ 0

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 Name | 2 Amount Paid |
|-----------|------------------|
| | 0 |
| | 0 |
| | 0 |

GENERAL INTERROGATORIES

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

\$ _____ 0

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 Name | 2 Amount Paid |
|-----------|------------------|
| | 0 |
| | 0 |
| | 0 |

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding

.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____

1.62 Total incurred claims \$ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned \$ _____

1.65 Total incurred claims \$ _____

1.66 Number of covered lives _____

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____

1.72 Total incurred claims \$ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned \$ _____

1.75 Total incurred claims \$ _____

1.76 Number of covered lives _____

2. Health Test:

| | 1 | 2 |
|-----------------------------|--------------|------------|
| | Current Year | Prior Year |
| 2.1 Premium Numerator | \$ 0 | \$ 0 |
| 2.2 Premium Denominator | \$ 0 | \$ 0 |
| 2.3 Premium Ratio (2.1/2.2) | 0.00 | 0.00 |
| 2.4 Reserve Numerator | \$ 0 | \$ 0 |
| 2.5 Reserve Denominator | \$ 0 | \$ 0 |
| 2.6 Reserve Ratio (2.4/2.5) | 0.00 | 0.00 |

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [X] No []

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ 10,070,586

3.22 Non-participating policies \$ 49,358,109

4. For Mutual reporting entities and Reciprocal Exchanges 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 liability of the policyholders? _____

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ _____

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [] No [X]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A [X]

5.22 As a direct expense of the exchange Yes [] No [] N/A [X]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No [X]

5.5 If yes, give full information

.....

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 loss:

In 2008 the Company purchased Workers' Compensation Catastrophe reinsurance separately and/or with the Liberty Mutual Group with limits of \$1,038m part of \$1,175m xs \$25m.

.....

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
 The Company employs industry recognized catastrophe modeling software to estimate the Probable Maximum Loss. For property exposures, we employ RiskLink V7.0 from RMS and AIR Classic/2 v8.0 For WC, Liberty Mutual utilizes RiskLink v7.0 from RMS.
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
 The Company has in force \$700m part of \$800m xs \$50m of traditional XOL reins. Additionally, traditional XOL reins. with limits of \$20m xs \$30m was purchased for risks in the Midwest. Also, in Dec 2008 the Company purchased a 31.725% QS treaty for its US HO portfolio.
- 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 [X] 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 catastrophe loss
- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [X] No []
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions. 1
- 7.3 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]
- 8.1 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? Yes [] No [X]
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 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. Yes [] 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 is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [] No [X]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General 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.
- 9.4 Except for transactions meeting the requirements of paragraph 31 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]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
 (a) The entity does not utilize reinsurance; or, Yes [] No [X]
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or 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. Yes [X] No []
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [] No [X]
- 11.2 If yes, give full information

- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- | | | | |
|--|---|--|---------------------------------|
| | 12.11 Unpaid losses | | \$ _____ |
| | 12.12 Unpaid underwriting expenses (including loss adjustment expenses) | | \$ <u> 0 </u> |
- 12.2 Of the amount on Line 13.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ _____
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [X] N/A []
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- | | | | |
|--|------------|--|-------|
| | 12.41 From | | _____ |
| | 12.42 To | | _____ |
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]
- 12.6 If yes, state the amount thereof at December 31 of current year:
- | | | | |
|--|----------------------------------|--|----------|
| | 12.61 Letters of Credit | | \$ _____ |
| | 12.62 Collateral and other funds | | \$ _____ |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ _____ 0
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. _____ 1
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [X] No []
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
 Premiums and recoverables were allocated pursuant to separate intercompany agreements.

- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No [X]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [X] No []
- 14.5 If the answer to 14.4 is no, please explain:

- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
- 15.2 If yes, give full information

- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]
 If yes, disclose the following information for each of the following types of warranty coverage:
- | | | 1 | 2 | 3 | 4 | 5 |
|------------------|----|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------|
| | | Direct Losses Incurred | Direct Losses Unpaid | Direct Written Premium | Direct Premium Unearned | Direct Premium Earned |
| 16.11 Home | \$ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 16.12 Products | \$ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 16.13 Automobile | \$ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 16.14 Other* | \$ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.

Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

| | |
|---|----------|
| 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 | \$ _____ |
| 17.12 Unfunded portion of Interrogatory 17.11 | \$ _____ |
| 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 | \$ _____ |
| 17.14 Case reserves portion of Interrogatory 17.11 | \$ _____ |
| 17.15 Incurred but not reported portion of Interrogatory 17.11 | \$ _____ |
| 17.16 Unearned premium portion of Interrogatory 17.11 | \$ _____ |
| 17.17 Contingent commission portion of Interrogatory 17.11 | \$ _____ |

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

| | |
|---|----------|
| 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 | \$ _____ |
| 17.19 Unfunded portion of Interrogatory 17.18 | \$ _____ |
| 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 | \$ _____ |
| 17.21 Case reserves portion of Interrogatory 17.18 | \$ _____ |
| 17.22 Incurred but not reported portion of Interrogatory 17.18 | \$ _____ |
| 17.23 Unearned premium portion of Interrogatory 17.18 | \$ _____ |
| 17.24 Contingent commission portion of Interrogatory 17.18 | \$ _____ |

FIVE – YEAR HISTORICAL DATA

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

| | 1 | 2 | 3 | 4 | 5 |
|---|------------|-------------|------------|------------|------------|
| | 2008 | 2007 | 2006 | 2005 | 2004 |
| Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) | | | | | |
| 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | 36,900,025 | 37,089,345 | 38,675,525 | 38,217,265 | 39,617,515 |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 6,656,735 | 5,555,072 | 6,365,173 | 9,979,115 | 15,188,123 |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 15,871,935 | 17,954,958 | 20,177,227 | 23,021,673 | 25,989,881 |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | | | | | |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 6. Total (Line 35) | 59,428,695 | 60,599,375 | 65,217,925 | 71,218,053 | 80,795,519 |
| 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) | | | | | |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26) | | | | | |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | | | | | |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | | | | | |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 12. Total (Line 35) | | | | | |
| Statement of Income (Page 4) | | | | | |
| 13. Net underwriting gain (loss) (Line 8) | | | | | |
| 14. Net investment gain (loss) (Line 11) | 480,058 | 561,963 | 1,594,407 | 1,841,367 | 1,639,534 |
| 15. Total other income (Line 15) | (1,727) | (185) | | (42) | (14) |
| 16. Dividends to policyholders (Line 17) | | | | | |
| 17. Federal and foreign income taxes incurred (Line 19) | 180,406 | 176,820 | 546,411 | 534,233 | 575,903 |
| 18. Net income (Line 20) | 297,925 | 384,958 | 1,047,996 | 1,307,092 | 1,063,617 |
| Balance Sheet Lines (Pages 2 and 3) | | | | | |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3) | 12,533,835 | 12,462,669 | 16,764,553 | 39,637,596 | 38,367,880 |
| 20. Premiums and considerations (Page 2, Col. 3) | | | | | |
| 20.1 In course of collection (Line 13.1) | | | | | |
| 20.2 Deferred and not yet due (Line 13.2) | | | | | |
| 20.3 Accrued retrospective premiums (Line 13.3) | | | | | |
| 21. Total liabilities excluding protected cell business (Page 3, Line 24) | 673,613 | 822,372 | 5,497,214 | 5,605,055 | 5,762,371 |
| 22. Losses (Page 3, Line 1) | | | | | |
| 23. Loss adjustment expenses (Page 3, Line 3) | | | | | |
| 24. Unearned premiums (Page 3, Line 9) | | | | | |
| 25. Capital paid up (Page 3, Lines 28 & 29) | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 |
| 26. Surplus as regards policyholders (Page 3, Line 35) | 11,860,222 | 11,640,297 | 11,267,339 | 34,032,541 | 32,605,509 |
| Cash Flow (Page 5) | | | | | |
| 27. Net cash from operations (Line 11) | 307,525 | (1,450,570) | 1,000,188 | 1,939,547 | 1,138,911 |
| Risk-Based Capital Analysis | | | | | |
| 28. Total adjusted capital | 11,860,222 | 11,640,297 | 11,267,339 | 34,032,541 | 32,605,509 |
| 29. Authorized control level risk-based capital | 31,284 | 23,820 | 65,916 | 93,713 | 87,477 |
| 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. Bonds (Line 1) | 63.0 | 75.3 | 76.1 | 92.0 | 91.5 |
| 31. Stocks (Lines 2.1 & 2.2) | | | | | |
| 32. Mortgage loans on real estate (Lines 3.1 and 3.2) | | | | | |
| 33. Real estate (Lines 4.1, 4.2 & 4.3) | | | | | |
| 34. Cash, cash equivalents and short-term investments (Line 5) | 37.0 | 24.6 | 23.8 | 8.0 | 8.5 |
| 35. Contract loans (Line 6) | | | | | |
| 36. Other invested assets (Line 7) | | | | | |
| 37. Receivables for securities (Line 8) | | 0.0 | 0.1 | 0.0 | 0.0 |
| 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 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 40. Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1) | | | | | |
| 41. Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1) | | | | | |
| 42. Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1) | | | | | |
| 43. Affiliated short-term investments (Schedule DA Verification, Col. 5, Line 10) | | | | | |
| 44. Affiliated mortgage loans on real estate | | | | | |
| 45. All other affiliated | | | | | |
| 46. Total of above Lines 40 to 45 | | | | | |
| 47. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 46 above divided by Page 3, Col. 1, Line 35 x 100.0) | | | | | |

FIVE – YEAR HISTORICAL DATA

(Continued)

| | 1 | 2 | 3 | 4 | 5 |
|--|------------|------------|--------------|------------|------------|
| | 2008 | 2007 | 2006 | 2005 | 2004 |
| Capital and Surplus Accounts (Page 4) | | | | | |
| 48. Net unrealized capital gains (losses) (Line 24) | | | | | |
| 49. Dividends to stockholders (Line 35) | | | (25,130,000) | | |
| 50. Change in surplus as regards policyholders for the year (Line 38) | 219,925 | 372,958 | (22,765,202) | 1,427,032 | 1,237,105 |
| 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) | 16,845,908 | 13,028,918 | 20,888,210 | 15,057,094 | 9,049,034 |
| 52. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 4,796,525 | 2,561,642 | 3,599,518 | 5,480,985 | 6,907,983 |
| 53. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 12,868,709 | 12,037,095 | 12,201,141 | 9,259,113 | 8,968,186 |
| 54. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | | | | | |
| 55. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 56. Total (Line 35) | 34,511,142 | 27,627,655 | 36,688,869 | 29,797,192 | 24,925,203 |
| 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) | | | | | |
| 58. 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, 30 & 34) | | | | | |
| 61. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 62. Total (Line 35) | | | | | |
| Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 | | | | | |
| 63. Premiums earned (Line 1) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 64. Losses incurred (Line 2) | | | | | |
| 65. Loss expenses incurred (Line 3) | | | | | |
| 66. Other underwriting expenses incurred (Line 4) | | | | | |
| 67. 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 35 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 35 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 to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) | | | | | |
| 72. Percent of development of losses and loss expenses incurred 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, 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) | | | | | |

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, Etc. | 1 Active Status | Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken | | 4 Dividends Paid or Credited to Policyholders on Direct Business | 5 Direct Losses Paid (Deducting Salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Finance and Service Charges Not Included in Premiums | 9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2) |
|------------------------------|--------------------|--|-----------------------------|---|---|-----------------------------|---------------------------|---|--|
| | | 2 Direct Premiums Written | 3 Direct Premiums Earned | | | | | | |
| 1. Alabama | AL | N | | | | | | | |
| 2. Alaska | AK | N | | | | | | | |
| 3. Arizona | AZ | N | | | | | | | |
| 4. Arkansas | AR | N | 23 | 23 | | | | | |
| 5. California | CA | N | | | | | | | |
| 6. Colorado | CO | L | | | | | | | |
| 7. Connecticut | CT | N | | | | | | | |
| 8. Delaware | DE | N | | | | | | | |
| 9. District of Columbia | DC | N | | | | | | | |
| 10. Florida | FL | N | | | | | | | |
| 11. Georgia | GA | N | | | | | | | |
| 12. Hawaii | HI | N | | | | | | | |
| 13. Idaho | ID | N | | | | | | | |
| 14. Illinois | IL | L | 592 | 2,066 | 36,065 | 14,418 | 269,229 | 3 | |
| 15. Indiana | IN | L | | 966 | | (639) | | | |
| 16. Iowa | IA | L | 8,554,546 | 7,731,879 | 2,242 | 4,420,805 | 5,667,535 | 5,294,205 | 42,172 |
| 17. Kansas | KS | L | 9,821,040 | 8,700,348 | | 5,856,046 | 5,030,440 | 4,182,500 | 48,416 |
| 18. Kentucky | KY | N | | | | | | | |
| 19. Louisiana | LA | N | | | | | | | |
| 20. Maine | ME | N | | | | | | | |
| 21. Maryland | MD | N | | | | | | | |
| 22. Massachusetts | MA | N | | | | | | | |
| 23. Michigan | MI | L | | | | | | | |
| 24. Minnesota | MN | L | 6,011,233 | 6,787,774 | | 3,032,964 | 2,668,720 | 8,564,798 | 29,634 |
| 25. Mississippi | MS | N | | | | | | | |
| 26. Missouri | MO | L | 16,124,356 | 18,008,997 | | 9,736,540 | 14,080,876 | 19,242,951 | 79,490 |
| 27. Montana | MT | L | | | | | | | |
| 28. Nebraska | NE | L | 3,137,498 | 3,172,745 | | 1,792,564 | 1,576,982 | 2,510,046 | 15,467 |
| 29. Nevada | NV | N | | | | | | | |
| 30. New Hampshire | NH | N | | | | | | | |
| 31. New Jersey | NJ | N | | | | | | | |
| 32. New Mexico | NM | N | | | | | | | |
| 33. New York | NY | N | | | | | | | |
| 34. North Carolina | NC | N | | | | | | | |
| 35. North Dakota | ND | L | | | | | | | |
| 36. Ohio | OH | N | | | | | | | |
| 37. Oklahoma | OK | N | | | | | | | |
| 38. Oregon | OR | N | | | | | | | |
| 39. Pennsylvania | PA | N | | | | | | | |
| 40. Rhode Island | RI | N | | | | | | | |
| 41. South Carolina | SC | N | | | | | | | |
| 42. South Dakota | SD | L | | | | | | | |
| 43. Tennessee | TN | N | | | | | | | |
| 44. Texas | TX | N | | | | | | | |
| 45. Utah | UT | N | | | | | | | |
| 46. Vermont | VT | N | | | | | | | |
| 47. Virginia | VA | N | | | | | | | |
| 48. Washington | WA | N | | | | | | | |
| 49. West Virginia | WV | N | | | | | | | |
| 50. Wisconsin | WI | L | 15,779,407 | 15,361,389 | 142,779 | 9,636,158 | 7,434,206 | 18,027,424 | 77,789 |
| 51. Wyoming | WY | N | | | | | | | |
| 52. American Samoa | AS | N | | | | | | | |
| 53. Guam | GU | N | | | | | | | |
| 54. Puerto Rico | PR | N | | | | | | | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | | | |
| 57. Canada | CN | N | | | | | | | |
| 58. Aggregate Other Alien | OT | X X X | | | | | | | |
| 59. Totals | (a) 13 | | 59,428,695 | 59,766,187 | 145,021 | 34,511,142 | 36,472,538 | 58,091,153 | 292,971 |

| DETAILS OF WRITE-INS | | | | | | | | | |
|----------------------|---|-------|--|--|--|--|--|--|--|
| 5801. | | X X X | | | | | | | |
| 5802. | | X X X | | | | | | | |
| 5803. | | X X X | | | | | | | |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | X X X | | | | | | | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | X X X | | | | | | | |

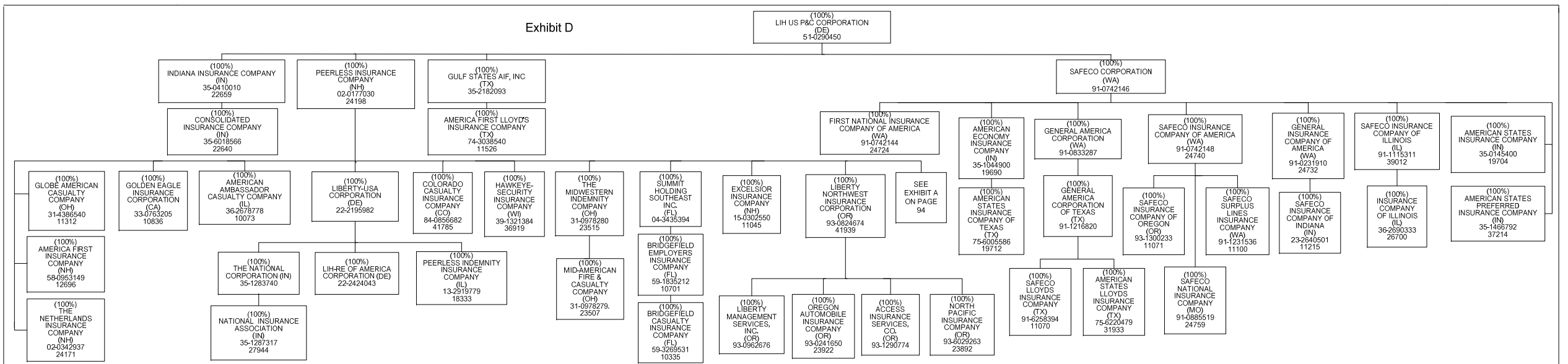
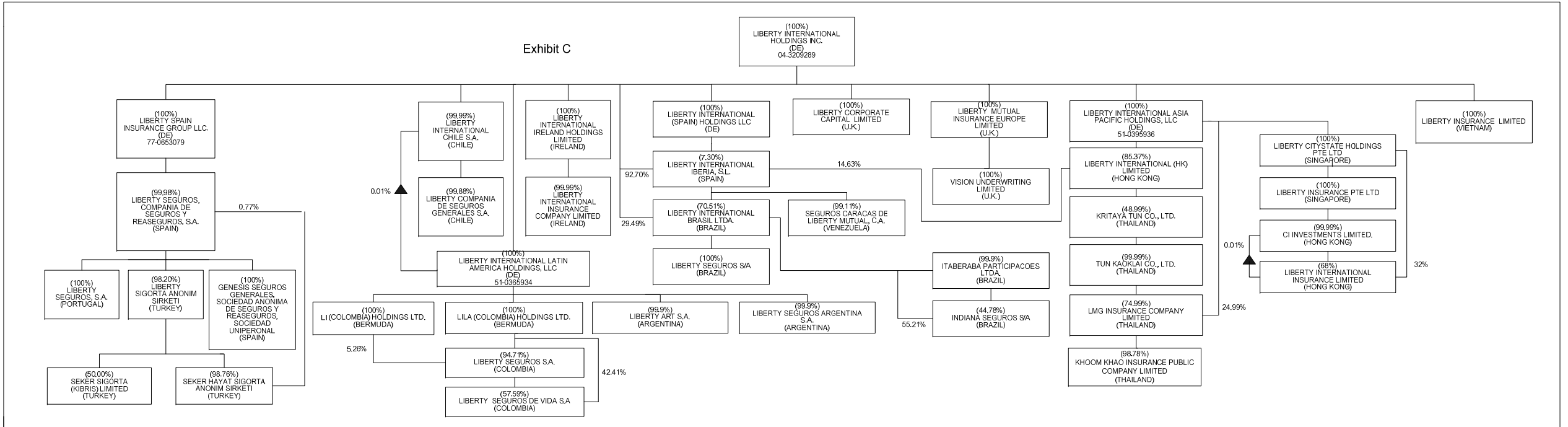
Explanation of basis of allocation of premiums by states, etc.

- | | |
|---|--|
| <ul style="list-style-type: none"> *Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boiler and Machinery *States of Jurisdiction under which payrolls and resulting premiums are developed - Workers' Compensation *Location of Principal place of garaging of each individual car - Auto Liability, Auto Physical Damage *Principal Location of business or location of coverage - Liability other than Auto, Fidelity *Point of origin of shipment or principal location of assured - Inland Marine *State in which employees regularly work - Group Accident and Health | <ul style="list-style-type: none"> *Location of Court - Surety *Address of Assured - Other Accident and Health *Location of Properties covered - Burglary and Theft *Principal Location of Assured - Ocean Marine, Credit *Primary Residence of Assured - Aircraft (all perils) |
|---|--|

(a) Insert the number of L responses except for Canada and Other Alien.

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

PART 1 - ORGANIZATIONAL CHART



OVERFLOW PAGE FOR WRITE-INS

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