ANNUAL STATEMENT OF THE **North Pacific Insurance Company** of_____Portland in the state of _____ Oregon TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2007**



ANNUAL STATEMENT

For the Year Ended December 31, 2007

OF THE CONDITION AND AFFAIRS OF THE

	IN	orth Pacific insu	rance Compai	(1V		
NAIC Group Code 0111	0111	NAIC Company			loyer's ID Number	r 93-6029263
(Current Period) Organized under the Laws of	(Prior Period) Oregon		. State of	Domicile or Port	of Entry Oregon	
	ed States of America		, 0.000 01		o,	
	June 26, 1958		Commence	d Business:	July 1, 1958	
	ne Liberty Centre	Portland, OR	 97232-2038		July 1, 1000	
-	(Street and Number)	(City	, State and Zip Code	•		
Main Administrative Office:	One Liberty Centre (Street and Number)	Portland, OR	97232-2038 (City, State and Zip 0	503-239-58 Code) (Area Co	00 ode)(Telephone Number)	
Mail Address: PO Box 4555 (Street and Numb		97208-4555 ate and Zip Code)				
Primary Location of Books an		Berkeley Street	Boston, MA		-357-9500	-lankana Musakan)
Internet Website Address:	www.LibertyMutualAgenc	(Street and Number) syMarkets.com		(City, State and Zip Co	(Area Code)(1	elephone Number)
Statutory Statement Contact:					617-357-9500	44393
_	(Name) Joanne.Connolly@Libe	rtyMutual.com			(Area Code)(Telephone N 617-574-5955	iumber)(Extension)
	(E-Mail Address)	OFFIC	EDC		(Fax Number)	
		Chairman of				
	Name	Gary Richa	ord Gregg	Title		
1. Gary R	Richard Gregg		President	and Chief Executive (Officer	
2. Edmur	nd Campion Kenealy		Secretary			
3. James	Francis Dore		Treasurer	and Chief Financial C	Officer	
Name	Ti	Vice-Pres	sidents	Name		Title
Anthony Alexander Fontanes	EVP and Chief Inve	estment Officer	Joseph Antho	ny Gilles	Executive Vic	e President
Scott Rhodes Goodby	EVP and Chief Ope	erating Officer				
	-					
	_					
Gary Richard Gregg	Larmy Mayna Dools	DIRECTORS O		a Dara	Scott Rhodes	Caadhy
Christopher Charles Mansfield	Larry Wayne Becke Mary Ann Augustyr		James Francis Thomas Howa		John Derek D	
	_					
	-					
State of Massachusetts	-				_	
The officers of this reporting entity being						
above, all of the herein described assets hat this statement, together with related	exhibits, schedules and e	explanations therein co	ontained, annexed	or referred to, is a full	and true statement of a	all the assets and
iabilities and of the condition and affairs and have been completed in accordance						
aw may differ; or, (2) that state rules or r nformation, knowledge and belief, respe						
with the NAIC, when required, that is an requested by various regulators in lieu of	exact copy (except for for	rmatting differences de				
oquested by various regulators in nea or	or in addition to the chor	ood statement.				
(Signature)		(Sia	nature)		(Signa	ature)
Gary Richard Gregg		Edmund C	Campion Kenealy		, ,	rancis Dore
(Printed Name) 1.		(Print	ed Name) 2.			d Name) 3.
President and Chief Executive Of	ficer		ecretary		Treasurer and Chie	ef Financial Officer
Subscribed and sworn to before me this		(1	100)	a. Is this an orig	,	YES [X] NO []
31st day of January		_ , 2008		_	,	YES[X]NO[] number
		- ·				
				^	Nicoshan of control of	ال م ما

3. Number of pages attached

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	8,362,039		8,362,039	6,372,061
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
3.	Mortgage loans on real estate (Schedule B): 3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.2 Properties held for the production of income (less \$				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ (3,369,476), Schedule E-Part 1), cash equivalents (\$ 0				
	Schedule E-Part 2) and short-term investments (\$ 4,670,080 , Schedule DA)			1,300,604	(3,085,462)
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	0.000.040		0.000.040	2 200 500
10.	Subtotals, cash and invested assets (Lines 1 to 9)	9,662,643		9,662,643	3,286,599
11.	Title plants less \$ 0 charged off (for Title insurers only)				70.040
12. 13.	Investment income due and accrued Premiums and considerations:	92,586		92,586	78,346
13.	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	6,681,278		6,681,278	6,485,637
	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	13,370,085		13,370,085	25,318,626
22.	Health care (\$ 0) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets	228,981		228,981	
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell	20.005.570		20.005.570	25 400 000
٥٢	Accounts (Lines 10 to 23)	30,035,573		30,035,573	35,169,208
25. 26.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)	30,035,573		30,035,573	35,169,208
20.	Total (Lines 24 and 23)	30,033,373		30,033,373	33,109,200
	DETAILS OF WRITE-INS				
0001					
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	228.981	228.981	
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)	228,981	228,981	

2 Land adjustment augustus (Dart 04 Line 24 Caluma 0)		
2 Less adjustment augustus (Dert 2A Line 2A Calumn 0)		
2 1	79,761	
3. Loss adjustment expenses (Part 2A, Line 34, Column 9)		
Commissions payable, contingent commissions and other similar charges		
Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		130,176
	19,000	
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		
\$ 64,436,218 and including warranty reserves of \$ 0)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders	14 041 252	10.136.187
12. Ceded reinsurance premiums payable (net of ceding commissions) 13. Funds held by company under reinsurance treaties (Schedule F. Part 3, Column 19)	14,041,253	
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) 14. Amounts withheld or retained by company for account of others		160.001
AS Deviller and the control of the state of		160,001
Provision for reinsurance (Schedule F, Part 7) Net adjustments in assets and liabilities due to foreign exchange rates		
1 40 15 6 14 12		
Drafts outstanding Payable to parent, subsidiaries and affiliates		18,049,235
00 Develo for accomition		10,010,200
Payable for securities Liability for amounts held under uninsured plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities		173,371
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	23,193,346	28,648,970
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	23,193,346	28,648,970
27. Aggregate write-ins for special surplus funds		
	3,000,140	3,000,140
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	178,204	178,204
33. Unassigned funds (surplus)	3,663,883	3,341,894
34. Less treasury stock, at cost:		
34.1 0 shares common (value included in Line 28 \$ 0) 34.2 0 shares preferred (value included in Line 29 \$ 0)		
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)	6,842,227	6,520,238
36. TOTALS (Page 2, Line 26, Col. 3)	30,035,573	35,169,208
00. TO THE (1 dgo 2, Ellio 20, 601. 0)	50,000,010	00,100,200
DETAILS OF WRITE-INS		
2301. Other liabilities	Γ	173,371
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)		173,371
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 34, Column 4)		
1	DEDUCTIONS		***************************************
	Losses incurred (Part 2, Line 34, Column 7)		
3.	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		* * * * * * * * * * * * * * * * * * * *
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17) Net realized capital gains (losses) less capital gains tax of \$ (98) (Exhibit of Capital Gains (Losses))	510,067	
10.	Net realized capital gains (losses) less capital gains tax of \$ (98) (Exhibit of Capital Gains (Losses))	(181)	
111.	Net investment gain (loss) (Lines 9 + 10)	509,886	345,238
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
12	(amount recovered \$ 0 amount charged off \$ 0)		
14.	Finance and service charges not included in premiums Aggregate write-ins for miscellaneous income		
15.	Total other income (Lines 12 through 14)		
	Net income before dividends to policyholders, after capital gains tax		
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15) Dividends to policyholders		345,238
	Dividends to policynoiders Net income, after dividends to policyholders, after capital gains tax		
	and before all other federal and foreign income taxes (Line 16 minus Line 17)	509,886	345,238
19.	Federal and foreign income taxes incurred	168,897	125,000
20.	Net income (Line 18 minus Line 19) (to Line 22)	340,989	220,238
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	0.40.000	6,300,000
	Net income (from Line 20) Net transfers (to) from Protected Cell accounts		220,238
	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		*****
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax	(19,000)	
	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		
	Cumulative effect of changes in accounting principles		
	Capital changes: 32.1 Paid in		1 500 070
	32.1 Paid in 32.2 Transferred from surplus (Stock Dividend)		1,500,070
	32.3 Transferred to surplus		
	Surplus adjustments:		
	33.1 Paid in		(1,500,070)
	33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital		* * * * * * * * * * * * * * * * * * * *
	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		*****
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1) Aggregate write-ins for gains and losses in surplus		
	Aggregate write-ins for gains and losses in surplus Change in surplus as regards policyholders for the year (Lines 22 through 37)	321,989	220,238
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	6,842,227	6,520,238
	DETAILS OF WRITE INS		
0501.	DETAILS OF WRITE-INS		
0502.			
0503.	Cummon of complains with in fact in 5 from any flavorage		
0598.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401. 1402.			
1403.			
	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3701.			
3702.			
3703.	Summary of remaining write-ins for Line 37 from overflow page		
	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance	5,840,595	8,200,659
Net investment income	464,556	245,220
3. Miscellaneous income	(160,001)	160,000
4. Total (Lines 1 through 3)	6,145,150	8,605,879
Benefit and loss related payments		6,485,637
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions		
Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	201,096	(5,176)
10. Total (Lines 5 through 9)	316,976	6,480,461
11. Net cash from operations (Line 4 minus Line 10)	5,828,174	2,125,418
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
		1,000,000
12.2 Stocks		
12.4 Real estate		
12.5 Other invested assets		
12.7 Miscellaneous proceeds	000.040	4 000 000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	999,219	1,000,000
 Cost of investments acquired (long-term only): 13.1 Bonds 	2.050.202	277 524
42.0 Charles		377,531
13.3 Mortgage loans 13.4 Real estate		
42.5. Other invested and to		
42.C. Missellangus analisations		
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,958,203	377,531
44 Net increase (decrease) in contrast leave and providing notes	2,000,200	011,001
Net increase (decrease) in contract loans and premium notes Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,958,984)	622,469
Cash from Financing and Miscellaneous Sources	(1,000,001)	022,:00
-		
16. Cash provided (applied):16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	516,876	(2,471,277)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	516,876	(2,471,277)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		, , , ,
•	4 206 066	276 640
 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) 19. Cash, cash equivalents and short-term investments: 	4,386,066	276,610
19. Cash, cash equivalents and short-term investments:19.1 Beginning of year	(3,085,462)	(3,362,072)
19.2 End of year (Line 18 plus Line 19.1)	1,300,604	(3,085,462)
	.,,000,001	(0,000,102)
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002. 20.0003.		
200000		

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

	1	Reinsuranc	e Assumed	Reinsuran	ce Ceded	6
		2	3	4	5	Net Premiums
	Direct		From		To	Written
	Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	2,028,518			2,052,272	(23,754)	
2. Allied lines	1,338,773			1,330,439	8,334	
Farmowners multiple peril	12,380,528			12,365,006	15,522	
Homeowners multiple peril	17,574,099			17,692,637	(118,538)	
Commercial multiple peril	36,104,660			35,912,985	191,675	
Mortgage guaranty						
8. Ocean marine						
9. Inland marine	2,409,770			2,425,964	(16,194)	
10. Financial guaranty						
11.1 Medical malpractice - occurrence						
11.2 Medical malpractice - claims-made						
12. Earthquake	1,181,469			1,181,853	(384)	
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	9,674,445			9,671,283	3,162	
17.2 Other liability - claims-made						
18.1 Products liability - occurrence	1,118,007			1,118,007		
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	19,654,913			19,664,992	(10,079)	
19.3, 19.4 Commercial auto liability	22,905,512			22,909,335	(3,823)	
21. Auto physical damage	21,940,289			21,983,243	(42,954)	
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft	25,302			25,583	(281)	
27. Boiler and machinery						
28. Credit						
29. International						
30. Reinsurance-Nonproportional Assumed Property	XXX					
31. Reinsurance-Nonproportional Assumed Liability	XXX					
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX					
33. Aggregate write-ins for other lines of business						
34. TOTALS	148,336,285			148,333,599	2,686	

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

(a)	Does the	100 e	mpany's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]	
	If yes:	1.	The amount of such installment premiums \$ 0	
		2	Amount at which cuch installment promiums would have been reported had they been recorded on an annualized basis \$	٨

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid I	_ess Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	677,950		677,950					
2. Allied lines	787,190		787,190					
Farmowners multiple peril	6,470,756		6,470,756					
Homeowners multiple peril	12,401,255		12,401,255					
Commercial multiple peril	18,727,489		18,727,489					
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine	1,320,811		1,320,811					
10. Financial guaranty								
11.1 Medical malpractice - occurrence								
11.2 Medical malpractice - claims - made			[
12. Earthquake			[
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation	224,791		224,791					
17.1 Other liability - occurrence	343,430		343.430					
17.2 Other liability - claims - made								
18.1 Products liability - occurrence	166,726		166,726					
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability	14,792,852		14,792,852					
19.3, 19.4 Commercial auto liability	8,076,223		8,076,223					
21. Auto physical damage	9,282,872		9,282,872					
22. Aircraft (all perils)	0,102,012							
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	V V V			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
33. Aggregate write-ins for other lines of business				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
34. TOTALS	73,272,345		73.272.345					
01. 101120	10,212,040		10,212,040			<u> </u>		
DETAILS OF WRITE-INS								
3301.								
3302.								
3303.								
3398. Summary of remaining write-ins for Line 33 from overflow page								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								

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

Reported Losses Incurred But Not Reported						8	9		
Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
2. Allied lines 3. Farmowners multiple peril 4. Homeowners multiple peril 5. Commercial multiple peril 6. Mortgage guaranty	294,706 128,477 2,930,715 3,975,194 13,710,954		294,706 128,477 2,930,715 3,975,194 13,710,954		107,770 37,900 511,715 1,731,658 16,675,171		107,770 37,900 511,715 1,731,658 16,675,171		
13. Group accident and health	189,363		189,363		68,940		68,940	(a)	
17.1 Other liability - occurrence 17.2 Other liability - claims - made 18.1 Products liability - occurrence	2,284,579 1,158,183 722,006		2,284,579 1,158,183 722,006		12,645,743 1,062,642		12,645,743 1,062,642	<u>(</u> a)	
19.3, 19.4 Commercial auto liability 21. Auto physical damage 22. Aircraft (all perils) 23. Fidelity	16,375,871 10,684,484 301,276		16,375,871 10,684,484 301,276		3,153,406 6,833,199 18,000		3,153,406 6,833,199 18,000 (34)		
27. Boiler and machinery 28. Credit 29. International 30. Reinsurance-Nonproportional Assumed Property	XXX				614 XXX		614		
	X X X X X X 52,755,808		52,755,808		X X X X X X 42,846,724		42,846,724		
DETAILS OF WRITE-INS									
1 2202									

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1	Claim adjustment services:	Expenses	Expenses	Expenses	Total
1.	1.1 Direct	5.348.962			5,348,962
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	-,,-			5,348,962
•	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)		* * * * * * * * * * * * * * * * * * * *		
۷.	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		5,082,630		5,082,630
	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			13	13
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports		* * * * * * * * * * * * * * * * * * * *		
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries			1,985	1,985
	8.2 Payroll taxes				
9.	Employee relations and welfare				
	Insurance				
	Directors' fees				
	Travel and travel items				33
	Rent and rent items			28	
	Equipment				
	Cost or depreciation of EDP equipment and software				44
	Printing and stationery				
	Postage, telephone and telegraph, exchange and express		* * * * * * * * * * * * * * * * * * * *		
	Legal and auditing			265	
	Totals (Lines 3 to 18)		* * * * * * * * * * * * * * * * * * * *	2,621	2,621
20.	,				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0.				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.					
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	1			184	
25.	Total expenses incurred				(a) 2,805
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)			2,805	2,805
	DETAILS OF WRITE-INS				
2401.	Other expenses			184	184
2403.		1			
	Summary of remaining write-ins for Line 24 from overflow page				
- • .	,				

DETAILS OF WRITE-INS			
2401. Other expenses	 	184	184
2402.	 		
2403.	 		
2498. Summary of remaining write-ins for Line 24 from overflow page			
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)		184	184

⁽a) Includes management fees of \$ 2,805 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) 355,90	1 361,243
1.1		(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1		(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.	***************************************	(e) 142,73	2 151,629
7.		(f)	
8.	Other invested assets	(, , , , , , , , , , , , , , , , , , ,	
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	498,63	3 512,872
11.	Investment evinence	,	(g) 2,805
12.	Investment expenses Investment taxes, licenses and fees, excluding federal income taxes		(g) 2,000
	Information and a second		
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		. (1)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		2,805
17.	Net investment income (Line 10 minus Line 16)		510,067
	DETAILS OF WRITE-INS		
0901. 0902.		• • • • • • • • • • • • • • • • • • • •	
0903.			
	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)		
1501.	(
1501.			
1502.			
	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	cludes \$ 26,728 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 fee segregated and Separate Accounts.	\$ 0 paid for accrue paid for accrue paid for accrue interest on encumbrances. \$ 3,465 paid for accrue	d dividends on purchases. d interest on purchases. d interest on purchases.
	cludes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.		
,	cludes \$ 0 interest on surplus notes and \$ 0 interest on capital notes. Cludes \$ 0 depreciation on real estate and \$ 0 depreciation on other inve		

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	(279)		(279)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)			/===1		
10.	Total capital gains (losses)	(279)		(279)		

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

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 State of Oregon, the accompanying financial statements of North Pacific 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 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. The Company does not own mortgage backed/asset backed securities.
- 7. The Company does not own any subsidiaries, controlled, or affiliated entities.
- 8. The Company does not own any joint ventures, partnerships or limited liability companies.
- 9. Derivative Securities refer to Note 8.
- 10. Refer to Note 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 principles or corrections of errors during the year.

Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

Note 4- Discontinued Operations

The Company has no discontinued operations to report.

Note 5- Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no mortgage loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

D. Loan-Backed Securities

The Company has no loan-backed securities.

E. Repurchase Agreements

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

F. Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

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

Note 6- Joint Ventures, Partnerships & Limited Liability Companies

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

Not applicable

Note 7- Investment Income

A. Accrued Investment Income

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

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 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	5,000	0	5,000
Total of deferred tax liabilities	(24,000)	0	(24,000)
Net deferred tax asset (liability)	(19,000)	0	(19,000)
Net deferred tax asset non-admitted	0	0	0
Net admitted deferred tax asset (liability)	(19,000)	0	(19,000)

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

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

	2007	2006
Federal tax on operations	168,897	125,000
Net operating loss benefit	0	0
Foreign tax on operations	0	0
Income tax incurred on operations	168,897	125,000
Tax on capital gains	(98)	0
Total income tax incurred	168,799	125,000

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

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

	2007
Change in net deferred income tax (without unrealized gain or loss)	(19,000)
Tax effect of unrealized (gains) losses	0
Total change in net deferred income tax	(19,000)

- D. Effective tax rates approximate the current statutory rate of 35%.
- E. The amount of Federal income taxes paid and available for recoupment in the event of future losses is \$160,000 from the current year and \$117,000 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.
Companies Agency of Phoenix, Inc.
Consolidated Insurance Company
Copley Venture Capital, Inc.
Countrywide Services Corporation
Diversified Settlements, Inc.

Employers Insurance Company of Wausau

Employers fishinance Company of Wa 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 Insurance Corporation
Liberty Insurance Holdings, Inc.
Liberty Insurance Underwriters, Inc.

Liberty Mutual Group Inc.

Liberty Mutual Holding Company, Inc.
Liberty Mutual Insurance Company
Liberty Mutual Managed Care, Inc.
Liberty Mutual Personal Insurance Company
Liberty Northwest Insurance Corporation
Liberty Personal Insurance Company
Liberty RE (Bermuda) Limited
Liberty Real Estate Corporation

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

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

LIU Specialty Insurance Agency, Inc. LLS Insurance Agency of Nevada, Inc. LM General Insurance Company 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

The National Corporation

The Netherlands Insurance Company

Wausau Service Corporation

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

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 outstanding shares of the Company are owned by Liberty Northwest Insurance Corporation ("LNW"), an insurance company incorporated in the State of Oregon. LNW is wholly owned by Liberty Mutual Insurance Company ("LMIC"), an insurance company incorporated in Massachusetts. The ultimate parent of LMIC is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Notes 10F and 25.
- D. At December 31, 2007, the Company reported \$4,414,633 due from affiliates. In general, the terms of the inter-company arrangements require settlement at least quarterly.
- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates that result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. Refer to Note 25 for information regarding the 100% Quota Share Reinsurance Agreement.

Effective January 1, 2006, the Company entered into a Management Services Agreement with LMIC.

Effective January 1, 2006, the Company was added as a party to an existing Services Agreement with Peerless Insurance Company ("PIC") and other affiliated insurance companies of the Liberty Mutual Group via Amendment 4 to the Services Agreement.

The Company entered into investment management agreements, effective January 1, 2007 with LMIC and effective February 27, 2002 with Liberty Mutual Investment Advisors LLC (LMIA). Under these agreements, LMIC and LMIA provide investment management services to the Company. Under these agreements LMIC and LMIA provided investment management services to the Company.

The Company is a party to a memorandum of understanding with LNW whereby LNW provides information technology infrastructure, payroll, administrative and other ancillary services to the Company.

The Company entered into a cash management agreement with LMIA effective February 27, 2002.

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

- G. The Company is part of a holding company structure as illustrated in Schedule Y Part 1.
- H. The Company does not own shares of an upstream company, either directly or indirectly.
- I. The Company has no investments in subsidiary, controlled or affiliated companies.
- J. Impairment of subsidiaries

Refer to 10 I

K. Investment in foreign insurance subsidiaries.

Refer to 10 I

L. Investment in downstream noninsurance holding companies.

Refer to 10 I

Note 11- Debt

A. Capital Notes

Not applicable

B. All Other Debt

Not applicable

^{*} 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 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 Agreements as described in Note 10 F.

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

1. Common Stock

The Company has 20,000 shares authorized, 11,539 shares issued and outstanding as of December 31, 2007. All shares have a stated par value of \$260.

2. Preferred Stock

Not applicable

Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends that can be paid by Oregon-domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner is the greater of (a) 10% of surplus, or (b) net income. The maximum dividend payout that may be made without prior approval in 2008 is \$684,223.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company did not hold stock for special purposes.
- 8. The Company does not hold special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

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 Peerless Insurance Company.

C. Gain Contingencies

Not applicable

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

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

E. All other Contingencies

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

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

Note 15- Leases

As a result of the Inter-Company 100% Quota Share Reinsurance Agreement with PIC (see Note 25), the Company has no net lease obligations.

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 concentration of credit risk.

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

A. Transfers of Receivables reported as sales

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

B. Transfers and servicing of financial assets

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

C. Wash Sales

The Company did not have any wash sales during the year.

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

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

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

Note 20- Other Items

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

Not applicable

- C. Other Disclosures
 - 1) Assets in the amount of \$1,267,087 and \$1,265,751 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 the Inter-Company 100% Quota Share Reinsurance Agreement with PIC (see Note 25), the Company has no net exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase business interruption coverage.

F. 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. 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 100 % Quota Share Reinsurance Agreement, as described in Note 25, the following are the unsecured reinsurance recoverables of an individual reinsurer which exceed 3% of policyholders surplus.

Reinsurer	<u>NAI</u>	Fed ID #	Recoverable Amount
	<u>Co.</u>		
OneBeacon Insurance Company	21970	23-1502700	\$11,962,000

- B. There are no reinsurance recoverables in dispute from an individual reinsurer that exceed 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. Reinsurance Assumed & Ceded
 - 1. The following table sets forth the maximum return premium and commission equity due the reinsurer or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2007.

	Assumed F	Assumed Reinsurance		Ceded Reinsurance		surance
		Commission		Commission		Commission
	UEP	Equity	UEP	UEP Equity		Equity
Affiliates	\$0	\$0	\$64,418,218	\$7,750,757	\$(64,418,218)	\$(7,750,757)
All Other	0	0	18,000	0	\$(18,000)	\$(7,730,737) 0
Total	\$0	\$0	\$64,436,218	\$7,750,757	\$(64,436,218)	\$(7,750,757)

Direct unearned premium reserve of \$64,436,218

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

Direct	\$3,337,573
Assumed	0
Ceded	(3,337,573)
Net	\$0

- D. The Company did not write off any uncollectible balances in 2007.
- E. The Company does not have ceded commutations.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2007.

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

As a result of the Inter-Company 100% Quota Share Reinsurance Agreement with PIC (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 PIC (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 PIC, the Lead Company in the Peerless Insurance Company Pool. Pursuant to the Agreement, after external reinsurance, the Company cedes its net underwriting activity to PIC.

Note 26- Structured Settlements

- A. As a result of the Inter-Company 100% Quota Share Reinsurance Agreement with PIC (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 a result of the Inter-Company 100% Quota Share Reinsurance Agreement with PIC (see Note 25), the Company has no net exposure to liabilities related to premium deficiency reserves.

Note 30- High Dollar Deductible Policies

Not applicable.

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 PIC (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

1.2 U.S. government agency collegations (excluding morpage-backet securities): 1.2 Issued by U.S. government geneticals capacities 1.3 Feeting prevented (final final agencies) 1.4 Securities issued by states, sembories, and assessations and political stabelishors in the U.S. 1.4 Feating absolutions in the U.S. 1.4 Feating absolutions of states, tembories and possessions and political stabelishors in the U.S. 1.4 Feating absolutions of states, tembories and possessions and political stabelishors private (bulgations) 1.4 Revenue and assessment obligations 1.4 Revenue and assessment obligations 1.5 Morgage-leaches securities (includes residential and commercial MBS): 1.5 Places though securities 1.5 Discussion of quaranteed by CMMA 1.512 Issued or quaranteed by CMMA 1.512 Issued or quaranteed by FMMA and FPLMC 1.513 All other 1.512 CMD and FREMICE 1.524 Issued or quaranteed by GMMA, FNIM, FPLMC or VA 1.525 Issued by snore U.S. Covernment issuers and collaboration by recommendation of the state		Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
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1.523 All other 2. Other debt and other fixed income securities (excluding short term): 2.1 Lunsfillated domesis securities 3.2 Unaffiliated securities 3.3 Affiliated securities 3.1 Investments in mutual funds 3.2 Preferred stocks: 3.1 Affiliated 3.2 Unaffiliated 3.2 Unaffiliated 3.2 Unaffiliated 3.3 Publicity traced equity securities (excluding preferred stocks): 3.3 Affiliated 3.3 Publicity traced equity securities (excluding preferred stocks): 3.3 Affiliated 3.3 Unaffiliated 3.4 Other equity securities: 3.4 Affiliated 3.5 Other equity interests including tangible personal property under lease: 3.5 Affiliated 3.5 Unaffiliated 4. Mortgage loans: 4.1 Construction and land development 4.2 Agricultural 4.3 Single family residential properties 4.4 Mulfimity residential properties 4.5 Commercial loans 4.6 Mezzanine real estate loans 5.7 Receivables for securities						
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acquired in satisfaction of debt) 6. Contract loans 7. Receivables for securities	1					
6. Contract loans 7. Receivables for securities						
7. Receivables for securities	* *************************************					

0. Gash, cash equivalents and short-term investments [(1,378,980)] (14.271)] (1,378,980)] [14	***************************************	(1 270 000)	(4.4.074)	(4 270 000)	/44 074\	
9. Other invested assets	***************************************	(1,370,300)	[(1,5/0,900)	(14.271)	
		9 662 642	100 000	9 662 642	100.000	

PART 1 - COMMON INTERROGATORIES

GENERAL

]

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [X	(]	No []	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [X	()	No[] N	J/A [
1.3	State Regulating?			OREGON	
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 [X	(]	No []	
2.2	If yes, date of change:		06	9/01/2007	
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12	2/31/2002	
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	2/31/2002	
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).		11	1/10/2003	
3.4	By what department or departments? Oregon Department of Insurance				
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:		•		
	4.21 sales of new business? 4.22 renewals?	Yes [Yes [•	No [X] 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)				
0.1	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,			00/	
	 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact 	 ;t).		<u> </u>	
	1 2				
	Nationality Type of Entity				
	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 []	No [X]	
J. <u>L</u>					

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 Offi eposit Insurance Corporation (FDIC) and the	ice of the Comptroll	er of the Currency	(OCC), the Office	l ce of	[] No[X]	
	1	2	3	4	5	6	7	
	Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC	
	Allillate Name	Location (City, State)	FRB	000	015	FDIC	SEC	
9.	What is the name and address of the inc ERNST & YOUNG, LLP 200 Clarendon Street, Boston, MA 0211	lependent certified public accountant or acc	counting firm retains	ed to conduct the	annual audit?			
10.	What is the name, address and affiliation consulting firm) of the individual providin 62 Maple Avenue, Keene, NH 03431	n (officer/employee of the reporting entity or g the statement of actuarial opinion/certifica y Mutual Agency Markets	r actuary/consultant ation? William M Fir	associated with a	an actuarial			
11.1	Does the reporting entity own any securi	ities of a real estate holding company or oth				Yes	[] No[X]	
		11.11 Name of rea 11.12 Number of p	parcels involved	' '		_		0
11.2	If yes, provide explanation	11.13 Total book/a	adjusted carrying va	lue		\$		0
						* * *		
		ALIEN REPORTING ENTITIES ONLY: he year in the United States manager or the						
10.0							. L. No.(VI	
		transacted for the reporting entity through any of the trust indentures during the year?	its Utilited States Di	alicii oli lisks wii	erever locateu?		[] No[X] [] No[X]	
	, ,	iliary or entry state approved the changes?					[] No[]	N/A [X]
13.1	performing similar functions) of the repo	ve officer, principal financial officer, principal ting entity subject to a code of ethics, which the ethical handling of actual or apparent c	h includes the follow	ving standards?		Yes	[X] No[]	
3.11	 b. Full, fair, accurate, timely and underst c. Compliance with applicable governme d. The prompt internal reporting of violat e. Accountability for adherence to the co 	ions to an appropriate person or persons id-	entified in the code;	and	•			
							;[] No[X]	
3.21	If the response to 13.2 is Yes, provide in	formation related to amendment(s).					[] NO[X]	
13.3	Have any provisions of the code of ethic	s been waived for any of the specified office	ers?				[] No[X]	
3.31		ne nature of any waiver(s).						
		BOARD OF	DIRECTORS					
14.	Is the purchase or sale of all investment committee thereof?	s of the reporting entity passed upon either	by the board of dire	ectors or a subord	inate	Yes	[X] No[]	
15.	Does the reporting entity keep a complet committees thereof?	te permanent record of the proceedings of i	ts board of directors	s and all subordin	ate	Yes	[X] No[]	
16.		procedure for disclosure to its board of directs, directors, trustees or responsible employed.				Yes	;[X] No[]	
		FINA	NCIAL					
17.	Has this statement been prepared using	a basis of accounting other than Statutory	-	es (e.g., Generall	y Accepted			
	Accounting Principles)?	clusive of Separate Accounts, exclusive of p		() /		Yes	[] No[X]	
1		18.11 To directors				\$		0
		18.12 To stockhold 18.13 Trustees, su		aternal only)		\$\$		0
18.2	Total amount of loans outstanding at the	end of year (inclusive of Separate Account				*		
	*	18.21 To directors	or other officers	. ,		\$		0
		18.22 To stockhold 18.23 Trustees, su		aternal only)		\$ \$		0
		,	. •	• •				

PART 1 - COMMON INTERROGATORIES

19.1	Were any assets reported in this state obligation being reported in the state	atement subject to a colement?	ntractual obligation to transf	er to another party without	the liability for such	Yes [] No [X]
19.2	If yes, state the amount thereof at D		rent year:			.00[] .00[//]
	·		19.21 Rented from of			\$0
			19.22 Borrowed from of 19.23 Leased from of			\$ <u>0</u>
			19.24 Other	ners		\$ 0
20.1	Does this statement include payment association assessments?	nts for assessments as	described in the Annual Sta	atement Instructions other th	nan guaranty fund or guaranty	Yes [] No [X]
20.2	If answer is yes:		20.21 Amount paid a	s losses or risk adjustment		\$ 0
			20.22 Amount paid a	expenses		\$0
21.1	Doos the reporting entity report env	r amounta dua fram nar	20.23 Other amounts	•	42	\$ 0 Voc [V] No []
	Does the reporting entity report any If yes, indicate any amounts receive			on rage 2 of this statemen	ıı.;	Yes [X] No [] \$ 0
21.2	ii yes, iiidicate ariy amounts receive	able from parent include	u in the rage 2 amount.			<u> </u>
			INVESTI	MENT		
22.1	Were all the stocks, bonds and other in the actual possession of the repo		•	. •	•	Yes[X] No[]
22.2	If no, give full and complete informa	ation, relating thereto				
23.1	Were any of the stocks, bonds or of control of the reporting entity, or has is currently in force? (Exclude secur	s the reporting entity so	ld or transferred any assets	•		Yes[X] No[]
23.2	If yes, state the amount thereof at D		• ,			
20.2	ii yes, state the amount thereof at L	December 31 of the curi	•	Loaned to others		\$ 0
				Subject to repurchase agree	eements	\$ 0
			23.23	Subject to reverse repurch	ase agreements	\$ 0
				Subject to dollar repurchas		\$0
				Subject to reverse dollar re	epurchase agreements	\$ 0
				Pleaded under artists acres	mente	\$ 0
				Placed under option agree Letter stock or securities n		\$ 0
				On deposit with state or ot		\$ 1,267,087
				Other	,	\$ 0
23.3	For category (23.28) provide the following	lowing:				
	1			2	3	\neg
	Nature of Rest	triction	Desc	ription	Amount	
						_
24.1	Does the reporting entity have any I	hedging transactions re	ported on Schedule DB?			Yes [] No [X]
24 2	If yes, has a comprehensive descrip	ation of the hedging pro	gram been made available	to the domiciliary state?		Yes [] No [] N/A [X]
	·		g. a 20011aa0 a.raab10	is the dominant of the		.00[] .10[] .1111[.1]
25 1	If no, attach a description with this s Were any preferred stocks or bonds		er 31 of the current year ma	ndatorily convertible into eq	uity or at the option of the	
	issuer, convertible into equity?			,	V V	Yes[] No[X]
25.2	If yes, state the amount thereof at D	December 31 of the curr	rent year.			\$0
	Excluding items in Schedule E, real safety deposit boxes, were all stock with a qualified bank or trust compa agreements of the NAIC Financial C	ss, bonds and other sec any in accordance with s Condition Examiners Ha	urities owned throughout th Section 3, III Conducting Ex andbook?	e current year held pursuan aminations, G - Custodial o	t to a custodial agreement r Safekeeping	Yes[X] No[]
26.01	For agreements that comply with th	e requirements of the N	IAIC Financial Condition Ex	amıners Handbook, comple	te the following:	
		1			2	
		lame of Custodian(s)			lian's Address	_
	JP MORGAN CHASE			3 Chase Metrotech Center	, DIOUNIJII, INT 11243	╛
						\dashv
				<u> </u>		–
26.02	For all agreements that do not compare, location and a complete expl		ts of the NAIC Financial Co	ndition Examiners Handboo	k, provide the	
	1 Name(a)		2		3	
	Name(s)		Location(s)	Cor	mplete Explanation(s)	
						\Box
	i i	i i		i		i i

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	13,032,119	13,284,723	252,604
28.2 Preferred stocks			
28.3 Totals	13,032,119	13,284,723	252,604

9.1	Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed?	Yes [X] No []	l
9.2	If no, list exceptions:		
	OTHER		

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

Ф	U

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?

6	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	Does the reporting entity have any direct Medicare Supplement I	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 Supple	ement Insurance Experience Exhibit?	?		\$	0
	1.31 Reason for excluding				* *	
1 /	Indicate amount of earned premium attributable to Canadian and	Vor Other Alien not included in Item (1 2) ahove		¢	٥
	Indicate total incurred claims on all Medicare Supplement insurar		1.2) above.		ψ <u></u>	0
1.5 1.6	Individual policies:	10 6 .			<u>Ψ</u>	
1.0		current three years:				
	1.61	Total premium earned			¢	0
	1.62	Total incurred claims			ψ	0
	1.62	Number of covered lives			ψ	0
					φ	
	•	ars prior to most current three years:			¢	0
	1.64	Total premium earned			ф	0
	1.65	Total incurred claims			Ď	0
4 7	1.66	Number of covered lives			<u> </u>	0
1.7	Group policies:					
		current three years:			φ.	0
	1.71	Total premium earned			<u> </u>	0
	1.72	Total incurred claims			\$	0
	1.73	Number of covered lives			\$	0
	•	ars prior to most current three years:			•	•
	1.74	Total premium earned			\$	0
	1.75	Total incurred claims			\$	0
	1.76	Number of covered lives			\$	0
2.	Health Test:			•		
			1	2		
			Current Year	Prior Year		
		Premium Numerator	\$	\$		
		Premium Denominator	\$ 0	\$ 0		
		Premium Ratio (2.1/2.2)	0.00	0.00		
		Reserve Numerator	\$ 0	\$ 0		
		Reserve Denominator	\$ 79,761	\$ 0		
	2.6 F	Reserve Ratio (2.4/2.5)	0.00	0.00		
3.1	Does the reporting entity issue both participating and non-participating	pating policies?			YES[X]NO	[] C
3.2	If yes, state the amount of calendar year premiums written on:					
	3.21	Participating policies			\$	180,767
	3.22	Non-participating policies			\$	148,155,518
4.	For Mutual Reporting Entities and Reciprocal Exchange only:					
4.1	Does the reporting entity issue assessable policies?				YES[]NC)[X]
4.2	Does the reporting entity issue non-assessable policies?				YES[]NO)[X]
4.3	If assessable policies are issued, what is the extent of the contin	gent liability of the policyholders?				0 %
4.4	Total amount of assessments paid or ordered to be paid during the	he year on deposit notes or continge	nt premiums.		\$	0
5.	For Reciprocal Exchanges Only:					
5.1	Does the exchange appoint local agents?				YES[]NC)[X]
5.2	If yes, is the commission paid:					
	5.21	Out of Attorney's-in-fact compens	sation		YES[]NC	O [] N/A [X]
	5.22	As a direct expense of the excha	nge		YES[]NO	D[]N/A[X]
5.3	What expenses of the Exchange are not paid out of the compens	sation of the Attorney-in-fact?				
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment	of certain conditions, been deferred?	?		YES[]NC)[X]
	If yes, give full information					

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: In 2007, the Company purchased Workers' Compensation Catastrophe Reinsurance, separately and/or with the Liberty Mutual Group with limits of \$1,175m xs \$25m. A minimum of 75% was placed for each layer.		
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 tracks aggregate property and WC exposure and reviews quarterly. It uses RiskLink from RMS and AIR from AIR for EQ and wind. It uses RiskLink for WC. Concentrations are in the Northeast for wind and New Madrid for EQ.		
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? In 2007, the Company purchased Property Catastrophe Reinsurance, separately and/or with Liberty Mutual Group with limits of \$1,900m xs \$50m. The coverage is sufficient to protect against the Company's 250 year event.		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated		
6.5	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[>	(]NO[]
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate	VECT	180171
7.2	limit or any similar provisions)? If yes, indicate the number of reinsurance contracts containing such provisions.	TEST] NO [X]
	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES [] NO [X]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	VEG I] NO [X]
8.2	If yes, give full information		INO[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;		
	 (a) A contract term longer than two years and the contract is noncancellation 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		
	(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;		
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no		
	activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	YES [] NO [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or		
	year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated		
	policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or		
	(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity		
9.3	or its affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	YES [] NO [X]
	 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved. 		
9.4	Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the		
	reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:		
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as		
	a deposit under generally accepted accounting principles ("GAAP"); or	VEC :	111011/1
	(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 Reinsurance	Summary Supplementa	al Filing for General In	terrogatory 9 (Section [O) why the contract(s)			
	is treated differently for GAAP and SAP.							
9.6	The reporting entity is exempt from the I		Supplement under or	ne or more of the follow	ing criteria:			
	(a) The entity does not utilize reinsura						YES[]NO[X]	
	(b) The entity only engages in a 100%	quota share contract w	rith an affiliate and the	affiliated or lead compa	any has filed an		V=0.10.1V.	
	attestation supplement; or,						YES[]NO[X]	
	(c) The entity has no external cession	s and only participates i	n an intercompany po	ol and the affiliated or l	ead company has		VECT INC. (VI	
10	filed an attestation supplement.	from another entity the	are should be sharees	Lan account of such roi	nouronooo o rooonio og	ual to that	YES[]NO[X]	
10.	If the reporting entity has assumed risks which the original entity would have bee	•	•		risurances a reserve eq	uai to that	YES[]NO[]N	I/A [¥ 1
11 1	Has the reporting entity guaranteed poli						YES[]NO[X]	"A[A]
	If you give full information		•				ILS[]NO[X]	
11.2	in you, give run information	* * * * * * * * * * * * * * * * * * * *						
12.1	If the reporting entity recorded accrued		on insurance contract	ts on Line 13.3 of the a	sset schedule, Page 2,	state the		
	amount of corresponding liabilities recor							
		12.11	Unpaid losses				\$	0
		12.12	Unpaid underwriting	g expenses (including lo	oss adjustment expense	s)	\$	0
12.2	Of the amount on Line 13.3, Page 2, sta	ite the amount that is se	ecured by letters of cre	edit, collateral and other	r funds?		\$	0
12.3	If the reporting entity underwrites comm	ercial insurance risks, s	uch as workers' comp	ensation, are premium	notes or promissory not	tes accepted		_
	from its insureds covering unpaid premi	ums and/or unpaid losse	es?				YES[]NO[X]N/	/A []
10.4	If you provide the reason of interest rate	a abaraad wadar ayab a	ataa durina tha nasiad	account by this statem	ant.			
12.4	If yes, provide the range of interest rates	s charged under such h 12.41	• .	covered by this statem	lent.			0.000 %
		12.42						0.000 %
12 5	Are letters of credit or collateral and other			hy the reporting entity	to secure premium note	s or		0.000 /0
12.0	promissory notes taken by a reporting e		=					
	losses under loss deductible features of		· are reperang enacy e	Toportou un oot unpara		upu.u	YES[]NO[X]	
12.6	If yes, state the amount thereof at Dece		"				0[][]	
	,,	12.61					\$	0
		12.62		er funds			\$	0
13.1	Largest net aggregate amount insured in	n any one risk (excludin	g workers' compensat	ion):			\$	0
	Does any reinsurance contract consider	,	•	,	overy without also includ	ing a		
	reinstatement provision?				·		YES[]NO[X]	
13.3	State the number of reinsurance contract	cts (excluding individual	facultative risk certific	cates, but including facu	ultative programs, autom	natic		
	facilities or facultative obligatory contract	ts) considered in the ca	lculation of the amour	nt.				3
1// 1	Is the company a cedant in a multiple ce	adant reincurance contr	act?				YES[X]NO[]	
	If yes, please describe the method of all			cedants: Premiu	ms and recoverables we	are	ILS[X]NO[]	
17.2	allocated pursuant to separate intercom							
	anosatoa paroaani to coparato intercent	parry agreements.						
14.3	If the answer to 14.1 is yes, are the met	hods described in item	14.2 entirely contained	d in the respective multi	iple cedant reinsurance			
	contracts?		• • • • • •				YES[]NO[X]	
	If the answer to 14.3 is no, are all the m		•	•			YES[X]NO[]	
14.5	If the answer to 14.4 is no, please expla	in:						
15.1	Has the reporting entity guaranteed any	financed premium acco	ounts?				YES[]NO[X]	
15.2	If yes, give full information							
16.1	Does the reporting entity write any warra	anty business?					YES[]NO[X]	
	If yes, disclose the following information	for each of the following	g types of warranty co	overage:				
		1	2	3	4	5		
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premiun	า	
		Incurred	Unpaid	Premium	Unearned	Earned		
	16.11 Home	¢ ^	¢ ^	¢ ^	\$ 0	\$	0	
	16.12 Products	\$	\$ 0 \$ 0	\$			0	
	16.13 Automobile	\$ n			\$	<u> </u>	0	
	16.14 Other*	\$ 0	\$ 0 \$ 0	\$ 0 \$ 0	\$		0	
		T	Ť	Ψ	Ÿ	Y		
	* Disclose type of coverage:							

(Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unau	thorized reinsurance in Schedule F - Part 3 that it excludes from				
	Schedule F - Part 5.		YES[]NO	[X]		
	Incurred but not reported losses on contracts not in force prior	o July 1, 1984 and not subsequently renewed are exempt from inclusion in Schedu	ıle F -			
	Part 5. Provide the following information for this exemption:					
	17.11	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
		1 1	2	3	4	5
1		2007	2006	2005	2004	2003
		-				
١.	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,					
١.	19.1, 19.2 & 19.3, 19.4)	53,352,877	53,293,775	54,810,384	54,301,208	50,299,151
1	Property lines (Lines 1, 2, 9, 12, 21 & 26)	28,924,121	30,927,624	32,981,914	33,903,227	33,224,177
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	66,059,287	60,522,233	56,344,366	55,826,029	50,195,783
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)		(237)	14,202	35,018	24,396
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
6.	Total (Line 34)	148,336,285	144,743,395	144,150,866	144,065,482	133,743,507
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
11.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
12.	Total (Line 34)					
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)			127,343	181,540	
14.	Net investment gain (loss) (Line 11)	500,000	345,238			
15.	Total other income (Line 15)			(127,343)	(181,540)	
16.	Dividends to policyholders (Line 17)					
	Federal and foreign income taxes incurred (Line 19)		125,000			
	Net income (Line 20)	340,989	220,238			
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business	1 1				
	(Page 2, Line 24, Col. 3)	30,035,573	35,169,208	6,300,000	6,300,000	7,845,719
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21	Total liabilities excluding protected cell business (Page 3, Line 24)	23.193.346	28,648,970			1,545,719
	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Uncerned promiums (Page 2 Line 0)					
1	Canital paid up (Dans 2 Lines 20 8 20)	2 000 140	3,000,140	1,500,070	1,500,070	1,500,070
	Surplus as regards policyholders (Page 3, Line 35)		6,520,238	6,300,000	6,300,000	6,300,000
20.	Cash Flow (Page 5)	0,042,221	0,020,230	0,500,000	0,500,000	0,000,000
27	Net cash from operations (Line 11)	5,828,174	2,125,418	35,832	(31,292)	(11,060)
21.	Risk-Based Capital Analysis	3,020,174	2,123,410		(51,252)	(11,000)
28	Total adjusted capital	6,842,227	6,520,238	6,300,000	6,300,000	6,300,000
	Authorized control level risk-based capital	944,979	1,604,207	1,226,082	1.668.791	3,053,451
29.		344,373	1,004,207	1,220,002	1,000,791	3,033,431
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3)					
120	(Item divided by Page 2, Line 10, Col. 3) x 100.0	00.5	402.0	102.1	474.0	00.4
1	Bonds (Line 1)		193.9	193.1	174.6	83.1
31.						
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
	Cash, cash equivalents and short-term investments (Line 5)		(93.9)	(93.1)	(74.6)	16.9
35.	Contract loans (Line 6)					
36.	Other invested assets (Line 7)					
37.	/					
	Aggregate write-ins for invested assets (Line 9)					
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
40.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
1	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)					
1 13	Affiliated short-term investments (subtotals included in Schedule DA,	1				
145.	Part 2, Col. 5, Line 7)					
	Affiliated mortgage loans on real estate		. .			

44.	Affiliated mortgage loans on real estate					
44. 45. 46.	Affiliated mortgage loans on real estate All other affiliated					
44. 45. 46.	Affiliated mortgage loans on real estate All other affiliated Total of above Lines 40 to 45					

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2007	2 2006	3 2005	4 2004	5 2003
	Capital and Surplus Accounts (Page 4)					
48. 49.	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35)					
50.	Change in surplus as regards policyholders for the year (Line 38)	321,989	220,238			
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
51.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	23,604,022	22,657,446	28,621,049	36,401,930	30,454,109
52	Property lines (Lines 1, 2, 9, 12, 21 & 26)	12,068,823	16,598,262	11,354,285	11,975,276	12,587,564
53.	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)	37,599,500	24,232,923	20,076,538	32,037,005	21,901,639
	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
56.	Total (Line 34)	73,272,345	63.488.631	60.051.872	80,414,211	64,943,312
00.	(Line or)	70,272,010				
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
58.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
59.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
60.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 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
64.	Losses incurred (Line 2)					
65.	Loss expenses incurred (Line 3)					
66.	Other underwriting expenses incurred (Line 4)					
67.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)					
69.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
70.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
71.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)					
72	Percent of development of losses and loss expenses incurred					
1'2.	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					
<u> </u>	by Page 4, Line 21, Col. 2 x 100.0)					

SCHEDULE D - SUMMARY BY COUNTRY

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments	United States Canada Other Countries	8,362,039	8,614,643	8,299,130	8,400,000
(Including all obligations guaranteed by governments)	4. Totals	8,362,039	8,614,643	8,299,130	8,400,000
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				
obligations and all non-gualanteed obligations of agencies and authorities of governments and their political subdivisions	15. Other Countries 16. Totals				
Public Utilities (unaffiliated)	17. United States 18. Canada 19. Other Countries 20. Totals	•••••			
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States 22. Canada 23. Other Countries 24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
,	26. Total Bonds	8,362,039	8,614,643	8,299,130	8,400,000
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries 30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	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				
Banks, Trust and Insurance Companies (unaffiliated)	44. Totals 45. United States 46. Canada 47. Other Countries				
Industrial and Miscellaneous (unaffiliated)	48. Totals 49. United States 50. Canada 51. Other Countries				
Parent, Subsidiaries and Affiliates	52. Totals 53. Totals				
	54. Total Common Stocks				
	55. Total Stocks				

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

		Donas and	a Ctooko	
1.	Book/adjusted carrying value of bonds and		7. Amortization of premium	1,421
	stocks, prior year	6,372,061	Foreign Exchange Adjustment:	_
2.	Cost of bonds and stocks acquired, Column 7, Part 3	2,958,203	8.1 Column 15, Part 1	
3.	Accrual of discount	32,694	8.2 Column 19, Part 2 Section 1	
	Increase (decrease) by adjustment:		8.3 Column 16, Part 2, Section 2	
	4.1 Columns 12 - 14, Part 1		8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		Book/adjusted carrying value at end of current period	8,362,039
	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)	8,362,039
5.	Total gain (loss), Column 19, Part 4	(279)	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period	8,362,039
	disposed of Column 7, Part 4	999,219	_	

NONE Schedule P - Part 1 - Summary

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

					/ States and i					
		1 Is Insurer Licen-	Gross Premiums and Membersl 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? (Yes or	2 Direct Premiums	3 Direct Premiums	Policyholders on Direct	Paid (Deducting	Direct Losses	Direct Losses	Charges Not Included in	Purchasing Groups (Included
States, Etc.		No)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
1. Alabama	AL	NO						2Jr-20.W		
2. Alaska	AK	YES								
3. Arizona	AZ	NO								
4. Arkansas	AR	NO					******	***********		
5. California	CA	NO								
6. Colorado	CO	NO								
7. Connecticut	CT	NO								
8. Delaware	DE	NO NO								
9. Dist. Columbia 10. Florida	DC FL	NO NO								
11. Georgia		NO								
12. Hawaii	HI	NO					* * * * * * * * * * * * * * * *			
13. Idaho	ID	YES	15,691,656	14,480,858		7,263,167	7,325,423	6,170,292	105,699	
14. Illinois	IL	NO								
15. Indiana	IN	NO								
16. lowa	IA	NO								
17. Kansas	KS	NO								
18. Kentucky		NO								
19. Louisiana	LA	NO								
20. Maine	ME	NO								
21. Maryland 22. Massachusetts	MD MA	NO NO								
23. Michigan	MA	NO NO								
24. Minnesota	MN	NO								
25. Mississippi	MS	NO								
26. Missouri	MO	NO					* * * * * * * * * * * * * * * *			
27. Montana	MT	YES	2,078,370	1,584,296		557,277	1,420,466	885,036	14,000	
28. Nebraska	NE	NO								
29. Nevada	NV	NO					*****			
30. New Hampshire	NH	NO					******			
31. New Jersey	NJ	NO								
32. New Mexico	NM	NO								
33. New York	NY	NO								
34. No. Carolina	NC	NO								
35. No. Dakota 36. Ohio	ND OH	NO NO								
37. Oklahoma	OK	NO								
38. Oregon	OR	YES	70,161,003	69,199,227		29,356,377	29,783,462	45,743,971	472,603	
39. Pennsylvania	PA	NO NO	1.0,101,003	00,100,441		۲۰۰٬۰۰۰٬۰۰۲	20,100,402	70,170,31	7,7,003	
40. Rhode Island	RI	NO								
41. So. Carolina	SC	NO	I							
42. So. Dakota	SD	NO					******			
43. Tennessee	TN	NO								
44. Texas	TX	NO								
45. Utah	UT	YES		55		39,530	41,531	334,363		
46. Vermont	VT	NO								
47. Virginia	VA	NO	00 405 050	00 204 207		20 055 004	00.000.000	40 400 070	400 000	
48. Washington	WA	YES NO	60,405,258	60,391,007		36,055,991	29,889,630	42,468,873	406,889	
49. West Virginia 50. Wisconsin	WV WI	NO NO								
51. Wyoming	WY	NO								
52. American Samoa	AS	NO								
53. Guam	GU	NO								
54. Puerto Rico	PR	NO	I							
55. U.S. Virgin Islands	VI	NO					*****			
56. Northern Mariana Islands	MP	NO								
57. Canada	CN	NO								
58. Aggregate other		,	1							
alien	OT	XXX								
59. Totals		(a) 6	148,336,287	145,655,443		73,272,342	68,460,512	95,602,535	999,191	
		1				. ,				
DETAILS OF WRITE-INS	j									
5801.		XXXX						* * * * * * * * * * * * * * * * * * * *		
5802.		XXX								
5803.		XXX	I				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
5898. Summary of remaining							* * * * * * * * * * * * * * * *			
write-ins for Line 58			1							
			1							
from overflow page		XXX	-							
5899. Totals (Lines 5801			1							
through 5803 + 5898)			1							
(Line 58 above)		XXX	L							

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

*Principal Location of business or location of coverage - Liability other than Auto, Fidelity

^{*}Address of Assured - Other Accident and Health

^{*}Location of Properties covered - Burglary and Theft

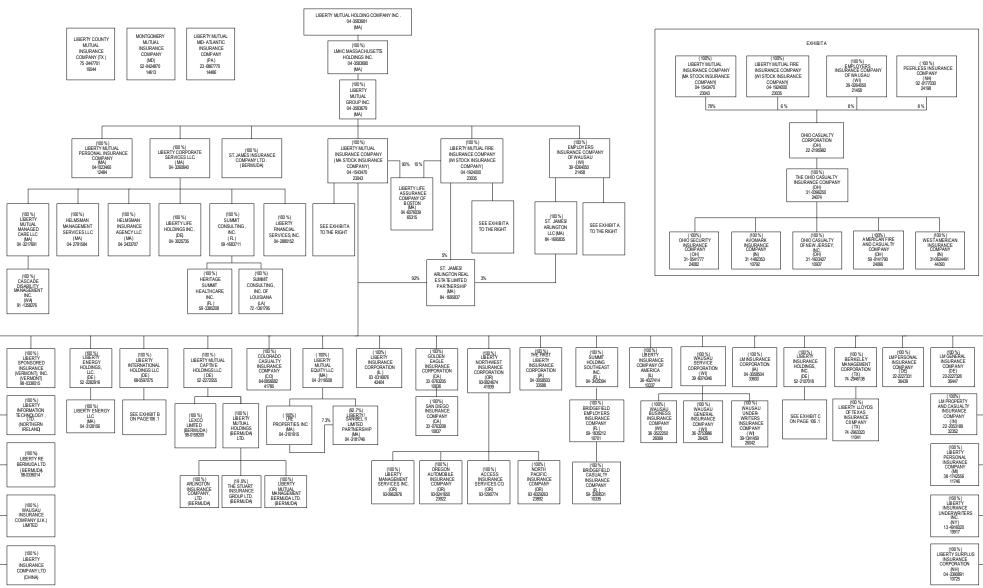
^{*}Point of origin of shipment or principal location of assured - Inland Marine

^{*}Principal Location of Assured - Ocean Marine, Credit

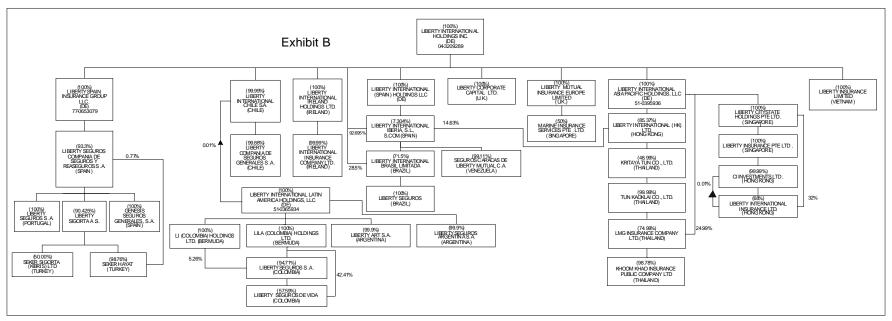
^{*}State in which employees regularly work - Group Accident and Health

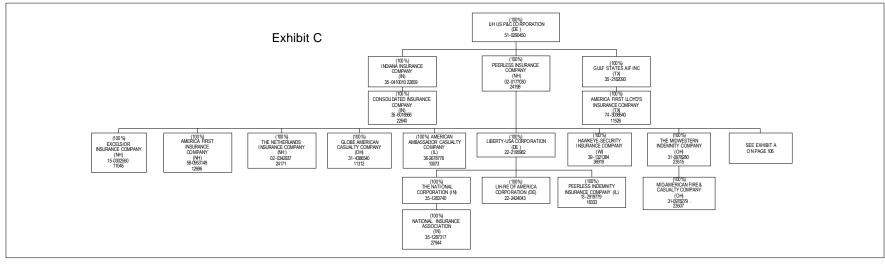
^{*}Primary residence of Assured - Aircraft (all perils)

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



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





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