ANNUAL STATEMENT OF THE **LM Personal Insurance Company** of_____Wilmington in the state of ______ Delaware TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2007**



ANNUAL STATEMENT

36439200720100100

For the Year Ended December 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

LM Personal Insurance Company

NAIC Group Code 0111	0111 NAIC Company	Code 36439 Employe	er's ID Number 22-2227331
(Current Period) Organized under the Laws of	(Prior Period) Delaware	, State of Domicile or Port of	Entry Delaware
	States of America	<u> </u>	,
<u> </u>	vember 17, 1978	Commenced Business: Dece	ember 29, 1978
		gton, DE 19808	
	(Street and Number) (City, 75 Berkeley Street Boston, MA	State and Zip Code) 02116 617-357-9500	Telephone Number)
Mail Address: 175 Berkeley Stree	et Boston, MA 02116	Oity, State and Zip Gode) (Allea Gode)(Tolophone Humbory
(Street and Number) Primary Location of Books and I	(- 7)	Boston, MA 02116 617-357 (City, State and Zip Code)	-9500 (Area Code)(Telephone Number)
Internet Website Address:ww		(Oity, State and Zip Gode)	(Alea Gode)(Telephone Number)
Statutory Statement Contact:			617-357-9500 44393
_ J	(Name) loanne.Connolly@LibertyMutual.com	(Ar	ea Code)(Telephone Number)(Extension) 617-574-5955
_	(E-Mail Address)		(Fax Number)
	OFFICI	ERS	
	Name	Title	
	aul Condrin, III	Chairman of the Board President &	<u>CEO</u>
	obert Legg	Vice President & Secretary	
3. <u>Laurance</u>	Henry Soyer Yahia	Vice President & Treasurer	
	Vice-Pres	idente	
Name	Title	Name	Title
Margaret Dillon	Vice President & Chief Financial Officer	John Derek Doyle	Vice President & Comptroller
Anthony Alexander Fontanes	Vice President & Assistant Treasurer	Gary Jay Ostrow	Vice President
Himanshu Indravadan Patel	Vice President	Timothy Michael Sweeney	Vice President
Edward Joseph Gramer, III	Vice President	Elizabeth Julia Morahan	Vice President & General Counsel
			· -
			· ·
	DIDECTORS OF	TDUCTEC	
Inner Berl Condin III	DIRECTORS OR		Time the Minhaul Comment
James Paul Condrin, III Edward Joseph Gramer, III	Margaret Dillon Elizabeth Julia Morahan	Himanshu Indravadan Patel	Timothy Michael Sweeney
Luwaru Joseph Gramer, III	Elizabetti Julia Morariari		-
State of Massachusetts County of Suffolk ss			
•	I a consideration of the first the constant	0 - 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1	and that are the conserve of a constraint
	ly sworn, each depose and say that they are the absolute property of the said reporting		
	hibits, schedules and explanations therein co		
	the said reporting entity as of the reporting pe		
and have been completed in accordance with	th the NAIC Annual Statement Instructions ar	nd Accounting Practices and Procedures ma	inual except to the extent that: (1) state
law may differ; or, (2) that state rules or regi	ulations require differences in reporting not re vely. Furthermore, the scope of this attestation	lated to accounting practices and procedure	es, according to the best of their
	act copy (except for formatting differences du		
requested by various regulators in lieu of or		5, a section and s	
(0)			(9)
(Signature)	· -	ature)	(Signature)
James Paul Condrin, III (Printed Name)		obert Legg d Name)	Laurance Henry Soyer Yahia (Printed Name)
1.		2.	3.
Chairman of the Board President & C		nt & Secretary	Vice President & Treasurer
(Title)	(Tit	le)	(Title)
Subscribed and sworn to before me this		a. Is this an original	filing? YES [X] NO []
day of January	, 2008	b. If no: 1. Sta	te the amendment number
		2. Dat	te filed
		3. Nui	mber 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)	6,736,485		6,736,485	7,855,74
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 (\$ 248,591, Schedule E-Part 1), cash equivalents (\$ 646,515	* * * * * * * * * * * * * * * * * * * *			
	Schedule E-Part 2) and short-term investments (\$ 437,551 , Schedule DA)	1,332,657		1,332,657	2,397,5
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)			8,069,142	10,253,3
11.	Title plants less \$ 0 charged off (for Title insurers only)				
12.	Investment income due and accrued	63,413		63,413	78,6
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	244.871		244,871	333.6
	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				
22.	Health care (\$ 0) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets	20,813		20,813	26,6
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell	·		·	·
	Accounts (Lines 10 to 23)	8,398,239		8,398,239	10,692,2
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	8,398,239		8,398,239	10,692,2
		·			
	DETAILS OF WRITE-INS				
	DETAILS OF MATERIAS				
0901.		[
0902.					

DETAILS OF WRITE-INS			
0901.			
0902.			
0903.		 	
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301. Other assets	20.813	20.813	26.600
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)	20,813	20,813	26,600

	LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 34, Column 8)		
	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
	Loss adjustment expenses (Part 2A, Line 34, Column 9)		
	Commissions payable, contingent commissions and other similar charges		* * * * * * * * * * * * * * * * * * * *
	Other eveness (evaluding toyon licenses and feet)		* * * * * * * * * * * * * * * * * * * *
	Tayon lippage and feet (evaluding federal and foreign income toyon)		
71	Current federal and foreign income taxes (including \$ 0 on realized capital gains (lo	osses)) 38 874	164,740
	Net deferred tax liability	404,000	12,000
	* *************************************	104,000	
	Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded rein	surance of	* * * * * * * * * * * * * * * * * * * *
	\$ 0 and including warranty reserves of \$ 0)		
1		l	* * * * * * * * * * * * * * * * * * * *
1	Advance premium Dividends declared and unpaid:		
1	11.1 Chalibaldara		
1	44.9 Deliashelders		
1	Onded a signature and other first of a disconnection of	(3.004)	(5.030)
	Ceded reinsurance premiums payable (net of ceding commissions)	(3,004)	(5,930)
	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		291,312
	Amounts withheld or retained by company for account of others Remittances and items not allocated		
10.	Provision for reinsurance (Schedule F, Part 7)		
	Net adjustments in assets and liabilities due to foreign exchange rates		
	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	224,440	2,721,845
	Payable for securities		
	Liability for amounts held under uninsured plans		
1	Capital notes \$ 0 and interest thereon \$ 0		
23.	Aggregate write-ins for liabilities	972,714	1,713,809
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	1,612,933	4,897,776
1	Protected cell liabilities		
	Total liabilities (Lines 24 and 25)		4,897,776
27.	Aggregate write-ins for special surplus funds		
1	Common capital stock	3,500,000	3,500,000
	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds		
31.	Surplus notes		
32.	Gross paid in and contributed surplus	2,856,938	2,056,938
33.	Unassigned funds (surplus)	428,368	237,494
34.	Less treasury stock, at cost:		
1			
	34.2 0 shares preferred (value included in Line 29 \$ 0)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)		5,794,432
36.	TOTALS (Page 2, Line 26, Col. 3)	8,398,239	10,692,208
			1
	DETAILS OF WRITE-INS		
2301.	Other liabilities	5,118	22,038
1	Collateral held for securities loaned	967,596	1,691,771
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page		
2399.		972,714	1,713,809
2701.			
2701.			
2703.			* * * * * * * * * * * * * * * * * * * *
	Summary of remaining write-ins for Line 27 from overflow page		
2799.			
3001.			
3002.			
3003.			
3098.	, , , , , , , , , , , , , , , , , , , ,		
13099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 34, Column 4)		
	DEDUCTIONS		***************************************
	Losses incurred (Part 2, Line 34, Column 7)		
4.	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)	******	
7.	Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
0.	INVESTMENT INCOME		
١.			
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17) Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))	293,737	846,627 157,853
11.	Net investment gain (loss) (Lines 9 + 10)	293,737	1,004,480
	OTHER INCOME		
12	Net gain (loss) from agents' or premium balances charged off		
	(amount recovered \$ 0 amount charged off \$ 0)		
13.	Finance and service charges not included in premiums		
	Aggregate write-ins for miscellaneous income		
15. 16	Total other income (Lines 12 through 14) Net income before dividends to policyholders, after capital gains tax		
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	293,737	1,004,480
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax	202 727	1 004 490
	and before all other federal and foreign income taxes (Line 16 minus Line 17) Federal and foreign income taxes incurred		1,004,480 203,023
	Net income (Line 18 minus Line 19) (to Line 22)		801,457
	CAPITAL AND SURPLUS ACCOUNT		
21	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	5,794,432	15,732,975
22.	Net income (from Line 20)	000.074	
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
26.	Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax	(92.000)	(7.000)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)		
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes Surplus (contributed to) withdrawn from protected cells	******	
	Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus		
1	Surplus adjustments:		****
	33.1 Paid in	800,000	(1,443,062)
	33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital		
	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		(9,289,938)
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
	Aggregate write-ins for gains and losses in surplus Change in surplus as regards policyholders for the year (Lines 22 through 37)	990,874	(9,938,543)
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	6,785,306	5,794,432
	DETAILS OF WRITE-INS		
0501.			
0502. 0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page		* * * * * * * * * * * * * * * * * * * *
0599.	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401.	***************************************		
1402.			*****
1403.	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3701.			
3702.			
3703. 3798	Summary of remaining write-ins for Line 37 from overflow page	******	
	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance	2,927	(5,945)
Net investment income	298,203	954,649
Miscellaneous income	(15,405)	(4,185,848)
4. Total (Lines 1 through 3)	285,725	(3,237,144)
Benefit and loss related payments	(00.705)	307,274
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
Commissions, expenses paid and aggregate write-ins for deductions		
Dividends paid to policyholders	1	
Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	136,727	159,053
10. Total (Lines 5 through 9)	47,942	466,327
11. Net cash from operations (Line 4 minus Line 10)	237,783	(3,703,471)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,130,000	9,000,393
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		(896)
12.7 Miscellaneous proceeds		50,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,130,000	9,049,497
13. Cost of investments acquired (long-term only):		
13.1 Bonds		2,025,477
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)		2,025,477
14. Net increase (decrease) in contract loans and premium notes	l l	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		7,024,020
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	800,000	(1,443,062)
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		9,289,938
16.6 Other cash provided (applied)	(3,232,713)	6,525,463
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(2,432,713)	(4,207,537)
		, , , ,
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(4.004.030)	(000,000)
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,064,930)	(886,988)
19. Cash, cash equivalents and short-term investments:	2 207 597	2 204 575
19.1 Beginning of year 19.2 End of year (Line 18 plus Line 19.1)	2,397,587 1,332,657	3,284,575 2,397,587
	1,002,001	2,001,001
Note: Supplemental disclosures of cash flow information for non-cash transactions:		1
20.0001.		
20.0002.		
20.0003.		

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage			5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire								
2. Allied lines								
Farmowners multiple peril								
Homeowners multiple peril								
Commercial multiple peril								
Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical malpractice - occurrence					1			
11.2 Medical malpractice - claims - made						* * * * * * * * * * * * * * * * * * * *		
12. Earthquake								
13. Group accident and health				* * * * * * * * * * * * * * * * * * * *				
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation				* * * * * * * * * * * * * * * * * * * *				
17.1 Other liability - occurrence								
17.2 Other liability - claims - made								
18.1 Products liability - occurrence								
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability	5,510,858		5,510,858	* * * * * * * * * * * * * * * * * * * *				
19.3, 19.4 Commercial auto liability								
21. Auto physical damage	(34,876)		(34,876)					* * * * * * * * * * * * * * * * * * * *
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit					* * * * * * * * * * * * * * * * * * * *			
29. International								
30. Reinsurance-Nonproportional Assumed Property	XXX							
31. Reinsurance-Nonproportional Assumed Liability	X X X							
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX			* * * * * * * * * * * * * * * * * * * *				
33. Aggregate write-ins for other lines of business			5 475 000					
34. TOTALS	5,475,982		5,475,982					
DETAILS OF WRITE-INS								
DETAILS OF WATE-ING								
3301.					l			
3302.		* * * * * * * * * * * * * * * * * * * *			I			
ব্রন্ত		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
3398. Summary of remaining write-ins for Line 33 from overflow page								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								
2033. Totals (Littles 300 Fithflough 3000 + 3030) (Little 30 above)	,						I	

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

Reported Losses Incurred But Not Reported			8	9					
	1	2	3 Deduct Reinsurance Recoverable from	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
1. Fire									
2. Allied lines			* * * * * * * * * * * * * * * * * * * *						
Farmowners multiple peril			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
4. Homeowners multiple peril			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
5. Commercial multiple peril			* * * * * * * * * * * * * * * * * * * *						
6. Mortgage guaranty			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
8. Ocean marine			* * * * * * * * * * * * * * * * * * * *						
9. Inland marine			* * * * * * * * * * * * * * * * * * * *						
10. Financial guaranty				* * * * * * * * * * * * * * * * * * * *					
11.1 Medical malpractice - occurrence				********					
11.2 Medical malpractice - claims - made			* * * * * * * * * * * * * * * * * * * *						
12. Earthquake			* * * * * * * * * * * * * * * * * * * *						
13. Group accident and health			* * * * * * * * * * * * * * * * * * * *					(a)	
14. Credit accident and health (group and individual)			* * * * * * * * * * * * * * * * * * * *						
15. Other accident and health			* * * * * * * * * * * * * * * * * * * *					(a)	
16. Workers' compensation			* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		
17.1 Other liability - occurrence			* * * * * * * * * * * * * * * * * * * *						
17.2 Other liability - claims - made			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
18.1 Products liability - occurrence			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
18.2 Products liability - claims - made			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
19.1, 19.2 Private passenger auto liability	4,113,079		4,113,079		287,526		287,526		
19.3, 19.4 Commercial auto liability			* * * * * * * * * * * * * * * * * * * *						
21. Auto physical damage			* * * * * * * * * * * * * * * * * * * *		5,376		5,376		
22. Aircraft (all perils)			* * * * * * * * * * * * * * * * * * * *						
23. Fidelity			* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		
24. Surety			* * * * * * * * * * * * * * * * * * * *						
26. Burglary and theft			* * * * * * * * * * * * * * * * * * * *						
27. Boiler and machinery			* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		
28. Credit									
29. International									
30. Reinsurance-Nonproportional Assumed Property	X X X				X X X				
31. Reinsurance-Nonproportional Assumed Liability	XXX				XXX				
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX				XXX				
33. Aggregate write-ins for other lines of business									
34. TOTALS	4,113,079		4,113,079		292,902		292,902		
DETAILS OF WRITE-INS									
3301.								l	
3302.			l				L	l	
3303.							[I	
3398. Summary of remaining write-ins for Line 33 from overflow page									
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)									

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1 1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	·
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct				1.19,341
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				119,341
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
	2.6 Contingent-reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
	Salary and related items:				
0.	•			2.400	2 400
	8.1 Salaries				
•	8.2 Payroll taxes				
9.	Employee relations and welfare				
	Insurance				
11.	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment			43	
15.	Cost or depreciation of EDP equipment and software			13	13
16.	Printing and stationery			6	6
17.	Postage, telephone and telegraph, exchange and express		* * * * * * * * * * * * * * * * * * * *	11	
18.	Legal and auditing			321	321
19.	Totals (Lines 3 to 18)			3,168	3,168
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association credits of \$				
	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			224	
25.	Total expenses incurred				
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)			3,392	3,392
	DETAILS OF WRITE-INS				
	Other expenses			224	224
2402.					
2403.			*******		*****
2498.	Summary of remaining write-ins for Line 24 from overflow page				
2/100	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)			224	224

⁽a) Includes management fees of \$ 3,392 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) 267,814	253,416
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
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) 36,923	36,113
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	7,599	7,599
10.	Total gross investment income	312,330	
11.	Investment evinence		(g) 3,391
12.	Investment expenses Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Left-conflict and a second		(h)
14.	Interest expense Depreciation on real estate and other invested assets		. (1)
			. (9
15.	Aggregate write-ins for deductions from investment income		2 204
16.	Total deductions (Lines 11 through 15)		3,391
17.	Net investment income (Line 10 minus Line 16)		293,737
	DETAILS OF WRITE-INS		
	Miscellaneous Income/(Expense)	7,599	7,599
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	7,599	7,599
	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(b) Ind (c) Ind (d) Ind (e) Ind (f) Ind (g) Ind to (h) Ind	cludes \$ 20,257 accrual of discount less \$ 9,515 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 for company's occupancy of its own buildings; and excludes \$ cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium. Cludes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fessegregated and Separate Accounts. Cludes \$ 0 interest on surplus notes and \$ 0 interest on capital notes. Cludes \$ 0 depreciation on real estate and \$ 0 depreciation on other investigations.	s \$ 0 paid for accrued s \$ 0 paid for accrued 0 interest on encumbrances. s \$ 0 paid for accrued on the second of	interest on purchases. dividends on purchases. interest on purchases. interest on purchases. tributable

EXHIBIT OF CAPITAL GAINS (LOSSES)

	` '					
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
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)	NOI	N H			
2.21	Common stocks of affiliates		T			
3.	Mortgage loans					
4.	Real estate				l	
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
	DETAILS OF WRITE-INS					
0901.						
0902.		* * * * * * * * * * * * * * * * * * * *				
0903.		* * * * * * * * * * * * * * * * * * * *				
	Summary of remaining write-ins for Line 9 from overflow page					
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)					
0999.	rotais (Lines 030 i trirough 0303) plus 0336 (Line 3, above)					<u> </u>

NONE **Exhibit of Nonadmitted Assets**

Note 1- Summary of Significant Accounting Policies

A. Accounting Practices

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

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

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

C. Accounting Policies

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

In addition, the Company uses the following accounting policies:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 2. Bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 3. The Company does not own 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 2007.
- 13. The Company has no pharmaceutical rebate receivables.

Note 2- Accounting Changes and Correction of Errors

A. There were no material changes in accounting principle or correction or errors during the year.

Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

Note 4- Discontinued Operations

The Company has no discontinued operations to report.

Note 5- Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no mortgage loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

- D. Loan-Backed Securities
 - 1. The Company elected to use the book value as of January 1, 1994 as the cost for applying the retrospective adjustment method to securities purchased prior to that date, where historical cash flows are not readily available.
 - 2. Prepayment speed assumptions are updated monthly with data sourced from the Bloomberg data service.
 - 3. The Company had no negative yield situations requiring a change from the retrospective to prospective method.
- E. Repurchase Agreements

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

F. Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

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

Note 6- Joint Ventures, Partnerships & Limited Liability Companies

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

Not applicable

Note 7- Investment Income

A. Accrued Investment Income

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

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2007.

Note 8- Derivative Instruments

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

Note 9 - Income Taxes

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

	December 31, 2007	December 31, 2006	Change
Total of gross deferred tax assets	86,000	2,000	84,000
Total of deferred tax liabilities	(190,000)	(14,000)	(176,000)
Net deferred tax liability	(104,000)	(12,000)	(92,000)
Net deferred tax asset non-admitted	0	0	0
Net deferred tax asset liability	(104,000)	(12,000)	(92,000)

- 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 31are:

	2007	2006
Federal tax on operations	10,863	203,023
Net operating loss benefit	0	0
Foreign tax on operations	0	0
Income tax incurred on operations	10,863	203,023
Tax on capital gains	0	84,998
Total income tax incurred	10,863	288,021

The Company's deferred tax liabilities result from the reversal of discount accretion on bonds and deferred inter-company transactions.

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

	2007
Change in net deferred income tax (without unrealized gain or loss)	(92,000)
Tax effect of unrealized (gains) losses	0
Total change in net deferred income tax	(92,000)

- D. Effective tax rates differ from the current statutory rate of 35% due to the effects of tax-exempt interest.
- The amount of Federal income taxes paid and available for recoupment in the event of future losses is \$90,000 from the current year and \$188,000 from the preceding year.

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

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

Access Insurance Services, Co. Ambco Capital Corporation America First Insurance Company America First Lloyds Insurance Company American Ambassador Casualty Company American Fire & Casualty Insurance Company *

Avomark Insurance Company *

Berkeley Holding Company Associates, Inc. Berkeley Management Corporation Bridgefield Casualty Insurance Company Bridgefield Employers Insurance Company Capitol Agency, Inc. (Arizona corporation) Capitol Agency, Inc. (Ohio corporation) Capitol Agency, Inc. (Tennessee corporation) Cascade Disability Management, Inc.

Colorado Casualty Insurance Company

Companies Agency Insurance Services of California

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

Employers Insurance Company of Wausau

Excelsior Insurance Company Florida State Agency, Inc. Globe American Casualty Company Golden Eagle Insurance Corporation

Gulf States AIF, Inc. Hawkeye-Security Insurance Company Helmsman Insurance Agency of Illinois, Inc. Helmsman Insurance Agency of Texas, Inc. Heritage-Summit Healthcare of Florida, Inc.

Indiana Insurance Company

LEXCO Limited Liberty Assignment Corporation Liberty Energy Canada, Inc. * Liberty Financial Services, Inc. Liberty Hospitality Group, Inc.

Liberty Insurance Company of America

Liberty Mutual Group Inc.

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

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

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

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

LIU Specialty Insurance Agency, Inc. LLS Insurance Agency of Nevada, Inc. LM General Insurance Company LM Insurance Corporation LM Personal Insurance Company LM Property & Casualty Insurance Company

LMHC Massachusetts Holding, Inc.

LRE Properties, Inc.

Mid-American Agency, Inc.

Mid-American Fire and Casualty Company

Missouri Agency, Inc.

North Pacific Insurance Company Oregon Automobile Insurance Company

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

Peerless Insurance Company San Diego Insurance Company

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

St. James Insurance Company Summit Consulting, Inc.

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

Liberty Insurance Corporation

Liberty Insurance Holdings, Inc.
Liberty Insurance Underwriters, Inc.

Liberty Life Assurance Company of Boston

Liberty Life Holdings, Inc.

Liberty Lloyds of Texas Insurance Company

Liberty Management Services, Inc.

Liberty Mexico Holdings, Inc.

Liberty Mutual Fire Insurance Company

The National Corporation

The Netherlands Insurance Company

Wausau Service Corporation

Wausau Signature Agency, Inc.

Wausau Business Insurance Company

Wausau General Insurance Company

Wausau Underwriters Insurance Company

West American Insurance Company *

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

Note 10- Information concerning Parent, Subsidiaries and Affiliates

- A. All of the outstanding shares of capital stock of the Company are held by Liberty Mutual Insurance Company ("LMIC") an insurance company incorporated in Massachusetts. The ultimate parent of LMIC is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Notes 10 F and 25.
- D. At December 31, 2007 the Company reported \$ 224,440 due to affiliates. In general the terms of the inter-company arrangements require settlement at least quarterly.
- E. The Company received a capital contribution from it's parent Liberty Mutual Insurance Company, in the amount of \$800,000.
- F. See Note 25 for information regarding inter-company reinsurance

There is a "Service Agreement" between the Company and LMIC, under which LMIC provides the Company with services of personnel employed by LMIC, office space, supplies, equipment, telephone and wire services, the use of computers and similar machines to the extent necessary or appropriate. The Company has an investment services agreement LMIC.

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

- 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 any upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- 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. The Company has no capital notes.
- B. The Company has no outstanding borrowed money.

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

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

^{*} This company joined the consolidated group in 2007 and its activity from the date it joined the group is included in the consolidated return.

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

1. Common Stock

The Company has 7,000 shares authorized issued and outstanding as of December 31, 2007. All shares have a stated par value of \$100.

2. Preferred Stock

Not applicable

3. Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends that can be paid by Delaware domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner, is the greater of (a) 10% of policyholder's surplus, or (b) net income, not including realized capital gains. The maximum dividend payout that may be made without prior approval during 2008 is \$678,531.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- The Company does not hold stock for special purposes.
- 8. The Company does not hold special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

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

Note 14- Contingencies

A. Contingent Commitments

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

B. Assessments

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

As a result of an inter-company reinsurance arrangement (see Note 25), all guaranty fund and other assessments liabilities are ceded to LM Property and Casualty 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 to extra contractual obligation losses and bad faith losses stemming from lawsuits in the current period.

E. All other Contingencies

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

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

Note 15- Leases

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

Not applicable

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

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

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

A. Transfers of Receivables reported as sales:

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

B. Transfers and servicing of financial assets:

The Company participates in a Securities Lending Program to generate additional income, whereby certain fixed income securities are loaned for a period of time from the Company's portfolio to qualifying third parties, via a lending agent. The Company does not participate in term loans, therefore, the Company does not have contractual collateral transactions that extend beyond one year from the reporting date. Borrowers of these securities provide collateral equal to or in excess of 102% of the market value of the loaned securities. Acceptable collateral may be in the form of cash or U.S. Government securities. The market value of the loaned securities is monitored and additional collateral is obtained if the market value of the collateral falls below 102% of the market value of the loaned securities. Additionally, the lending agent indemnifies the Company against borrower defaults. The loaned securities remain a recorded asset of the Company; however, the Company records a liability for the amount of cash collateral related to the loaned securities.

At December 31, 2007 the total market value of fixed maturities on loan was \$1,914,242.78 with corresponding collateral value of \$1,982,625.86 of which \$967,595.60 represents cash collateral.

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

Assets in the amount of \$3,737,017 and \$3,615,751 as of December 31, 2007 and 2006, respectively, were on deposit with

government authorities or trustees as required by law.

- D. As a result of an inter-company Reinsurance Agreement with LMIC, see Note 25, the Company has no exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase Business Interruption coverage.

F. State Transferable Tax Credits

The Company does not hold state transferable tax credits.

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

The Company does not hold hybrid securities.

I. Sub-Prime Lending

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

Note 21- Events Subsequent

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

Note 22- Reinsurance

- A. 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 is no reinsurance recoverables in dispute from an individual rein surer which exceeds 5% of the Company's surplus. In addition, the aggregate reinsurance recoverable in dispute does not exceed 10% of the Company's surplus.
- C. The Company has no unearned premium reserves for direct, assumed or ceded business.

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

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

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

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

As a result of the inter-company 100% Quota Share Reinsurance Agreement with LMPAC (See note 25), the Company does not have net accrued retrospective premiums.

Note 24 - Changes in Incurred Losses and Loss Adjustment Expenses

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

Note 25- Inter-Company Pooling Arrangements

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

Note 26- Structured Settlements

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

Note 27 - Health Care Receivables

Not applicable

Note 28 - Participating Policies

Not applicable

<u>Note 29 – Premium Deficiency Reserves</u>

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

Note 30- High Dollar Deductible Policies

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

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

Not applicable Note 32 - Asbestos/Environmental Reserves

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

Note 33- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 34 - Multiple Peril Crop Insurance

Not applicable

SUMMARY INVESTMENT SCHEDULE

		Gross Investment Holdings		Admitted A Reported Annual St	d in the atement
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bo	nds:				
	U.S. treasury securities	6,736,485	83.485	6,736,485	83.485
	2 U.S. government agency obligations (excluding mortgage-backed securities):				
	1.21 Issued by U.S. government agencies				
	1.22 Issued by U.S. government sponsored agencies				
1.3	B Foreign government (including Canada, excluding mortgage-backed securities)				
	Securities issued by states, territories, and possessions				
	and political subdivisions in the U.S.:				
	1.41 States, territories and possessions general obligations				
	1.42 Political subdivisions of states, territories and possessions and political				
	subdivisions general obligations				
	1.43 Revenue and assessment obligations				
	1.44 Industrial development and similar obligations				
1.5	Mortgage-backed securities (includes residential and commercial MBS):				
	1.51 Pass-through securities:				
	1.511 Issued or guaranteed by GNMA		****		
	1.512 Issued or guaranteed by FNMA and FHLMC				
	1.513 All other				
	1.52 CMOs and REMICs:				
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA				
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-				
	backed securities issued or guaranteed by agencies shown in Line 1.521				
	1.523 All other				
	her debt and other fixed income securities (excluding short term):				
2.1	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)				
	2 Unaffiliated foreign securities				
	3 Affiliated securities				
	uity interests:	005 004	4.504	005 004	4.504
	Investments in mutual funds	365,061	4.524	365,061	4.524
3.2	Preferred stocks:				
	3.21 Affiliated 3.22 Unaffiliated				
2.3	Publicly traded equity securities (excluding preferred stocks):				
3.0	3.31 Affiliated				
	3.32 Unaffiliated				
3 /	Uther equity securities:				
J	3 /1 Affiliated				
	3.42 Unaffiliated		* * * * * * * * * * * * * * * * * * * *		
3 5	5 Other equity interests including tangible personal property under lease:		* * * * * * * * * * * * * * * * * * * *		
0.0	0.54 ACC-1-1				
	3.51 Affiliated 3.52 Unaffiliated				
4. Mc	ortgage loans:				
	Construction and land development				
	2 Agricultural				
4.3	-				
4.4					
4.5	5 Commercial loans				
4.6	Mezzanine real estate loans		[
5. Re	al estate investments:				
5.1	Property occupied by company				*****
5.2	Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)				
5.3	Property held for sale (including \$ 0 property acquired in satisfaction of debt)				
6. Co	ntract loans				
	ceivables for securities				
8. Ca	sh, cash equivalents and short-term investments	967,595	11.991	967,595	11.991
	her invested assets			1	
		8,069,141	100.000	8,069,141	

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 [X	(]	No []	N/A [
1.3	State Regulating?			Delaware	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes []	No [X]	
2.2	If yes, date of change:				
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12	2/31/2006	
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.		12	2/31/2006	
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).		09	0/09/2003	
3.4	By what department or departments? State of Delaware Insurance Department				
4.1	combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:				
	4.11 sales of new business? 4.12 renewals?	Yes [Yes [•	No [X] No [X]	
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	100	•		
	4.21 sales of new business?	Yes [] [No [X]	
	4.22 renewals?	Yes []	No [X]	
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes []	No [X]	
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.				
	1 2 3				
	Name of Entity NAIC Company Code State of Domicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable)				
	suspended or revoked by any governmental entity during the reporting period?	Yes []	No [X]	
6.2	If yes, give full information				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes []	No [X]	
7.2	If yes, 7.21 State the percentage of foreign control			0%	
	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	 ct).			
	1 2				
	Nationality Type of Entity				
0.4	le the company of the idian of a health helding company are related by the Forders Decree 20 and 2	V 1	1	No (V)	
8.1 8.2	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company.	Yes []	N0 [X]	

PART 1 - COMMON INTERROGATORIES

	financial regulatory services agency [i.e.	re banks, thrifts or securities firms? the names and locations (city and state of the Federal Reserve Board (FRB), the Officeposit Insurance Corporation (FDIC) and the	ce of the Comptroll	er of the Currenc	v (OCĆ), the Offi	al ice of	s[] No[X]	
	1	2	3	4	5	6	7	
	Affiliata Nama	Landing (Oit : Otata)	EDD	000	OTO	FDIO	050	
	Affiliate Name	Location (City, State)	FRB	000	OTS	FDIC	SEC	
9.	What is the name and address of the inc Ernst & Young, LLP 200 Clarendon Street, Boston, MA 0211	dependent certified public accountant or acc	ounting firm retaine	ed to conduct the	annual audit?			
10.	What is the name, address and affiliatio consulting firm) of the individual providir 175 Berkeley Street, Boston, MA 02117	n (officer/employee of the reporting entity or ig the statement of actuarial opinion/certifica pany.	actuary/consultant ation? Roy K. Morel	associated with	an actuarial			
11.1	Does the reporting entity own any secur	ities of a real estate holding company or oth 11.11 Name of rea 11.12 Number of p	l estate holding cor arcels involved	mpany		Yes —	s[] No[X]	0
11.2	If yes, provide explanation	11.13 Total book/a	djusted carrying va	lue		\$ <u> </u>		0
	FOR UNITED STATES BRANCHES OF What changes have been made during	FALIEN REPORTING ENTITIES ONLY: the year in the United States manager or the	United States trus	tees of the renor	ing entity?			
12.1								
12.2		s transacted for the reporting entity through					s[] No[X]	
		any of the trust indentures during the year?					s[] No[X]	
12.4	If answer to (12.3) is yes, has the domic	iliary or entry state approved the changes?				Yes	s [] No []	N/A [X]
	performing similar functions) of the repo a. Honest and ethical conduct, including relationships; b. Full, fair, accurate, timely and unders c. Compliance with applicable governme d. The prompt internal reporting of violat e. Accountability for adherence to the c	ions to an appropriate person or persons ide ode.	n includes the follow onflicts of interest be equired to be filed be entified in the code;	wing standards? between personal by the reporting ender and	and professiona	Yes I	s[X] No[]	
3.11		olain:						
13.2 3.21	Has the code of ethics for senior manag If the response to 13.2 is Yes, provide in	ers been amended? formation related to amendment(s).				Yes	s[] No[X]	
13.3 3.31	Have any provisions of the code of ethic If the response to 13.3 is Yes, provide the	es been waived for any of the specified office the nature of any waiver(s).	ers?			Yes	S[] No[X]	
		POADD OF	DIRECTORS					
14	Is the purchase or sale of all investment	s of the reporting entity passed upon either		ectors or a suborc	linate			
	committee thereof?					Yes	S[X] No[]	
15.	Does the reporting entity keep a comple committees thereof?	te permanent record of the proceedings of it	ts board of directors	s and all subordin	ate	Yes	s[X] No[]	
16.		procedure for disclosure to its board of directs, directors, trustees or responsible employed				Yes	s[X] No[]	
		FINA	NCIAL					
17.	Has this statement been prepared using Accounting Principles)?	a basis of accounting other than Statutory	Accounting Principle	es (e.g., Generall	y Accepted	V	1 Na I 1	
18.1		clusive of Separate Accounts, exclusive of p	olicy loans):			Tes	s[] No[X]	
		18.11 To directors 18.12 To stockhold				\$ \$		0
		18.13 Trustees, su	preme or grand (Fr	• •		\$		0
18.2	Total amount of loans outstanding at the	e end of year (inclusive of Separate Account		cy loans):		œ.		0
		18.21 To directors 18.22 To stockhold 18.23 Trustees, su	ders not officers	aternal only)		\$		0
		10.23 Trustees, Su	preme or granu (FI	atomai Uniy)		V		U

PART 1 - COMMON INTERROGATORIES

19.1	Were any assets reported in this statement subjobligation being reported in the statement?	ect to a contractual obligation t	to transfer to a	nother party without th	e liability for such	Yes[] No[X	1
19.2	If yes, state the amount thereof at December 31	of the current year:					
		19.21 Rented				\$	0
		19.22 Borrow 19.23 Leased				\$ \$	0
		19.24 Other				\$	0
20.1	Does this statement include payments for asses association assessments?	sments as described in the An	nual Statemen	t Instructions other tha	an guaranty fund or guaranty	Yes [] No [X]
20.2	If answer is yes:	20.21 Amoun	t naid as losse	s or risk adjustment		\$	0
		20.22 Amoun	t paid as exper	,		\$	0
21.1	Does the reporting entity report any amounts du	20.23 Other a	•	as 2 of this statement)	Yes [] No [X	0
	Does the reporting entity report any amounts du If yes, indicate any amounts receivable from par			ge 2 or triis statement	•	e test NOTY	0
21.2	ii yes, iiidicate ariy amounts receivable iidiii pai	ent included in the Fage 2 and	Juiit.			<u>v</u>	
		IN	/ESTMENT	•			
22.1	Were all the stocks, bonds and other securities in the actual possession of the reporting entity of		•			Yes [X] No []
22.2	If no, give full and complete information, relating	thereto					
23.1	Were any of the stocks, bonds or other assets o control of the reporting entity, or has the reportir is currently in face? (Evalude acquirities publicated)	ng entity sold or transferred any		•	•	Vee I V I ale	1
	is currently in force? (Exclude securities subject					Yes [X] No [J
23.2	If yes, state the amount thereof at December 31	of the current year:	23.21 Loane	d to athers		¢	1 014 042
				ed to others ct to repurchase agree	ements	\$ \$	1,914,243 0
			-	ct to reverse repurcha		\$	0
			23.24 Subject	ct to dollar repurchase	agreements	\$	0
			-	ct to reverse dollar rep	ourchase agreements	\$	0
			-	ed as collateral d under option agreem	ionto	\$	0
				stock or securities res		\$ \$	0
				posit with state or other		\$	3,737,017
			23.291 Othe	r		\$	0
23.3	For category (23.28) provide the following:						
	1		2		3		
	Nature of Restriction		Description		Amount	_	
						\Box	
	Does the reporting entity have any hedging trans					Yes [] No [X]
24.2	If yes, has a comprehensive description of the h	edging program been made av	ailable to the d	lomiciliary state?		Yes [] No [] N/A [X]
	If no, attach a description with this statement.						
25.1	Were any preferred stocks or bonds owned as c issuer, convertible into equity?	f December 31 of the current y	ear mandatoril	y convertible into equi	ty, or, at the option of the	Yes[] No[X	1
25.2	If yes, state the amount thereof at December 31	of the current year				\$	0
	•	·				<u> </u>	
26.	Excluding items in Schedule E, real estate, mort safety deposit boxes, were all stocks, bonds and with a qualified bank or trust company in accord agreements of the NAIC Financial Condition Exa	d other securities owned throug ance with Section 3, III Conduc	hout the curre	nt year held pursuant	to a custodial agreement	Yes[X] No[]
26.01	For agreements that comply with the requirement	nts of the NAIC Financial Cond	ition Examiner	s Handbook, complete	the following:		
	1				2		
	Name of Cust	odian(s)	2.05-		an's Address		
	JP MORGAN CHASE		3 Cha	se Metro Tech Center	, DIOUKIYII, NY 11245		
						\Box	
26.02	For all agreements that do not comply with the r name, location and a complete explanation:	equirements of the NAIC Finar	ncial Condition	Examiners Handbook	provide the	_	
	1	2			3		
	Name(s)	Location(s)		Comp	olete Explanation(s)		
						\longrightarrow	
				 		-	

Yes [] No [X]

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

PART 1 - COMMON INTERROGATORIES

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

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

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

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

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

Yes [] No [X]

27.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
			Excess of Statement
			over Fair Value
	Statement (Admitted)		(-), or Fair Value
	Value	Fair Value	over Statement (+)
28.1 Bonds	7,820,551	7,931,125	110,574
28.2 Preferred stocks			
28.3 Totals	7,820,551	7,931,125	110,574

29.1	Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed?	Yes [X] 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?

0

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.

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

1	2
Name	Amount Paid
	\$
	\$
	\$

31.1 Amount of payments for legal expenses, if any?

0

PART 1 - COMMON INTERROGATORIES

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

1	2
Name	Amount Paid
	\$
	\$
	\$

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

\$		0
٠.		()

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

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

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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'

GENERAL INTERROGATORIES

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	compensation contract issued without limit of loss: The Company has a 100% Quota share agreement with LM Property and Casualty Insurance C	Company.
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: The Company employs industry recognized catastrophe modeling software to estimate the PML. For property exposures, we employ RiskLink v6.0 from RMS and AIR Classic/2 v 8.0 from AIR. For WC, Liberty Mutual utilizes RiskLink v6.0 from RMS.	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? The Company has a 100% Quota share agreement with LM Property and Casualty Insurance Company.	
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	YES[X]NO[]
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	YES[]NO[X]
	If yes, indicate the number of reinsurance contracts containing such provisions. If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES[]NO[X]
	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? If yes, give full information	YES[]NO[X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or	
9.2	 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple 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 	YES[X]NO[]
9.3	 (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. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved. 	YES[X]NO[]
9.4	Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or	
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	YES[]NO[X]

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

9.5	If yes to 9.4, explain in the Reinsuran		al Filing for General In	terrogatory 9 (Section L	D) why the contract(s)				
9.6	is treated differently for GAAP and SA The reporting entity is exempt from the		n Supplement under or	ne or more of the followi	ina critoria:				
9.0	(a) The entity does not utilize reinsu		1 Supplement under or	ie of filore of the followi	ing cinteria.		YESI] NO [X]	
	(b) The entity only engages in a 100		vith an affiliate and the	affiliated or lead compa	any has filed an		120[]NO[N]	
	attestation supplement; or,	7			,		YES [] NO [X]	
	(c) The entity has no external cessi	ons and only participates	in an intercompany po	ol and the affiliated or le	ead company has		•		
	filed an attestation supplement.						YES [] NO [X]	
10.	If the reporting entity has assumed ris	sks from another entity, th	ere should be charged	on account of such rei	nsurances a reserve eq	ual to that			
	which the original entity would have b	een required to charge ha	ad it retained the risks.	Has this been done?			•] NO [] N/	/A [X]
	Has the reporting entity guaranteed p	olicies issued by any other	er entity and now in for	ce:			YES [] NO [X]	
11.2	If yes, give full information								
12.1	If the reporting entity recorded accrue		s on insurance contract	s on Line 13.3 of the as	sset schedule, Page 2,	state the			
	amount of corresponding liabilities rec		Unneid Jesses				¢		0
		12.11 12.12	Unpaid losses	a expenses (including la	oss adjustment expense	e)	φ \$		0
					•	3)	Ψ		
	Of the amount on Line 13.3, Page 2,		-				\$		0
12.3	If the reporting entity underwrites con		•	ensation, are premium	notes or promissory not	es accepted	VEC I	11017111	A F 1
	from its insureds covering unpaid pre	miums and/or unpaid ioss	ies?				YES[] NO [X] N//	A[]
12.4	If yes, provide the range of interest ra	ites charged under such r	notes during the period	covered by this statem	ent:				
		12.41	l From						0.000 %
		12.42							0.000 %
12.5	Are letters of credit or collateral and c		=						
	promissory notes taken by a reporting		of the reporting entity's	reported direct unpaid	loss reserves, including	unpaid	VEC I	1 N O I V 1	
12 6	losses under loss deductible features If yes, state the amount thereof at De		ır·				IESĮ] NO [X]	
12.0	in yes, state the amount thereof at De	12.61					\$		0
		12.62		er funds			\$		0
13.1	Largest net aggregate amount insure	d in any one risk (excludir	ng workers' compensat	ion):			\$		0
13.2	Does any reinsurance contract consid	dered in the calculation of	this amount include ar	aggregate limit of reco	overy without also includ	ing a			
	reinstatement provision?						YES[)	X] NO []	
13.3	State the number of reinsurance cont	, -		<u> </u>	ultative programs, autom	atic			
	facilities or facultative obligatory conti	racts) considered in the ca	alculation of the amour	nt.					1
14.1	Is the company a cedant in a multiple	cedant reinsurance conti	ract?				YES [] NO [X]	
14.2	If yes, please describe the method of	allocating and recording	_	* * * * * * * * * * * * * * * * * * * *					
14.3	If the answer to 14.1 is yes, are the n	nethods described in item	14.2 entirely contained	d in the respective multi	iple cedant reinsurance				
111	contracts? If the answer to 14.3 is no, are all the	methods described in 14	2 antiroly contained in	written agreemente?			-] NO [X]	
	If the answer to 14.4 is no, please ex		•	-			IESĮ] NO [X]	
14.5	ii the answer to 14.4 is no, piease ex	piairi.							
			* * * * * * * * * * * * * * * * * * * *						
15 1	Has the reporting entity guaranteed a						VEG [] NO [X]	
	If yes, give full information						ı Lo [INO[X]	
	,,,,,,,,,,								
10.1							VEC I	1 NO 1 V 1	
10.1	Does the reporting entity write any war If yes, disclose the following informati	•	ng types of warranty co	overage:			YES[] NO [X]	
		1	2	3	4	5			
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premiun	1		
		Incurred	Unpaid	Premium	Unearned	Earned			
	16.11 Home	\$ 0	\$ 0	\$ 0	\$ 0	\$	0		
	16.12 Products	\$ 0	\$ 0	\$ 0	\$	\$	0		
	16.13 Automobile	\$ 0	\$ 0	\$	\$	\$	0		
	16.14 Other*	\$ 0	\$ 0	\$ 0	\$ 0	\$	0		
	* Disclose type of coverage:								

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

17.24 Contingent commission portion of Interrogatory 17.18

FIVE-YEAR HISTORICAL DATA

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

		1	2	3	4	5
		2007	2006	2005	2004	2003
	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,			(07.707)	00.070.004	44.550.054
,	19.1, 19.2 & 19.3, 19.4) Property lines (Lines 1, 2, 9, 12, 21 & 26)			(67,737)	29,879,364 21,727,733	44,556,651 31,990,297
3.	Property lines (Lines 1, 2, 9, 12, 21 & 20) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)			(19,023)	21,727,733	31,330,231
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
6.	Total (Line 34)			(87,562)	51,607,097	76,546,948
_	Net Premiums Written (Page 8, Part 1B, Col. 6)					
'.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
12.	Total (Line 34)					
13	Statement of Income (Page 4) Net underwriting gain (loss) (Line 8)					
	Net underwriting gain (loss) (Line 8) Net investment gain (loss) (Line 11)	000 707	1.004.480	730,193	647,453	768,830
	Total other income (Line 15)			(30)	(8)	(11,115)
	Dividends to policyholders (Line 17)					
	Federal and foreign income taxes incurred (Line 19)	10,863	203,023	159,383	132,570	158,093
18.	Net income (Line 20)	282,874	801,457	570,780	514,875	599,622
100	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)	8,398,239	10,692,208	23,010,492	19,481,622	24,111,271
20	Premiums and considerations (Page 2, Col. 3)		10,092,200	23,010,492	19,401,022	24,111,271
-0.	20.1 In course of collection (Line 13.1)					688,333
	20.2 Deferred and not yet due (Line 13.2)					6,314,022
	20.3 Accrued retrospective premiums (Line 13.3)					
	Total liabilities excluding protected cell business (Page 3, Line 24)	1,612,933	4,897,776	7,277,517	4,315,427	9,440,051
1	Losses (Page 3, Line 1)					
23. 24.	Loss adjustment expenses (Page 3, Line 3) Unearned premiums (Page 3, Line 9)					
25.	Canital paid up (Dana 2 Lines 20 9 20)	3 500 000	3,500,000	3,500,000	3,500,000	3,500,000
1 .	Surplus as regards policyholders (Page 3, Line 35)		5,794,432	15,732,975	15.166.195	14,671,220
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	237,783	(3,703,471)	5,020,572	(981,412)	503,627
	Risk-Based Capital Analysis					
	Total adjusted capital	6,785,306	5,794,432	15,732,975	15,166,195	14,671,220
29.	Authorized control level risk-based capital	44,271	37,386	208,297	64,560	46,283
	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)	83.5	76.6	81.4	99.6	87.7
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)	1 1	23.4	18.3	0.4	12.3
36.	Contract loans (Line 6) Other invested assets (Line 7)					
37.				0.3		
38.	* *************************************					
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)					
	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1) Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)					
1	Affiliated short-term investments (subtotals included in Schedule DA,					
70.	Part 2, Col. 5, Line 7)					
44.	Affiliated mortgage loans on real estate					
45.	All other affiliated					
46.	Total of above Lines 40 to 45					
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)					
	1 ago 0, Ooi. 1, Ellio 00 x 100.0/					

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2007	2 2006	3 2005	4 2004	5 2003
	Capital and Surplus Accounts (Page 4)					
49.	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35) Change in surplus as regards policyholders for the year (Line 38)	990,874	(9,289,938) (9,938,543)		494,975	593,545
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
52. 53.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	5,510,858 (34,876)				27,547,679 15,565,232
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) Nonproportional reinsurance lines (Lines 30, 31 & 32)					
	Total (Line 34)	5,475,982	7,776,202	14,177,701	34,872,602	43,112,911
	Net Losses Paid (Page 9, Part 2, Col. 4) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)					* * * * * * * * * * * * * * * * * * * *
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
59.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
61.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)					
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
63.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	Losses incurred (Line 2)					
	Loss expenses incurred (Line 3) 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 34 x 100.0)					
69.	Losses and loss expenses incurred to premiums earned					
70.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
71.	Development in estimated losses and loss expenses incurred prior 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)					

SCHEDULE D - SUMMARY BY COUNTRY

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments (Including all obligations guaranteed	1. United States 2. Canada 3. Other Countries	6,736,485		6,734,497	6,725,00
by governments)	4. Totals	6,736,485	6,847,059	6,734,497	6,725,00
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	8. Totals 9. United States 10. Canada 11. Other Countries				
Special revenue and special assessment obligations and all non-quaranteed	12. Totals 13. United States 14. Canada 15. Other Countries				
obligations of agencies and authorities of governments and their political subdivisions	16. Totals				
Public Utilities (unaffiliated)	17. United States				
	20. Totals				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	23. Other Countries				
December Control of Section 2 and Affiliates	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals 26. Total Bonds	6,736,485	6,847,059	6,734,497	6 705 00
	20. Total Bonds	0,730,400	0,047,059	6,734,497	6,725,00
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries				
Banks, Trust and Insurance Companies (unaffiliated)	30. Totals 31. United States 32. Canada 33. Other Countries				
Industrial and Miscellaneous (unaffiliated)	34. Totals 35. United States 36. Canada 37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS Public Utilities (unaffiliated)	41. United States 42. Canada 43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States 46. Canada 47. Other Countries				
Industrial and Miscellaneous (unaffiliated)	49. United States 50. Canada 51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks 56. Total Bonds and Stocks	6,736,485	6,847,059	6,734,497	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

	Bolido dila Ottobio								
1.	Book/adjusted carrying value of bonds and		7.	Amortization of premium	9,515				
	stocks, prior year	7,855,743	8.	Foreign Exchange Adjustment:					
2.	Cost of bonds and stocks acquired, Column 7, Part 3			8.1 Column 15, Part 1					
3.	Accrual of discount	20,257		8.2 Column 19, Part 2 Section 1					
4.	Increase (decrease) by adjustment:			8.3 Column 16, Part 2, Section 2					
	4.1 Columns 12 - 14, Part 1			8.4 Column 15, Part 4					
	4.2 Column 15 - 17, Part 2, Section 1		9.	Book/adjusted carrying value at end of current period	6,736,485				
	4.3 Column 15, Part 2, Section 2		10.	Total valuation allowance					
	4.4 Column 11 - 13, Part 4		11.	Subtotal (Lines 9 plus 10)	6,736,485				
5.	Total gain (loss), Column 19, Part 4		12.						
6.	Deduct consideration for bonds and stocks		13.	Statement value of bonds and stocks, current period	6,736,485				
	disposed of Column 7, Part 4	1,130,000							

NONE Schedule P - Part 1 - Summary

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

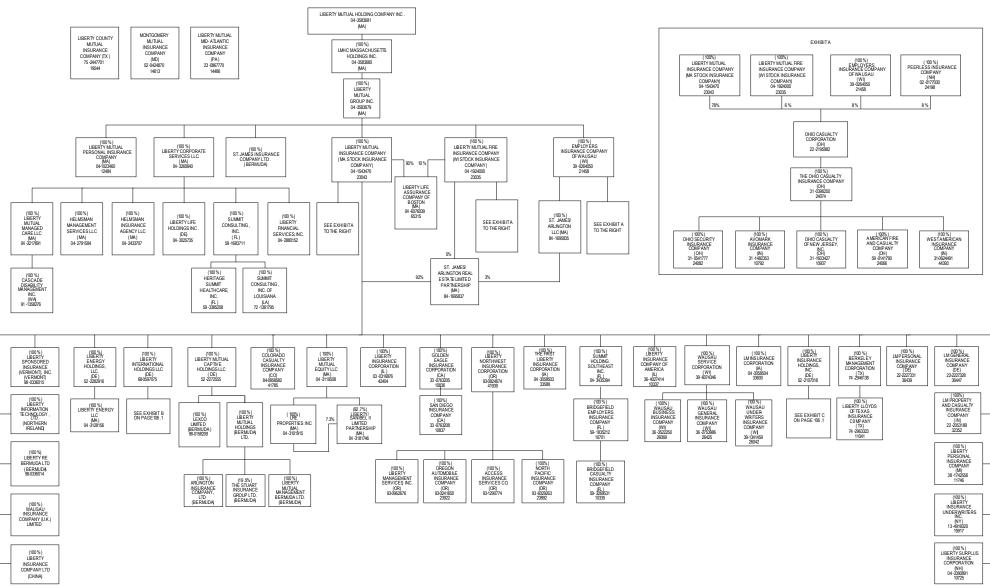
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

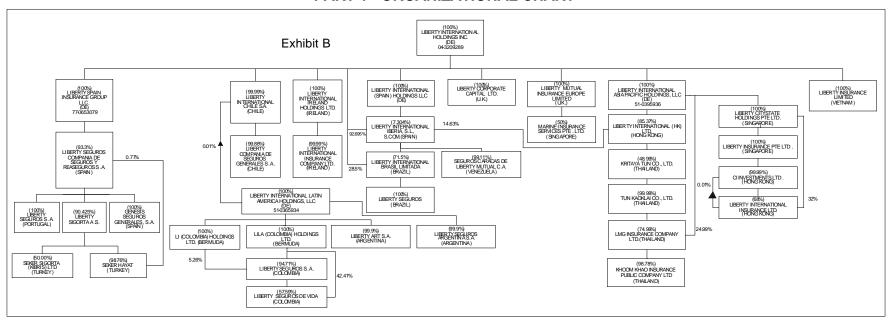
					y States and i					
		1 Is Insurer Licen-	Gross Premiums and Members Return Premium on Policies	hip Fees Less s and Premiums	4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
		sed?	2	3 Direct Premiums	Policyholders on Direct	Paid	Direct	Direct	Charges Not Included in	Purchasing Groups (Included
Ctatas Eta		(Yes or	Direct Premiums Written	Earned	Business	(Deducting	Losses Incurred	Losses	Premiums	
States, Etc.	•	No)	Willen	Eameu	Dusiness	Salvage)	incurred	Unpaid	Premiums	in Col. 2)
1. Alabama	AL	YES								
2. Alaska 3. Arizona	AK AZ	NO YES					(100)			
4. Arkansas	AZ AR	YES					(108)	15		
5. California	CA	YES								
6. Colorado	CO	YES								
7. Connecticut	CT	YES								
8. Delaware	DE	YES			* * * * * * * * * * * * * * * * * * * *					
9. Dist. Columbia	DC	YES			* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *
10. Florida	FL	YES			* * * * * * * * * * * * * * * * * * * *		(166)	2,036		* * * * * * * * * * * * * * * * * * * *
11. Georgia	GA	YES		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *
12. Hawaii	HI	NO			* * * * * * * * * * * * * * * * * * * *					
13. Idaho	ID	YES								
14. Illinois	ΪL	YES				60,000	(321)	41		
15. Indiana	IN	YES				A A A A A A A A A TATAMATATATA				
16. lowa	IA	YES	I	I	I					
17. Kansas	KS	YES								
18. Kentucky	KY	YES								
19. Louisiana	LA	NO								
20. Maine	ME	NO								
21. Maryland	MD	YES				586,541	21,714	252,242		
22. Massachusetts	MA	NO								
23. Michigan	MI	YES								
24. Minnesota	MN	YES					(21)			
25. Mississippi	MS	YES								
26. Missouri	MO	YES					(14)	3		
27. Montana	MT	YES								
28. Nebraska	NE	YES								
29. Nevada	NV	YES								
30. New Hampshire	NH	YES				397,663	107,292	22,416		
31. New Jersey	NJ	NO								
32. New Mexico 33. New York	NM NY	YES YES				4,431,778	702 276	4 120 000		
34. No. Carolina	NC	YES				4,431,770	703,376	4,129,090		
35. No. Dakota	ND	YES								
36. Ohio	OH	YES								
37. Oklahoma	OK	YES			* * * * * * * * * * * * * * * * * * * *					
38. Oregon	OR	YES			* * * * * * * * * * * * * * * * * * * *					
39. Pennsylvania	PA	YES			* * * * * * * * * * * * * * * * * * * *					
40. Rhode Island	RI	YES								
41. So. Carolina	SC	YES								
42. So. Dakota	SD	YES								
43. Tennessee	TN	YES								
44. Texas	TX	YES					(491)	120		
45. Utah	UT	YES								
46. Vermont	VT	NO								
47. Virginia	VA	YES					(53)	9		
48. Washington	WA									
49. West Virginia	WV	YES								
50. Wisconsin	WI	YES								
51. Wyoming	WY	NO								
52. American Samoa	AS GU	NO NO								
54. Puerto Rico	PR	NO NO								
55. U.S. Virgin Islands	VI	NO								
56. Northern Mariana Islands	MP	NO								
57. Canada	CN	NO	* * * * * * * * * * * * * * * * * * * *							
58. Aggregate other	511	l								
alien	ОТ	XXX								
						E 475 000	004 000	4 405 001		
59. Totals		(a) 43				5,475,982	831,208	4,405,981		l ,
		Ι								
DETAILS OF WRITE-INS										
5001										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898. Summary of remaining										
write-ins for Line 58										
from overflow page		XXX								
5899. Totals (Lines 5801		<u> </u>	 							
through 5803 + 5898)										[
(Line 58 above)		XXX			<u> </u>					

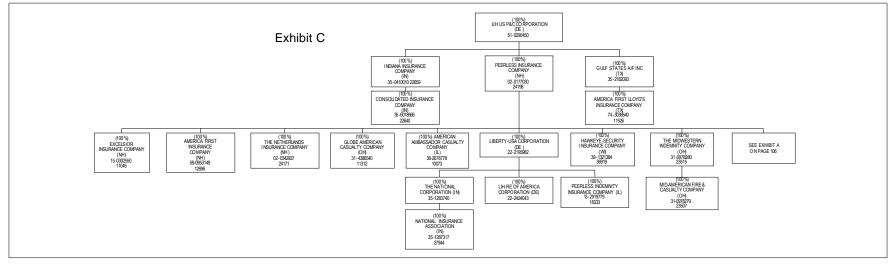
Explanation of basis of allocation of premiums by states, etc. *Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boiler and Machinery *States of Jurisdiction under which payrolls and resulting premiums are developed - Worker's Compensation *Location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

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



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





Annual Statement for the year 2007 of the	LM Personal Insurance Company

OVERFLOW PAGE FOR WRITE-INS

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