ANNUAL STATEMENT

OF THE

LIBEI	LIBERTY COUNTY MUTUAL INSURANCE COMPANY IRVING TEXAS	/
of	IRVING	
in the state of	TEXAS	

TO THE

Insurance Department

OF THE

FOR THE YEAR ENDED

December 31, 2011

PROPERTY AND CASUALTY



ANNUAL STATEMENT

For the Year Ended December 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

		Lib	erty County Mut	ual Insurance Co	mpany		
NAIC Group Code	0111	0111	NAIC Company C			umber 75-24	47701
Organized under the Laws	(Current Period) of Texas	(Prior Period)		, State of Domicile or F	Port of Entry Texas		
Country of Domicile	United States of Ame	rica		, otate of Donniche of 1	ort of Entry		
Incorporated/Organized		October 25	5, 1945	Comr	nenced Business	October 25, 1945	
Statutory Home Office	2100 Walnut Hill Land			,	Irving, TX 75038		
Main Administrative Office	175 Dorkolov	•	and Number)		(City or	Town, State and Zip Code)	
Main Administrative Office	175 Berkeley	Street		(Street and N	lumber)		
	Boston, MA	02116			617-357-9500		
Mail Address 475		(City or Town	, State and Zip Code)		(Area Code) (Telephone	Number)	
Mail Address 175 I	Berkeley Street	(Street and Number	or P.O. Box)	,	Boston, MA 02116 (City or	Town, State and Zip Code)	
Primary Location of Books	and Records	175 Berkeley Street			Boston, MA 02116	617-357-95	
Internet Web Cite Address		•	treet and Number)	(City o	or Town, State and Zip Code)	(Area Code) (Teleph	ione Number)
Internet Web Site Address Statutory Statement Contact					617-357-9500 x44689		
otatatory otatement conta	Tamela rice	nun	(Name)	,	(Area Code) (Telephone	Number) (Extension)	
	Statutory.Cor	npliance@LibertyMutua				617-574-5955	
		(E	-Mail Address)	10500		(Fax Number)	
			OFF	FICERS			
1.	Alan Schlosberg	Name		President	Title		
2.	Dexter Robert Le			Secretary			
3.	Laurance Henry	Soyer Yahia		Treasurer			
			VICE-PI	RESIDENTS			
Name			Title		Name	Tir	tle
Margaret Dillon		Chief Financial Office	r	-		- <u></u>	
							
			DIRECTORS	OR TRUSTEES			
Patrick Timothy Hedrick Shana Sartor Shoden		Susan Fay Merchant		Karen Elizabeth	McCague	Larry William Pittman	
Snana Santor Snoden							
State of Massachuse	atts						
Otato or indosection							
County of Suffolk							
			-	·	g entity, and that on the reporti		
			-	·	ein stated, and that this statem	-	
•					dition and affairs of the said repo al Statement Instructions and Ac		•
	•		•		accounting practices and proc	=	•
-	-		-		corresponding electronic filing v	· ·	
(except for formatting difference	es due to electronic filin	g) of the enclosed state	ement. The electronic filir	ng may be requested by v	arious regulators in lieu of or in	addition to the enclosed stater	ment.
(Sic	gnature)		((Signature)		(Signature)	
	Schlosberg			er Robert Legg		Laurance Henry Soyer Y	'ahia
(Printe	ed Name)		(P	rinted Name)		(Printed Name)	_ _
D.~	1. esident			2. Secretary		3. Treasurer	
	Title)			Secretary (Title)		(Title)	
,	•			v		()	
Subscribed and sworn to (or af							
23 day of January	<u>'</u>	, 2012, by			a la thia an ari-i	al filing?	[Y]Voo []No
					a. Is this an origina b. If no: 1. Stat	e the amendment number	[X]Yes []No
			•		2. Date		
					2 Num	her of names attached	

2503.

2598. Summary of remaining write-ins for Line 25 from overflow page 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
	Bonds (Schedule D) Stocks (Schedule D):	6,351,231		6,351,231	6,122,564
-	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 0, Schedule E - Part 1), cash equivalents (\$ 0,				
	Schedule E - Part 2), and short-term investments (\$ 354,665, Schedule DA)	354,665		354,665	350,892
6.	Contract loans (including \$ 0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities	077.550		077.550	750 250
10.	Securities lending reinvested collateral assets (Schedule DL) Aggregate write-ins for invested assets	277,550		277,550	758,352
11.	Aggregate write-ins for invested assets Subtotals, cash and invested assets (Lines 1 to 11)	6,983,446		6,983,446	7,231,808
	Title plants less \$ 0 charged off (for Title insurers only)			0,903,440	1,231,000
		28,259		28,259	9,241
	Premiums and considerations:	20,233		20,239	3,241
10.	15.1 Uncollected premiums and agents' balances in the course of collection	13,128		13,128	39,625
	15.2 Deferred premiums, agents' balances and installments booked but deferred	10,120		10,120	
	and not yet due (including \$ 0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums				
16	Reinsurance:				
10.	16.1 Amounts recoverable from reinsurers	22,045		22,045	54,532
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,105,000	1,105,000		
19.	Guaranty funds receivable or on deposit	452,329		452,329	687,443
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$ 0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	5,183		5,183	5,954
24.	Health care (\$ 0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	8,609,390	1,105,000	7,504,390	8,028,603
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	8,609,390	1,105,000	7,504,390	8,028,603
	DETAILS OF WRITE-IN LINES				
1101.					
1102.					
1103.					
1	Summary of remaining write-ins for Line 11 from overflow page				
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.					
2502.					
2503		i .	i .	i	

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.			
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges	31,154	26,939
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	987,373	2,686,068
7.1	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	123,128	141,705
7.2	Net deferred tax liability		
8.	Borrowed money \$ 0 and interest thereon \$ 0		
9.			
	reinsurance of \$132,377,391\ and including warranty reserves of \$0\$		
	and accrued accident and healthexperience rating refunds including \$ 0		
40	for medical loss ratio rebate per the Public Health Service Act)		
	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
40	11.2 Policyholders		(4.004.020)
	Ceded reinsurance premiums payable (net of ceding commissions)	(558,313)	(1,991,630)
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
	Amounts withheld or retained by company for account of others Remittances and items not allocated		
15.			
16. 17.			
19.	~	1 100	6,575
20.	De Alle Process	1,108	
21.			
22.	Describe for a constitue localism	077 550	758,352
	Linklik, for any outs hold under uning and along		
	Capital notes \$ 0 and interest thereon \$ 0		
	Aggregate write-ins for liabilities	C00 004	61,107
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		1,689,116
27.	Protected cell liabilities		
	Total liabilities (Lines 26 and 27)	1,482,801	1,689,116
29.	Aggregate write-ins for special surplus funds	.,	.,,,,,,,,
	Common capital stock		
	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes	10,000,000	10,000,000
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	(3,978,411)	(3,660,513)
36.	Less treasury stock, at cost:		
	36.1 0 shares common (value included in Line 30 \$ 0)		
	36.2 0 shares preferred (value included in Line 31 \$ 0)		
37.		6,021,589	6,339,487
38.	Totals (Page 2, Line 28, Col. 3)	7,504,390	8,028,603
	DETAILS OF WRITE-IN LINES		
2501.	Other liabilities	620,801	61,107
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	620,801	61,107
2901.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,	, ,
2902.			
2903.			
			· · · · · · · · · · · · · · · · · · ·

2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)

3298. Summary of remaining write-ins for Line 32 from overflow page 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)

3201. 3202. 3203.

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)		
	DEDUCTIONS:		
	Losses incurred (Part 2, Line 35, Column 7)		
3. 4.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)	(68 451)	(72,683)
5.	Aggregate write-ins for underwriting deductions		(1.2,000)
6.	Total underwriting deductions (Lines 2 through 5)	(68,451)	(72,683)
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	68,451	72,683
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		123,776
10.	Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))		50,847
11.	Net investment gain (loss) (Lines 9 + 10)	(521,349)	174,623
	OTHER INCOME		
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
	\$ 6,121 amount charged off \$ 6,121)		
13.	Finance and service charges not included in premiums	I	
14. 15	Tabel allowing the company (Lines 40 through 44)		
	Net income before dividends to policyholders, after capital gains tax and before all other		
	federal and foreign income taxes (Lines 8 + 11 + 15)	(452,898)	247,306
	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before	(450,000)	0.47.000
10	all other federal and foreign income taxes (Line 16 minus Line 17)	(405 000)	247,306
	Federal and foreign income taxes incurred Net income (Line 18 minus Line 19) (to Line 22)	(0.47.000)	147,371 99,935
20.		(017,000)	30,000
	CAPITAL AND SURPLUS ACCOUNT	0 000 40-	
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	6,339,487 (317,898)	6,396,326 99,935
23.	Net income (from Line 20) Net transfers (to) from Protected Cell accounts	1	99,933
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax	895,040	93,150
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(895,040)	(93,150)
28. 29.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
33	32.3 Transferred to surplus Surplus adjustments:		
00.	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)	1	
_	33.3 Transferred from capital		
	Net remittances from or (to) Home Office		
35. 36.	Dividends to stockholders Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
50.	Aggregate write-ins for gains and losses in surplus		(156,774)
37.			
37. 38.	Change in surplus as regards policyholders for the year (Lines 22 through 37) Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	(317,898)	(56,839)

	DETAILS OF WRITE-IN LINES		
0501.			
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 05 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.			
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701.	Federal tax on prior year interest expense		(156,774)
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page	1	
3799.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		(156,774)

CASH FLOW

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance		
2.	Net investment income	90,550	208,473
3.	Miscellaneous income		
4.		90,550	208,473
5.	Benefit and loss related payments	(32,487)	15,997
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	1	
7.	Commissions, expenses paid and aggregate write-ins for deductions	(68,898)	(72,969)
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	(116,422)	
10.	7	(217,807)	(56,972)
11.	Net cash from operations (Line 4 minus Line 10)	308,357	265,445
	Cash from Investments		
12	Proceeds from investments sold, matured or repaid:	•	
12.	40.4 Panda	•	7,255,885
	40.0		1,200,000
		†	
	40.4 Parladata		
	40.5	0.005.004	
	12.5 Other invested assets 12.6 Net gains (or losses) on cash, cash equivalents and short-term investments		
	40.7 Missellenson grande		
	12.7 Miscellaneous proceeds 12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,205,981	7,255,885
12	Cost of investments acquired (long-term only):	2,200,901	1,255,005
10.	40.4	267,403	3,130,791
	42.0 Charles	1	3,130,731
		1 725 170	758,352
	42.C. Missellanson andisations		130,332
	42.7 Table in reduced a coming d () in a 42.4 to 42.6	4 000 500	3,889,143
14.		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15.			3,366,742
10.		210,000	0,000,142
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(517,983)	(7,121,929
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5		
	plus Line 16.6)	(517,983)	(7,121,929)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.		3,773	(3,489,742)
	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	350,892	3,840,634
	19.2 End of year (Line 18 plus Line 19.1)	354,665	350,892
		12.,000	
te: Su	applemental disclosures of cash flow information for non-cash transactions:		
	12.1 - Proceeds from investments sold, matured or repaid - Bonds		6.869.222

Note: Sup	pplemental disclosures of cash flow information for non-cash transactions:	
20.0001	12.1 - Proceeds from investments sold, matured or repaid - Bonds	6,869,222
20.0002		
20.0003		

NONE Underwriting and Investment Exhibit - Part 1

NONE Underwriting and Investment Exhibit - Part 1A

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

		1	Reinsurand	e Assumed	Reinsurar	6		
		2 3		3	4	5	Net Premiums	
		Direct		From		То	Written	
		Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -	
	Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5	
1.	Fire							
	Allied lines							
	Farmowners multiple peril							
	Homeowners multiple peril							
	Commercial multiple peril							
	Mortgage guaranty							
	Ocean marine							
	Intered mention							
	Financial augrents							
	Medical professional liabilityoccurrence							
	Medical professional liabilityclaims-made							
	Group accident and health							
14.	Credit accident and health							
45	00 11 1 11 10							
	Other accident and health							
	Other liability—occurrence							
	Other liability—claims-made							
	Excess workers' compensation							
	Products liability—occurrence							
18.2	Products liability—claims-made							
19.1,19.2	Private passenger auto liability	136,707,483			136,441,415	266,068		
19.3,19.4	Commercial auto liability				(14,867)			
21.	Auto physical damage	116,239,109			115,998,840	240,269		
22.	Aircraft (all perils)							
23.	Fidelity							
24.	Surety							
26.	Burglary and theft							
27.	Boiler and machinery							
28.	Credit							
29.	International							
30.	Warranty							
	Reinsurance-nonproportional							
	assumed property	xxx						
32.	Reinsurance-nonproportional							
<u></u> .	assumed liability	XXX						
33	Reinsurance-nonproportional							
55.	assumed financial lines	XXX						
3/1	Aggregate write-ins for other lines							
34.								
)E	of business	252,931,725			252 425 200	E06 227		
<u> </u>	TOTALS	252,931,725			252,425,388	506,337		
			I		1	1		
	DETAILS OF WRITE-IN LINES							
						1	.	

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

(a)	Does th	ne company's direct premiums written include premiums record	led on an installment basis?	Yes[] No[X]	
	If yes:	1. The amount of such installment premiums \$.0.		
		2. Amount at which such installment premiums would have be	een reported had they been recorde	d on an annualized basis \$	0

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

		Losses Paid L	_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)
	240000	7100411104	. 100010104	(00.01 1 2 0)	(1 4.11 2.1, 30.11 3)		(55.51 5 5)	(00, 1)
1. Fire								
2. Allied lines								
Farmowners multiple peril								
Homeowners multiple peril								
Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine							1	
9. Inland marine					1		1	
10. Financial guaranty					1		1	1
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health					1			
14. Credit accident and health (group and individual)					1			
15. Other accident and health					1		1	
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
9.1,19.2 Private passenger auto liability	81,431,996		81,431,996					
9.3,19.4 Commercial auto liability								
21. Auto physical damage	61,374,826		61,374,826					
22. Aircraft (all perils)							1	
23. Fidelity					l		1	1
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit					1		1	
29. International					1			
30. Warranty					1			
31. Reinsurance-nonproportional assumed property	XXX				1			
32. Reinsurance-nonproportional assumed liability	XXX							
33. Reinsurance-nonproportional assumed financial lines	XXX				1			
34. Aggregate write-ins for other lines of business								
35. TOTALS	142,806,822		142,806,822				+	
JJ. TOTALS	142,000,022		142,000,022					
							_	
DETAILS OF WRITE-IN LINES								
3/01					+		1	

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

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

			Reporte	d Losses			Incurred But Not Reported		8	9
		1	2	3 Deduct	4 Net	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Reinsurance Recoverable from Authorized and Unauthorized Companies	Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
	1. Fire 2. Allied lines									
ł	Farmowners multiple peril									
ł	4. Homeowners multiple peril 4. Homeowners multiple peril									
	Commercial multiple peril									
	Mortgage guaranty									
	8. Ocean marine									
	9. Inland marine			1						
	10. Financial guaranty	[1		
	11.1 Medical professional liablity—occurrence									
	11.2 Medical professional liablity—claims-made									
	12. Earthquake								(-)	
	Group accident and health Credit accident and health (group and individual)								(a)	
-	15. Other accident and health								(a)	
	16. Workers' compensation								(a)	
	17.1 Other liability—occurrence									
\$	17.2 Other liability—claims-made									
	17.3 Excess workers' compensation									
	18.1 Products liability—occurrence			1						
İ	18.2 Products liability—claims-made									
19.	,19.2 Private passenger auto liability	36,681,617		36,681,617		16,208,831		16,208,831		
19.	3,19.4 Commercial auto liability	10,000		10,000		36,748		36,748		
	21. Auto physical damage	40,803		40,803		733,077		733,077		
	22. Aircraft (all perils) 23. Fidelity									
ŀ	23. Fidelity 24. Surety									
ł	24. Surety 26. Burglary and theft									
ł	27. Boiler and machinery									
	28. Credit									
	29. International									
	30. Warranty									
	31. Reinsurance-nonproportional assumed property	XXX				XXX		1		
	32. Reinsurance-nonproportional assumed liability	XXX				XXX		[
	33. Reinsurance-nonproportional assumed financial lines	XXX				XXX				
	34. Aggregate write-ins for other lines of business	20.700.400		00.700.400		40.070.050		40.070.050		
\vdash	35. TOTALS	36,732,420		36,732,420		16,978,656		16,978,656	<u> </u>	
	DETAILS OF WRITE-IN LINES									
	3401.									
	3402.									
	3403.									
	3498. Sum of remaining write-ins for Line 34 from overflow page									
	3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									
	oras. Totala (Lilies oro i tillough aros plus aras) (Lilie 34 above)					1		1	1	

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1	Claim adjustment services:	· ·			
١.	- I	5,345,888			5,345,888
	1.1 Direct 1.2 Reinsurance assumed	3,545,000			3,040,000
	1.2 Deingurange goded	5.345.888			5,345,888
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	-,,			3,343,000
2	Commission and brokerage:				
۷.	0.4 Direct or all direct configurations		2.006.201		2,006,201
	Direct, excluding contingent Reinsurance assumed, excluding contingent		2,006,201		2,000,201
	Reinsurance ceded, excluding contingent		2,074,652		2,074,652
			1		1,896
			1,896		1,090
	Contingent—reinsurance assumed Contingent—reinsurance ceded		1 006		1 006
			1,896		1,896
	2.7 Policy and membership fees		(60.454)		(60.451)
2	2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+2.5-2.6+2.7)		(68,451)		(68,451)
	Allowances to manager and agents				
	Advertising			95	95
	Boards, bureaus and associations			3	
	Surveys and underwriting reports			67	67
	Audit of assureds' records				
8.	Salary and related items:				
				6,094	6,094
	8.2 Payroll taxes			205	205
				780	780
	Insurance			112	112
	Directors' fees				
	Travel and travel items			207	207
	Rent and rent items			250	250
	Equipment			136	136
				290	290
17.	Postage, telephone and telegraph, exchange and express			282	282
	Legal and auditing			415	415
19.	Totals (Lines 3 to 18)			8,962	8,962
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty				
	association credits of \$ 0				
	20.2 Insurance department licenses and fees				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
	Deal estate toyon				
23.	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses			1,740	1,740
25.	Total expenses incurred		(68,451)	10,702	(a) (57,749)
26.	Less unpaid expenses—current year		1,018,527		1,018,527
	Addid		(000)		(690)
	Amounts receivable relating to uninsured plans, prior year				
	Amounto receivable relating to uninqueed plane guerant year			[
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		(1,087,668)	10,702	(1,076,966)

DETAILS OF WRITE-IN LINES			
2401. Other expenses		1,740	1,740
2402.	.	 	
2403.	.	 	
2498. Sum of remaining write-ins for Line 24 from overflow page			
2499 Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)		1 740	1 740

⁽a) Includes management fees of \$ 10,702 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) 61,113	80,156
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	1	
2.21	Common stocks of affiliates	l	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans	1	
6.	Cash, cash equivalents and short-term investments	(e) 418	394
7.	Derivative instruments	(f)	
8.	Other invested assets	1	
9.	Aggregate write-ins for investment income	984	984
10.	Total gross investment income	62,515	81,534
11.	Investment expenses		(g) 10,702
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 592,181
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		602,883
17.	Net investment income (Line 10 minus Line 16)		(521,349

	DETAILS OF WRITE-IN LINES		
0901.	Miscellanous Income / (Expense)	984	984
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)	984	984
1501.			
1502.	NONE		
1503.	NUNE		
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		

(a)	Includes \$	0 accrual of discount less \$	38,736 amortization of premium and less \$	\$ 775 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(c)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its own	buildings; and excludes \$	0 interest on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	\$ 0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fe	ees, excluding federal income taxes,
	attributable to segregated	d and Separate Accounts.		
(h)	Includes \$ 592,1	81 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other inves	sted assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

	DETAILS OF WRITE-IN LINES			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 09 from overflow page			
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)			

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year		
		Total	Prior Year	Change in Total
		Nonadmitted	Total	Nonadmitted Assets
		Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
		Assets	Nonaumilleu Assels	(COI. 2 - COI. 1)
1.	Bonds (Schedule D)			
	Stocks (Schedule D):			
۷.				
	00 0 11			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	A.O. Donard's a hald formal.			
_	• • • • • • • • • • • • • • • • • • • •			
٥.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2), and short-term			
	investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.				
	••••			
	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
	15.3 Accrued retrospective premiums			
16	Reinsurance:			
10.				
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset	1,105,000	209,960	(895,040)
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.				
	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets			
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	1,105,000	209,960	(895,040)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
	Total (Lines 26 and 27)	1,105,000	209,960	(895,040)
20.	Total (Lines 20 direct)	1,100,000	203,300	(030,040)
				1
	DETAILS OF WRITE-IN LINES			
1101.				
1101.				
1103.				
	Summary of remaining write-ins for Line 11 from overflow page			
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.				
2502.				
2503.				
	Summary of remaining write-ins for Line 25 from overflow page			
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			
2000.	10000 (20100 2001 tillough 2000 pido 2000) (Ellio 20 abovo)			

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 Texas, the accompanying financial statements of Liberty County Mutual 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 applies the following accounting policies, where applicable:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or fair value 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 fair value as specified by the SVO Manual.
- 3. Common stocks are carried at fair value, except that investments in stocks of subsidiaries, controlled and affiliated ("SCA") companies are carried according to Note 1C(7).
- 4. Preferred stocks are carried at cost or fair value as specified by the SVO Manual. Preferred stocks of SCA companies are carried according to Note 1C(7).
- 5. Mortgage loans are carried at unpaid principal balances, less impairments as specified by the SVO Manual.
- 6. Mortgage backed/asset backed securities are carried at amortized cost or fair value based on guidance in the SVO Manual. Prepayment assumptions for mortgage backed/asset backed securities are updated monthly using the Bloomberg data service. The retrospective adjustment method is used to value all mortgage backed/asset backed securities.
- 7. Investments in SCA companies are carried in accordance with SSAP No. 97, *Investment in Subsidiaries*, *Controlled Entities and Affiliates*, and the SVO Manual.
- 8. Investments in joint ventures, partnerships, and limited liability companies are carried in accordance with SSAP No. 48, *Joint Ventures, Partnerships and Limited Liability Companies*, and the SVO Manual.
- 9. Derivative Securities. Refer to Note 8.
- 10. Investment income is anticipated as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, *Property Casualty Contracts Premiums*. Refer to Note 30.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods, for making such estimates and for establishing the resulting liability, are continually reviewed and follow current standards of practice. Any adjustments to the liability are reflected in the period that they are determined.
- 12. The Company did not change its capitalization policy in 2011.
- 13. The Company has no pharmaceutical rebate receivables.

Note 2 - Accounting Changes and Correction of Errors

A. The Company adopted SSAP No. 35R, *Guaranty Fund and Other Assessments*, effective January 1, 2011. The cumulative effect of adopting SSAP No. 35R is reported in the Capital and Surplus Account and is not considered material.

The Company adopted SSAP No. 5R, *Liabilities, Contingencies and Impairments of Assets*, effective December 31, 2011. The adoption of SSAP No. 5R has no impact on the Company.

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

The Company did not recognize an impairment loss during the period.

Note 4 - Discontinued Operations

The Company has no discontinued operations.

Note 5 - Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company does not invest in mortgage loans.

B. Debt Restructuring

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

- D. Loan-Backed Securities
 - 1. Prepayment speed assumptions are updated monthly with data sourced from the Bloomberg data service.
 - All Loan-Backed Securities with a recognized other-than-temporary impairment disclosed in the aggregate during 2011 as of December 31, 2011: None
 - 3. Each Loan-Backed Security with a recognized other-than-temporary impairment held by the Company at December 31, 2011: None
 - 4. All impaired Loan-Backed Securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss as of December 31, 2011: None
 - 5. The Company reviews fixed income securities for impairment on a quarterly basis. Securities are reviewed for both quantitative and qualitative considerations including, but not limited to: (a) the extent of the decline in fair value below book value, (b) the duration of the decline, (c) significant adverse changes in the financial condition or near term prospects of the investment or issuer, (d) significant change in the business climate or credit ratings of the issuer, (e) general market conditions and volatility, (f) industry factors, and (g) the past impairment of the security holding or the issuer. If the Company believes a decline in the value of a particular investment is temporary, the decline is recorded as an unrealized loss in policyholders' surplus. If the decline is believed to be "other-than-temporary," and the Company believes it will not be able to collect all cash flows due on its fixed income securities, then the carrying value of the investment is written down to the expected cash flow amount and a realized loss is recorded as a credit impairment.
- E. Repurchase Agreements and Securities Lending
 - 1. The Company did not enter into any repurchase agreements during the year. Refer to Note 17B for the policy on requiring collateral.
 - 2. The Company has not pledged any of its assets as collateral as of December 31, 2011.
 - 3. Aggregate Amount of Contractually open cash collateral positions:

Aging of Collateral	Total Fair Value
Open	\$ 277,550
30 Days or Less	-
31 to 60 Days	-
61 to 90 Days	-
Greater than 90 Days	-
Sub-Total	277,550
Securities Received	-
Total Collateral Received	\$ 277,550

4. Securities Lending Transactions Administered by an Affiliated Agent

The Company's security lending transactions are not administered by an affiliate agent.

- Collateral Reinvestment
 - a. Aggregate Amount Cash Collateral Reinvested

	Amortized Cost	Fair Value
Open	1	-
30 Days or Less	\$ 68,767	\$ 68,768
31 to 60 Days	135,745	135,756
61 to 90 Days	73,062	73,066
90 to 120 Days	1	1
121 to 180 Days	1	-
181 to 365 Days	ı	ı
1 to 2 Years	1	1
2 to 3 Years	1	ı
Greater than 3 Years	ı	ı
Subtotal	277,574	277,590
Securities Received	-	-
Total Collateral Reinvested	\$ 277,574	\$ 277,590

b. The reporting entity's sources of cash that it uses to return the cash collateral is dependent on the liquidity of the current market conditions. Under current conditions, the reporting entity could liquidate all or a portion of its cash collateral reinvestment securities in order to meet the collateral calls that could come due under a worst-case scenario.

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 and Limited Liability Companies

A. Investments in joint ventures, partnerships and limited liability companies that exceed 10% of its admitted assets

The Company has no investments in joint ventures, partnerships, or limited liability companies.

B. Impairments on joint ventures, partnerships or limited liability companies

The Company does not own any investments in joint ventures, partnerships, and limited liability companies.

Note 7 - Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due (over 180 days for mortgage loans in default).

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2011.

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 (DTAs) and liabilities (DTLs) recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	December 31, 2011			December 31, 2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			(Col 1 + 2)			(Col 4 + 5)	(Col 1 - 4)	(Col 2- 5)	(Col 7 + 8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Gross Deferred Tax Assets	1,101,550	3,450	1,105,000	217,310	4,350	221,660	884,240	(900)	883,340
Statutory Valuation Allowance Adjustment	-	-	-	_	-	-	-	-	-
Adjusted Gross Deferred Tax Assets	1,101,550	3,450	1,105,000	217,310	4,350	221,660	884,240	(900)	883,340
Deferred Tax Liabilities	_	-	_	-	(11,700)	(11,700)	-	11,700	11,700
Net DTA (DTL)	1,101,550	3,450	1,105,000	217,310	(7,350)	209,960	884,240	10,800	895,040
Deferred Tax Assets Nonadmitted	(1,101,550)	(3,450)	(1,105,000)	(209,960)	0	(209,960)	(891,590)	(3,450)	(895,040)
Net Admitted DTA (DTL)	_	-	-	7,350	(7,350)	-	(7,350)	7,350	-

The Company has not elected to admit additional DTAs pursuant to SSAP No. 10R, paragraph 10e. The current period election does not differ from the prior reporting period.

The Company does not utilize tax planning strategies.

The amount of each result or component of the calculation, by tax character, of paragraphs 10a., 10bi., 10bii., 10c.:

	December 31, 2011			December 31, 2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			(Col 1 + 2)			$(Col\ 4 + 5)$	(Col 1 - 4)	(Col 2- 5)	(Col 7 + 8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Recoverable through loss carrybacks (10a.)	ı	1	1	-	•	1	-	-	-
Lesser of:									
Expected to be recognized within one year									
(10bi.)	•	-	-		-	-	_		_
10% of adjusted capital and surplus (10bii.)			656,975			620,210			
Adj. gross DTAs offset against existing DTLs					11.700	11,700		(11,700)	(11,700)
(10c.)	•	-	-	_	11,700	11,700	-	(11,700)	(11,700)
Total	-	-	-	-	11,700	11,700	-	(11,700)	(11,700)

The following amounts resulting from the calculation in paragraph 10a. 10b, and 10c.:

	December 31, 2011			December 31, 2010			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			(Col 1 + 2)			(Col 4 + 5)	(Col 1 - 4)	(Col 2- 5)	(Col 7 + 8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admitted Deferred Tax Assets	-	-	-	7,350	(7,350)	-	(7,350)	7,350	-
Admitted Assets			7,052,061			8,028,603			
Adjusted Statutory Surplus*			6,569,750			6,202,101			
Total Adjusted Capital from DTAs	-	-	-	7,350	(7,350)	-	(7,350)	7,350	-

^{*}As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No.10R, Paragraph 10bii

- B. The Company does not have any DTLs described in SSAP No. 10R, Income Taxes, paragraph 6d.
- C. The provisions for income taxes incurred on earnings for the years ended December 31 are:

	2011	2010
Federal	(135,000)	147,371
Foreign	-	-
Realized capital gains	-	27,379
Federal and foreign income taxes incurred	(135,000)	174,750

The Company's DTAs result primarily from alternative minimum tax credit carry-forward, net operating loss carry-forward and net capital loss carry-forward.

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

	2011
Change in net deferred income tax (without unrealized gain or loss)	895,040
Change in tax effect of unrealized (gains) losses	-
Total change in net deferred income tax	895,040

D. Effective tax rates differ from the current statutory rate of 35% principally due to the effect of net operating losses generated in 2011 and return to provision adjustments.

E. The amount of Federal income taxes incurred and available for recoupment in the event of future losses are none from the current year and none from the preceding year.

The Company has net operating loss carry-forward available to offset future net income subject to Federal income taxes as follows:

Year Generated	Amount	Expiration
2010	6,734,901	2030
2011	453,000	2031

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

F. The Company does not join in the filing of a consolidated Federal income tax return.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

- A. The Company is organized as a county mutual under the Texas Insurance Code. The Company is managed and controlled pursuant to the terms of a management contract with Berkeley Management Corporation, a Texas corporation. All of the outstanding shares of capital stock of Berkeley Management Corporation are held by Liberty Mutual Insurance Company ("LMIC"), a Massachusetts insurance company. The ultimate parent of LMIC is Liberty Mutual Holding Company Inc. ("LMHC"), a Massachusetts company.
- B. Transactions between the Company and its affiliates are listed on Schedule Y Part 2.
- C. There have been no material transactions with the Company's affiliates during 2011.
- D. At December 31, 2011, the Company reported a net \$4,075 due from affiliates. In general, the terms of the intercompany arrangements require settlement at least quarterly.
- E. The Company has not made any guarantees or initiated any undertakings, written or otherwise, for the benefit of affiliates or other related parties.
- F. Refer to Note 26 for information regarding the inter-company reinsurance.

There is a management contract between the Company and Berkeley Management Corporation under which Berkeley Management Corporation is responsible for management of all of the business and affairs of the Company, including policy solicitation, policy issuance, premium collection, record maintenance, underwriting and claims handling.

There is a "memorandum of understanding" between the Company and Berkeley Management Corporation under which the Company's books, records and accounts may be located and maintained outside Texas.

The Company is a party to an investment management agreement with Liberty Mutual Group Asset Management Inc. ("LMGAM"). Under the agreement, LMGAM provides services to the Company.

The Company is a party to a management services agreement with Peerless Insurance Company ("PIC"). Under the Agreement, the PIC provides services to the Company.

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

- G. The Company is a member of a holding company structure as illustrated in Schedule Y Part 1
- H. The Company does not own shares of any upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- I. The Company does not own investments in subsidiary, controlled or affiliated companies.
- J. The Company does not own any investments in subsidiary, controlled or affiliated entities.
- K. The Company does not hold any investments in foreign insurance subsidiaries.
- L. The Company does not hold any investments in downstream non-insurance holding companies.

Note 11 - Debt

A. Debt (Including Capital Notes)

The Company has no debt, including capital notes.

B. Federal Home Loan Bank Agreements

The Company has not entered into any agreements with the Federal Home Loan Bank.

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 pension, defined contribution pension, postretirement welfare, deferred compensation, compensated absences or postemployment 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. The Company has no common or preferred stock authorized, issued or outstanding.
- 2. Preferred Stock

Not applicable

- 3. There are no dividend restrictions.
- 4. The Company does not have stockholders. Refer to Note 10A.
- Not applicable
- 6. The Company does not have restricted unassigned surplus.
- 7. The Company had no advances to surplus.
- 8. The Company does not hold stock for special purposes.
- 9. The Company does not hold special surplus funds.
- 10. The portion of unassigned funds (surplus) represented by cumulative net unrealized gains and (losses) is \$0.
- 11. Surplus Notes

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Date Issued	Interest	Amount	Carrying	Interest Paid	Total Interest	Unapproved	Date of
	Rate*	of Note(s)	Value	Current	Paid	Interest	Maturity
				Year			
Dec. 2, 2002	See Note *	\$10,000,000	\$10,000,000	\$0	\$7,240,000	\$0	1/3/2046
Total		\$10,000,000	\$10,000,000	\$0	\$7,240,000	\$0	_

^{*} Interest Rate variable per annum equal to the "Applicable Federal Rate" published by the Internal Revenue Service.

On December 2, 2002, Berkeley Management Corporation, a wholly owned subsidiary of LMIC, loaned the Company \$10,000,000 in exchange for a \$10,000,000 Surplus Debenture. On March 1, 2010 the Debenture was amended and restated. This Debenture represents a loan to the Company for the purposes of conducting business and to further enable the Company to comply with the surplus requirements of the Texas Insurance Code. The principal and interest of this Debenture is payable only out of policyholder surplus in excess of a \$500,000 minimum surplus floor. Interest computed on the unpaid principal balance is payable in quarterly installments, as it accrues, on the first day of each calendar quarter commencing after January 1, 2010. As to each quarterly installment, the "Applicable Federal Rate" most recently published by the Internal Revenue Service as of the first day of such quarter shall be used to compute interest. The principal of this Debenture is due and payable on demand. If no demand is made and an extension is not granted by Berkeley Management Corporation, all unpaid principal and accrued interest is due on or before January 3, 2046. Repayment of the principal or interest may only be made with the prior approval of the Commissioner of Insurance of Texas.

12. Quasi-reorganization (dollar impact)

Not applicable

13. Quasi-reorganization (effective date)

Not applicable

Note 14 - Contingencies

A. Contingent Commitments

Refer to Note 10E.

B. Assessments

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

The Company has no net guaranty fund or other assessment liabilities to report. Refer to Note 26.

C. Gain Contingencies

Not applicable

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

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$25,000

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a)	(b)	(c)	(d)	(e)
0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims
X				

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [X]

(g) Per Claimant []

E. Product Warranties

The Company does not write product warranty business.

F. 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.

Note 15 - Leases

A. Lessee Leasing Arrangements

The Company has no net lease obligations. Refer to Note 26.

B. Leasing as a Significant Part of Lessor's Business Activities

Leasing is not a significant part of the Company's business activities.

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 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 participates in a Securities Lending Program to generate additional income, whereby certain fixed income and mortgage backed securities are loaned for a period of time from the Company's portfolio to qualifying third parties, via a lending agent. The company does not participate in term loans; therefore, the company does not have contractual collateral transactions that extend beyond one year from the reporting date. Borrowers of these securities provide collateral equal to or in excess of 102% of the market value of the loaned securities. Acceptable collateral may be in the form of cash or U.S. Government securities, such as Treasuries and Agency Bonds. The market value of the loaned securities is monitored and additional collateral is obtained if the market value of the collateral falls below 102% of the market value of the loaned securities. Additionally, the lending agent indemnifies the Company against borrower defaults. Cash collateral is carried as an asset with an offsetting liability on the balance sheet, as the collateral is unrestricted and the Company can exercise discretion as to how the collateral is invested. The loaned securities remain a recorded asset of the Company.

At December 31, 2011 the total fair value of securities on loan was \$272,108, with corresponding collateral value of \$277,550 of which \$277,550 represents cash collateral.

C. Wash Sales

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

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

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

Full Name and Address of MGA or TPA	FEIN#	Exclusive Contract	Type of Business Written	Type of Authority Granted	Total Direct Written Premiums
Met P&C Managing General Agency, Inc. 101 East Park Blvd Ste 901 Plano, Texas 75074	75-2640779	Yes	P&C	All	\$506,337

Note 20 - Fair Value Measurements

Pursuant to the guidance in SSAP No. 100, Fair Value Measurements, the Company has no assets or liabilities measured at fair value.

Note 21 - Other Items

A. Extraordinary Items

The Company has no extraordinary items to report.

B. Troubled Debt Restructuring: Debtors

Not applicable

- C. Other Disclosures
 - 1) Interrogatory 6.1

In 2011, as a member of the inter-company reinsurance pooling arrangement in which Liberty Mutual Insurance Company is the pool leader, the Company had the benefit, together with its affiliates that cede business to Liberty Mutual Insurance Company or that are members of the reinsurance pooling arrangement, of Workers' Compensation Catastrophe excess of loss reinsurance with the following limits: (1) \$400,000,000 part of \$500,000,000 xs \$700,000,000 per occurrence; or (2) \$261,000,000 part of \$500,000,000 xs \$200,000,000 (excluding CA EQ) per occurrence, each insured, each location. This Worker's Compensation Catastrophe Excess of Loss reinsurance purchased by Liberty Mutual Insurance Company covers Liberty Mutual's direct and assumed from affiliates workers' compensation business.

Interrogatory 6.2

The Company employs industry recognized catastrophe modeling software to estimate the Probable Maximum Loss. For property exposures, the Company employs RiskLink v10.0 and v11.0 from RMS and AIR Clasic/2 v12. For workers' compensation, Liberty Mutual utilizes RiskLink v11.0 from RMS.

Interrogatory 6.3

In 2011, as a member of the inter-company pooling arrangement in which Liberty Mutual Insurance Company is the pool leader, the Company had the benefit, together with its affiliates that cede business to Liberty Mutual Insurance Company or that are members of the reinsurance pooling arrangement, traditional Prop Cat excess of loss reinsurance, with limits of \$750,000,000 part of \$1,000,000,000 xs \$1,300,000,000, and \$525,000,000 part of \$700,000,000 xs \$2,300,000,000 (excluding CA) covering Liberty's direct and assumed from affiliates property business. Additionally, Liberty has purchased \$585,000,000 part of \$650,000,000 xs \$650,000,000 xs \$650,000,000 in second event coverage should there be multiple large events in a single year. Liberty also has a 30% QS treaty in place for its US HO portfolio that covers catastrophe losses up to \$1,750,000,000 for Wind and \$400,000,000 for EQ.

- D. The Company has no net exposure to uncollectible premium receivable balances. Refer to Note 26.
- E. Business Interruption Insurance Recoveries

The Company does not purchase business interruption coverage.

F. State Transferable and Non-transferable Tax Credits

The Company does not hold state transferable and/or non-transferable tax credits.

G. Subprime-Mortgage-Related Risk Exposure

- 1. The Company has not purchased securities characterized by the market as subprime. The Company reviews such factors as average FICO scores, loan to value ratios, and levels of documentation when evaluating securities.
- 2. The Company does not have any direct exposure through investments in sub-prime mortgage loans.
- 3. The Company does not have any direct exposure through other investments.
- 4. The Company does not have any underwriting exposure to sub-prime mortgage risk.

Note 22 - Events Subsequent

A. The Company evaluated subsequent events through February 24, 2012, the date the financial statements were available to be issued.

There were no events subsequent to December 31, 2011 that would require disclosure.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverable

Excluding amounts arising pursuant to the Intercompany Reinsurance Agreement, as described in Note 26, the following are the unsecured reinsurance recoverables or ceded unearned premium of an individual reinsurer which exceed 3% of policyholder's surplus.

Reinsurer	NAIC No.	Federal ID No.	Recoverable Amount
Metropolitan Property and Casualty	26298	13-2725441	\$270,489
Total			\$270,489

B. Reinsurance Recoverable in Dispute

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

C. Reinsurance Assumed & Ceded

1. The following table sets forth the maximum return premium and commission equity due the reinsurers or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2011.

	Assumed Reinsurance		Ceded Rei	nsurance	Net Reinsurance		
		Commission		Commission		Commission	
	UEP	Equity	UEP	Equity	UEP	Equity	
Affiliates	\$ -	\$ -	\$132,293,314	\$1,039,904	(\$132,293,314)	(\$1,039,904)	
All Other	-	-	84,077	15,333	(84,077)	(15,333)	
Total	\$ -	\$ -	\$132,377,391	\$1,055,237	(\$132,377,391)	(\$1,055,237)	

Direct Unearned Premium Reserve: \$132,377,391

- The Company has no contingent commissions, sliding scale, or other profit sharing commissions for direct, assumed or ceded business.
- 3. The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

The Company did not write off any uncollectible balances in the current year.

E. Commutation of Ceded Reinsurance

The Company did not commute any reinsurance treaties in the current year.

F. Retroactive Reinsurance

The Company does not have any retroactive reinsurance agreements.

G. Reinsurance Accounted for as a Deposit

The Company has not entered into any reinsurance agreements that have been accounted for as deposits as of December 31, 2011.

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

The Company has not entered into any agreements which have been approved by their domiciliary regulator and have qualified pursuant to SSAP No. 62R, *Property and Casualty Reinsurance* to receive P&C Run-off Accounting Treatment.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have net accrued retrospective premiums. Refer to Note 26.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

The Company has no net exposure to changes in incurred losses and loss adjustment expenses. Refer to Note 26.

Note 26 - Intercompany Pooling Arrangements

The Company participates in an intercompany 100% Quota Share Reinsurance Agreement with LMIC, the Lead Company in the Liberty Mutual Intercompany Reinsurance Agreement. Pursuant to the Agreement, the Company cedes its net underwriting activity to LMIC.

Note 27 - Structured Settlements

- A. The Company has no net exposure to contingent liabilities from the purchase of annuities. Refer to Note 26.
- B. Not applicable

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2011
3. Was anticipated investment income utilized in the calculation?	Yes

Note 31 - High Dollar Deductible Policies

Not applicable

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

The Company has no net loss and loss adjustment expense reserves. Refer to Note 26.

Note 33 - Asbestos/Environmental Reserves

The Company has no net exposure to asbestos and environmental claims. Refer to Note 26.

Note 34 - Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

Not applicable

PART 1 - COMMON INTERROGATORIES

GENERAL

	Is the reporting entity a member of an Insurance Holding Company System consisting persons, one or more of which is an insurer?	g of two or more affiliated	Yes [X] I	No []
	If yes, did the reporting entity register and file with its domiciliary State Insurance Com Superintendent or with such regulatory official of the state of domicile of the principal in System, a registration statement providing disclosure substantially similar to the standard Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Compand model regulations pertaining thereto, or is the reporting entity subject to standard substantially similar to those required by such Act and regulations?	insurer in the Holding Company dards adopted by the National pany System Regulatory Act	Yes[X] !	No[] N/A[]
1.3	State Regulating?			Texas
	Has any change been made during the year of this statement in the charter, by-laws, settlement of the reporting entity?	articles of incorporation, or deed of	Yes[] N	o[X]
2.2	If yes, date of change:			
3.1	State as of what date the latest financial examination of the reporting entity was made	e or is being made.		12/31/2010
3.2	State the as of date that the latest financial examination report became available from	n either the state of domicile or		
	the reporting entity. This date should be the date of the examined balance sheet and completed or released.	not the date the report was		12/31/2010
	State as of what date the latest financial examination report became available to other the state of domicile or the reporting entity. This is the release date or completion dat not the date of the examination (balance sheet date).	·		09/21/2011
	By what department or departments? Texas Department of Insurance			
35	Have all financial statement adjustments within the latest financial examination report	heen accounted for in a		
	subsequent financial statement filed with departments?	been accounted to in a	Yes[]N	o[] N/A[X]
3.6	Have all of the recommendations within the latest financial examination report been co	omplied with?	Yes [X] 1	No[] N/A []
	During the period covered by this statement, did any agent, broker, sales representati sales/service organization or any combination thereof under common control (other the reporting entity) receive credit or commissions for or control a substantial part (more the of business measured on direct premiums) of: 4.11 sales of newals?	nan salaried employees of the han 20 percent of any major line	Yes[] N Yes[X] I	
	During the period covered by this statement, did any sales/service organization owner reporting entity or an affiliate, receive credit or commissions for or control a substantia any major line of business measured on direct premiums) of:			
	4.21 sales of ne	w business?	Yes[]N	o[X]
	4.22 renewals?		Yes[]N	o[X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period co	overed by this statement?	Yes[]N	o[X]
	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (us any entity that has ceased to exist as a result of the merger or consolidation.	e two letter state abbreviation) for		
	1	2	3	
	Name of Entity	NAIC Company Code	State of Domicile	
		00000 00000 00000		

if applicable) suspended or revoked by any governmental entity during the reporting period?

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration,

Yes[]No[X]

6.2	If yes, give full inf	formation:						
7.1	Does any foreign	(non-United States) person or entity directly or i	ndirectly control 10% or more of the repo	rting entity?		Yes	[] No[X]
7.2	If yes,							
	7.21 7.22		son(s) or entity(s); or if the entity is a mut	tual or				0.00 %
		reciprocal, the nationality of its manager (e.g., individual, corporation, governmen	or attorney-in-fact and identify the type of t, manager or attorney-in-fact).	f entity(s)				
		1		2				
		Nationality	Туре	of Entity				
8.1	Is the company a	subsidiary of a bank holding company regulated	d by the Federal Reserve Board?			Yes	[] No[X]
8.2	If response to 8.1	is yes, please identify the name of the bank hol	ding company.					
8.3	Is the company a	ffiliated with one or more banks, thrifts or securit	ties firms?			Yes	[] No[X]
	affiliates regulate of the Comptrolle	B is yes, please provide the names and locations d by a federal financial regulatory services agen or of the Currency (OCC), the Office of Thrift Sup C) and the Securities Exchange Commission (SI	cy [i.e., the Federal Reserve Board (FRB ervision (OTS), the Federal Deposit Insur	rance				
	regulator.			,				
		1 Affiliate	2 Location	3	4	5	6	7
		Name	(City, State)	FRB	occ	OTS	FDIC	SEC
	What is the name conduct the annu	e and address of the independent certified public	accountant or accounting firm retained to	0				
	Ernst & Young, L 200 Clarendon Si	LP						
	Boston, MA 0211							
10.1	Has the insurer b	een granted any exemptions to the prohibited no	on-audit services provided by the certified	d independer	nt			
		t requirements as allowed in Section 7H of the A ubstantially similar state law or regulation?	nnual Financial Reporting Model Regulat	tion (Model		Yes	[] No[X	1
							[][1
10.2	ir response to 10.	.1 is yes, provide information related to this exen	nption:					
10 3	Has the insurer h	een granted any exemptions related to the other	r requirements of the Annual Financial Re	anorting				
		n as allowed for in Section 17A of the Model Reg			?	Yes	[] No[X	1
10.4	If response to 10.	.3 is yes, provide information related to this exen	nption:					

10.5	Has the reporting entity established an Audit Committee in compliance with the domiliciary state insurance laws?	Yes [X] No [] N/A []
10.6	If the response to 10.5 is no or n/a, please explain:	
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial	
	opinion/certification? William Finn 175 Berkeley Street, Boston, MA 02116	
	Officer of Liberty Mutual Group Inc.	
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes[]No[X]
	12.11 Name of real estate holding company	
	12.12 Number of parcels involved	0
	12.13 Total book/adjusted carrying value	\$
12.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
	risks wherever located?	Yes[] No[X]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[] N/A [X]
14.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	
	 Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; 	
	 Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; 	
	c. Compliance with applicable governmental laws, rules, and regulations;d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	e. Accountability for adherence to the code.	Yes [X] No []
4 11	If the response to 14.1 is no, please explain:	
14.2	Has the code of ethics for senior managers been amended?	Yes[X] No[]
4.21	If the response to 14.2 is yes, provide information related to amendment(s).	
	In 2011, Code provisions were added for Registered Investment Adviser compliance, as a Liberty Mutual subsidiary obtained SEC approval as a Registered Investment Adviser. Several non-material Code changes were also made to clarify existing provisions.	

14.3	Have any provisions of the code of ethics be	en waived for any of the spec	ified officers?	Yes [] No [X]
4.31	If the response to 14.3 is yes, provide the na	ature of any waiver(s).		
				· ·
15.1	Is the reporting entity the beneficiary of a Le	tter of Credit that is unrelated	to reinsurance with a NAIC rating of 3 or below?	Yes[]No[X]
15.2	If the response to 15.1 is yes, indicate the A issuing or confirming bank of the Letter of C is triggered.			
	1	2	3	4
	American Bankers Association	Issuing or Confirming		
	(ABA) Routing Number	Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
0				0 0
		BOAF	RD OF DIRECTORS	
16.	Is the purchase or sale of all investments of	the reporting entity passed up	on either by the board of directors or	
10.	a subordinate thereof?	and reporting childy passed up	on out or by the board of directors of	Yes [X] No []
17.	Does the reporting entity keep a complete possibordinate committees thereof?	Yes[X] No[]		
40	Handberger (Proposite Pekada)	ad as for disclosing to the box	definition to a state of the state of	
10.	Has the reporting entity an established proceed interest or affiliation on the part of any of its is likely to conflict with the official duties of s	officers, directors, trustees or	•	Yes[X] No[]
			FINANCIAL	
19.	Has this statement been prepared using a b Generally Accepted Accounting Principles)?		Statutory Accounting Principles (e.g.,	Yes[]No[X]
20.1	Total amount loaned during the year (inclusi	ve of Separate Accounts, excl	usive of policy loans):	
		20.11	To directors or other officers	\$
			To stockholders not officers Trustees, supreme or grand (Fraternal only)	\$
		20.10	Tradeco, supreme or grand (Tratemarenty)	Ψ
20.2	Total amount of loans outstanding at the end			
			To directors or other officers To stockholders not officers	\$ \$
			Trustees, supreme or grand (Fraternal only)	\$ \$
21.1	Were any assets reported in this statement sliability for such obligation being reported in	-	tion to transfer to another party without the	Yes [] No [X]
01.0				
<u>.</u> 1.Z	If yes, state the amount thereof at Decembe	· ·	Rented from others	\$
		21.22	Borrowed from others	\$
			Leased from others	\$
		21.24	Other	\$
22.1	Does this statement include payments for as		e Annual Statement Instructions other than	Voc. 1 No. I V 1
	guaranty fund or guaranty association asses	Sments?		Yes[]No[X]
22.2	If answer is yes:			
			Amount paid as losses or risk adjustment	\$ \$
			Amount paid as expenses Other amounts paid	\$ \$
		22.23	Other amounts paid	Ψ

	Does the reporting entity report any amounts due from pa statement?	ırent, subsidiar	ries or affiliates on Page 2 of this	Yes[X] No[]	
23.2	If yes, indicate any amounts receivable from parent includ	ded in the Page	e 2 amount:	\$	0
			INVESTMENT		
	Were all the stocks, bonds and other securities owned De exclusive control, in the actual possession of the reporting addressed in 24.3)			Yes[X] No[]	
24.2	If no, give full and complete information, relating thereto:				
	For security lending programs, provide a description of the securities, and whether collateral is carried on or off-balar information is also provided): Please reference Note 17B				
	Does the company's security lending program meet the re Risk-Based Capital Instructions?	equirements fo	or a conforming program as outlined in the	Yes[X] No[]	N/A []
24.5	If answer to 24.4 is yes, report amount of collateral for con	nforming progr	rams.	\$	277,550
24.6	If answer to 24.4 is no, report amount of collateral for other	er programs.		\$	0
	Does your securities lending program require 102% (dom counterparty at the outset of the contract?	estic securities	s) and 105% (foreign securities) from the	Yes[X] No[]	N/A []
24.8	Does the reporting entity non-admit when the collateral re	eceived from th	ne counterparty falls below 100%?	Yes[X] No[]	N/A []
	Does the reporting entity or the reporting entity's securitie Agreement (MSLA) to conduct securities lending?	s lending ager	nt utilize the Master Securities Lending	Yes [X] No[]	N/A []
	Were any of the stocks, bonds or other assets of the repo exclusively under the control of the reporting entity or has a put option contract that is currently in force? (Exclude s	the reporting securities subje	entity sold or transferred any assets subject to	Yes[] No[X]	
25.2	If yes, state the amount thereof at December 31 of the cu	rrent year:			
		25.21 25.22 25.23 25.24 25.25 25.26 25.27	Subject to repurchase agreements Subject to reverse repurchase agreements Subject to dollar repurchase agreements Subject to reverse dollar repurchase agreements Pledged as collateral Placed under option agreements Letter stock or securities restricted as to sale	\$	0 0 0 0 0
		25.28 25.29	On deposit with state or other regulatory body Other	\$ \$	0
25.3	For category (25.27) provide the following:				
	1		2	3	
	Nature of Restriction		Description	Amount 0	
				 0	
26.1	Does the reporting entity have any hedging transactions r	reported on Sc	hedule DB?	Yes[]No[X]	

Yes [] No [] N/A [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

r agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, implete the following:	uity, or, at the option of the issuer,		•		Yes[]No[X]
ically in the reporting entity's offices, vaulis or safety deposit boxes, were all stocks bonds and other securities of throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in demand of throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in demand of throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in deficiency of Critical Functions, Custodial feliciency of Critical Functions, Custodial Functions, Custo	s, state the amount thereof at De	ecember 31 of the current year.			\$
Table Part	nysically in the reporting entity's officence throughout the current year he cordance with Section 1, III - Gene Safekeeping Agreements of the Noter agreements that comply with the	ces, vaults or safety deposit boxes, weld pursuant to a custodial agreement and Examination Considerations, F. O AIC Financial Condition Examiners H	vere all stocks, bond t with a qualified ba outsourcing of Critical andbook?	s and other securities, nk or trust company in Il Functions, Custodial	Yes[X] No[]
JP Morgan Chase		1		2	
or all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, rovide the name, location and a complete explanation: 1 2 3 Complete Explanation(s) 2 Location(s) 2 Complete Explanation(s) ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating therefor: 1 0 Cid Custodian New Custodian Date of Change Reason Reason Reason Reason Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Liberty Mutual Fund Book/Adjusted Carrying Value O O O O O O O O O O O O O				Custodian's Address	
or all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, rovide the name, location and a complete explanation: 1 2 3 Name(s) Location(s) Complete Explanation(s) ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating thereto: 1 2 3 4 Old Custodian New Custodian Date of Change Reason entity all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the revestment accounts, handle securities and have authority to make investments on behalf of the reporting entity: 2 3 Address NA Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Central Registration Depository Number(s) Name Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X] yes, complete the following schedule: 1 2 3 Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0					
Name(s) 1 2 3 Name(s) Location(s) Very there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] es, give full and complete information relating thereto: 1 2 3 4 Old Custodian New Custodian New Custodian Date of Change Reason Intify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the restment accounts, handle securities and have authority to make investments on behalf of the reporting entity: 1 2 3 Address N/A Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Est he reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according he Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X] es, complete Explanation(s)					
Name(s) Location(s) Complete Explanation(s) ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating thereto: 1 2 3 4 Old Custodian New Custodian Date of Change Reason entify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the exestment accounts, handle securities and have authority to make investments on behalf of the reporting entity. 1 2 3 Central Registration Depository Number(s) Name Address N/A Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 Des the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X] Yes [] No [X] CUSIP # Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0 0		·	Financial Condition	Examiners Handbook,	
ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating thereto: 1 2 3 4 Old Custodian New Custodian Date of Change Reason Hentify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the nevestment accounts, handle securities and have authority to make investments on behalf of the reporting entity: 1 2 3 Central Registration Depository Number(s) Name Address N/A Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116 oes the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X] Yes [] No [X]	1	2		3	
ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating thereto: 1	Name(s)	Location(s)			
ave there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X] yes, give full and complete information relating thereto: 1 2 3 4 Old Custodian New Custodian Date of Change Reason tentify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the revestment accounts, handle securities and have authority to make investments on behalf of the reporting entity: Central Registration Depository Number(s) Name Address N/A Liberty Mutual Group Asset Managemen 175 Berkeley Street, Boston, MA 02116					
entify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the evestment accounts, handle securities and have authority to make investments on behalf of the reporting entity: 1	yes, give full and complete informat	tion relating thereto:	o) raditation in 20.0	duling the current year?	165[]100[X]
The securities and have authority to make investments on behalf of the reporting entity: 1	1	2	3	4	Tes[]NU[X]
The securities and have authority to make investments on behalf of the reporting entity: 1	1	2	3	4	Tes[]NU[X]
oes the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X] yes, complete the following schedule: 1 2 3 CUSIP # Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0	1	2	3	4	Tes[]NU[X]
yes, complete the following schedule: 1 2 3 CUSIP# Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0	Old Custodian lentify all investment advisors, brokenvestment accounts, handle securiti 1 Central Registration Depository N	New Custodian er/dealers or individuals acting on belies and have authority to make invest 2 Name	3 Date of Change	s that have access to the he reporting entity: 3 Address	Tes[]NU[X]
1 2 3 CUSIP# Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0	1 Old Custodian entify all investment advisors, broke vestment accounts, handle securiti 1 Central Registration Depository N	New Custodian er/dealers or individuals acting on belies and have authority to make invest 2 Name	3 Date of Change	s that have access to the he reporting entity: 3 Address	TEST TINUTA
CUSIP# Name of Mutual Fund Book/Adjusted Carrying Value 0 0 0	Old Custodian Ientify all investment advisors, brokenvestment accounts, handle securiti Central Registration Depository N N/A oes the reporting entity have any di	2 New Custodian er/dealers or individuals acting on belies and have authority to make invest 2	3 Date of Change nalf of broker/dealer ments on behalf of set Managemen 17 hedule D – Part 2 (c	s that have access to the he reporting entity: 3 Address 5 Berkeley Street, Boston, MA 02116	
0	Old Custodian Jentify all investment advisors, broken extensive the securities of the security of the Securities and Exchange Communications of the Securities	New Custodian er/dealers or individuals acting on befores and have authority to make investing and have authority to make investing to make investing to make investing the second seco	3 Date of Change nalf of broker/dealer ments on behalf of set Managemen 17 hedule D – Part 2 (c	s that have access to the he reporting entity: 3 Address 5 Berkeley Street, Boston, MA 02116	Yes[] No[X]
	Old Custodian Jentify all investment advisors, broken vestment accounts, handle securities Central Registration Depository No. N/A N/A Oes the reporting entity have any dienthe Securities and Exchange Communityes, complete the following schedus	New Custodian er/dealers or individuals acting on belies and have authority to make invest 2	3 Date of Change half of broker/dealer ments on behalf of set Managemen 17 hedule D – Part 2 (chapany Act of 1940 [st	s that have access to the he reporting entity: 3 Address 5 Berkeley Street, Boston, MA 02116 iversified according Section 5 (b) (1)])?	
	Old Custodian Jentify all investment advisors, broken vestment accounts, handle securities Central Registration Depository No. N/A N/A Oes the reporting entity have any dienthe Securities and Exchange Communityes, complete the following schedus	New Custodian er/dealers or individuals acting on belies and have authority to make invest 2	3 Date of Change half of broker/dealer ments on behalf of set Managemen 17 hedule D – Part 2 (chapany Act of 1940 [st	s that have access to the he reporting entity: 3 Address 5 Berkeley Street, Boston, MA 02116 iversified according Section 5 (b) (1)])?	Yes[] No[X]

 $29.3\;$ 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	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
		0	
		0	
		0	

30. 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 over
	Value	Fair Value	Statement (+)
30.1 Bonds	6,705,896	6,805,928	100,032
30.2 Preferred stocks	0	0	0
30.3 Totals	6,705,896	6,805,928	100,032

					TX		
	30.2 Prefer	red stocks	0		.0		
	30.3 Totals		6,705,896	6,805,9	28 100,032]	
30.4	The primary solution Interactive Da	ource is published unit ta Corporation, followe	lized in determining the fair values: prices from the NAIC Securities Valued by backfill from Bloomberg and Macial instruments or by using industry r	rkit. Lastly, management d	etermines fair value based on		
31.1	Was the rate t	used to calculate fair v	alue determined by a broker or custoo	dian for any of the securitie	s in Schedule D?	Yes[]No[X]	
31.2	If the answer t	o 31.1 is yes, does the	e reporting entity have a copy of the b	roker's or custodian's			
	pricing policy	hard copy or electroni	c copy) for all brokers or custodians u	used as a pricing source?		Yes[] No[]	
31.3	If the answer t	o 31.2 is no, describe	the reporting entity's process for dete	rmining a reliable pricing			
	source for pur	poses of disclosure of	fair value for Schedule D:				
32.1	Have all the fi	ing requirements of th	e Purposes and Procedures Manual o	of the NAIC Securities Valu	ation Office been		
02	followed?	9 .0 400 0	o r arposos arra r roccaaroo marraar			Yes[X] No[]	
32.2	If no, list exce	otions:					
				OTHER			
33.1	Amount of pay	ments to trade associ	ations, service organizations and stat	istical or rating bureaus, if	any?	\$	0
33.2	List the name	of the organization an	d the amount paid if any such paymer	nt represented 25% or mor	e of the		
		-	, service organizations and statistical				
	covered by thi	s statement.					
			1		2		
			Name		Amount Paid		

34.1 Amount of payments for legal expenses, if any?

0

0

\$_

34.2 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
	\$ 0
	\$ 0
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments	
of government, if any?	\$ 0

35.2 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
	\$ 0
	0
	\$ 0

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medica	re Supp	plement Insurance in force?	Yes[]No[X]
1.2	If yes, indicate premium earned on U.S. busines	s only.		\$0_
1.3	1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?1.31 Reason for excluding			\$0_
1.5	Indicate amount of earned premium attributable Indicate total incurred claims on all Medicare Sul Individual policies:		adian and/or Other Alien not included in Item (1.2) above. nt insurance.	\$0 \$
		Most	current three years:	
		1.61	Total premium earned	\$0 \$
		1.62 1.63	Total incurred claims Number of covered lives	\$0
		1.00	Training of colored into	
		All yea	ars prior to most current three years:	
		1.64	Total premium earned	\$0
		1.65 1.66	Total incurred claims Number of covered lives	\$0
1.7	Group policies:	1.00	Nulliber of covered lives	
		Most	current three years:	
		1.71	Total premium earned	\$0
		1.72 1.73	Total incurred claims Number of covered lives	\$0
		1.73	Number of Covered lives	
		All yea	ars prior to most current three years:	
		1.74	Total premium earned	\$0
		1.75 1.76	Total incurred claims Number of covered lives	\$0
2.	Health Test:	1.70	1 2	
			Current Year Prior Year	
		2.1	Premium Numerator \$	
		2.2	Premium Denominator \$ 0 \$ 0	
		2.3 2.4	Premium Ratio (2.1/2.2)	
		2.5	Reserve Denominator \$ 0 \$ 0	
		2.6	Reserve Ratio (2.4/2.5) 0.00 0.00	
	Does the reporting entity issue both participating			Yes[]No[X]
3.2	If yes, state the amount of calendar year premiur	ms writt	en on:	
		3.21	Participating policies	\$0_
		3.22	Non-participating policies	\$0_
4.	For Mutual reporting entities and Reciprocal Exc	hanges	only:	
4.1	Does the reporting entity issue assessable polici	es?		Yes[]No[X]
4.2	Does the reporting entity issue non-assessable p	olicies'	?	Yes[]No[X]
4.3	If assessable policies are issued, what is the ext	ent of th	ne contingent liability of the policyholders?	
4.4	Total amount of assessments paid or ordered to	be paid	during the year on deposit notes or contingent premiums.	\$0
5.	For Reciprocal Exchanges Only:			
5.1	Does the exchange appoint local agents?			Yes[]No[X]
5.2	If yes, is the commission paid:			
	·	5.21	Out of Attorney's-in-fact compensation	Yes [] No [] N/A [X]
		5.22	As a direct expense of the exchange	Yes[]No[]N/A[X]
5.3	What expenses of the Exchange are not paid ou	t of the	compensation of the Attorney-in-fact?	
5.4	Has any Attorney-in-fact compensation, continged	ent on fu	ulfillment of certain conditions, been deferred?	Yes [] No [X]
5.5	If yes, give full information			
	compensation contract issued without limit loss: See Note 21C		itself from an excessive loss in the event of a catastrophe under a workers'	

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures

	comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: See Note 21C			
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? See Note 21C			
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X] No []		
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss			
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes[]No[X]		
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0		
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [] No [X]		
	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	100[]110[X]		
	loss that may occur on this risk, or portion thereof, reinsured?	Yes[]No[X]		
8.2	If yes, give full information			
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;			
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes[]No[X]		
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes[]No[X]		
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.			
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes[]No[X]		
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.			
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or,	Yes[]No[X]		
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or	Yes [] No [X]		
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes [] No [X]		

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

11 Has the reporting entity guaranteed policies issued by any other entity and now in force:			ther entity, there should be charged on account of such reinsurances a reserve equal equired to charge had it retained the risks. Has this been done?	Yes[X]No[]	N/A []
12.1 If the reporting etitity recorded accurate demospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Undeal underwriting expenses (including loss adjustment expenses) 12.20 If the amount on Line 15.3, Page 2, state the amount that its secured by letters of ordit, collateral and other funds? 12.3 If the reporting etitity underwrites commercial insurance risks, such as workers compensation, are premium notes or promisory notes accepted from its resurded covering upped premium and/or ungoid losses? 12.24 If the reporting etitity underwrites commercial insurance risks, such as workers compensation, are premium notes or promisory notes accepted from its resurded covering upped premium and/or ungoid losses? 12.25 Are belties of credit or collateral and offer funds esuch notes during the period covered by this statement: 12.26 If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.27 Are belties of credit or collateral and offer funds to covering under the provided of the state of the period of the state of the period of the state of the state of the period of the state of the state of the period of the state of the period of the state of the period of the state			d by any other entity and now in force:	Yes[]No[X]	
12.1 (the reporting entity recorded accrued etrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Ungaid losses 12.12 Ungaid underwriting operaces (including loss adjustment expenses) \$ 0.0					
12.1 If the egoding entity excreted accrued recognetive premiums on issuance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded or: 12.1 Ungaid underwriting expenses (including loss adjustment expenses) \$ 0.0					
12.11 Ungard losses S		If the reporting entity recorded accrued retrospecti			
12.12 Urgaed underwriting expenses (including loss adjustment expenses) 12.2 Of the emount on Line 15.3, Pege 2, state the amount that is secured by letters of credit, collateral and other tunds? 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory roles accepted from its insurances overing unquisit premiums endor unquisit osese? 12.4 If yes, provide the range of interest raises changed under such times during the period covered by this statement: 12.4 If yes, provide the range of interest raises changed under such times during the period covered by this statement: 12.4 If yes, provide the range of interest raises changed under such times during unger to the contract of contract in collaberal and other funds received from insureds being utilized by the reporting entity to secure premium notes or pomissory notes taken by a reporting entity or is source any of the reporting entity's reported direct unpaid loss reserves, including unpaid tosses under the seducidate features commonated places. 12.5 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, yes and year year and year year year year year year year year		· •	12.11 Unnaid losses	\$	0
12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds overing unpaid premiums and/or unpaid poses? 12.4 If yes, provide the range of inferest rates charged under such notes during the period covered by this statement. 12.4 If From				\$	0
accepted from its insureds covering unpaid permiums and/or unpaid losses? 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.4 If from 12.4 If yes, provide the range of interest rates charged under such notes uning the period covered by this statement: 12.5 If yes, state the amount funds received from insureds being utilized by the reporting entity to secure permium notes or promissory notes taken by a reporting entity for the secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? 12.5 If yes, state the amount thereof at December 31 of current year: 12.6 If yes, state the amount insured in any one risk (excluding workers' compensation): 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): 13.2 Does any reinsurance contracts considered in the calculation of this amount include an aggregate limit of recovery without also including a reinsulationary provision? 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 14.1 If the enterwer to 14.1 is yea, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) or side of the calculation of the amount. 14.1 If the answer to 14.1 is yea, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts (excluding individual facultative risk certificates, but in	12.2	Of the amount on Line 15.3, Page 2, state the amo	ount that is secured by letters of credit, collateral and other funds?	\$	0_
12.41 From 12.42 From 12.				Yes[]No[]	N/A [X]
12.42 To	12.4	• •	· · · · · · · · · · · · · · · · · · ·		0.00 0/
promissory notes taken by a reporting entity or to secure any of the reporting entity's reported direct unpaid loss reserves, including loss reserves, including unpaid loss and unpaid loss and unpaid to the unpaid of unpaid un					0.00 % 0.00 %
12.61 Letters of Croding 12.62 Collateral and other funds		promissory notes taken by a reporting entity or to	secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid	Yes[]No[X]	
13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 0 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 1	12.6	If yes, state the amount thereof at December 31 of	f current year:		
13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 14.1 Is the company a cedant in a multiple cedant reinsurance contract? 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? 14.5 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? 15.1 Has the reporting entity guaranteed any financed premium accounts? 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? 17.5 If yes, disclose the following information for each of the following types of warranty coverage: 18.1 Largest net aggregate imit of recovery without also including a retrieval to recovery without also including and recovery without also including a retrieval to recovery without also including a retrieval to reinsurance contracts? 15.2 If yes, give full information 16.1 Home				\$	0
13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 14.1 Is the company a cedant in a multiple cedant reinsurance contract? 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? 15.1 Has the reporting entity guaranteed any financed premium accounts? 16.1 Hose the reporting entity guaranteed any financed premium accounts? 16.1 Does the reporting entity write any warranty business? 16.1 Does the reporting entity write any warranty business? 17. If yes, disclose the following information for each of the following types of warranty coverage: 18. Direct Losses Direct Written Direct Premium Direct Premium Earned 18. Home \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$				Ψ	
reinstatement provision? Yes [] No [X] 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 14.1 Is the company a cedent in a multiple cedant reinsurance contract? Yes [] No [X] 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 16.1 Direct Losses Direct Viriten Direct Premium Unearmed Unpaid Premium Unearmed Earmed 16.11 Home \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$				\$	0
facilities or facultative obligatory contracts) considered in the calculation of the amount. Yes [] No [X] 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X] 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: Yes [] No [X] 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 16.1 Direct Losses Direct Losses Direct Losses Direct Written Verse [] No [X] 16.1 Home S 0 3 4 5 Verse [] No [X] 16.1 Home S 0 3 4 5 16.1 Direct Losses Direct Losses Direct Written Verse [] No [X] 16.1 Losses Direct Losses Direct Written Verse [] No [X] 16.1 Losses Direct Losses Direct Written Verse [] No [X] 16.1 Losses Verse [] No [X] 16.1 Losses Verse [] No [X] 16.1 Losses Direct Written Verse [] No [X] 16.1 Losses			calculation of this amount include an aggregate limit of recovery without also including a	Yes[]No[X]	
14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information Yes [] No [X] 16.11 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1					1_
14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information Yes [] No [X] 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1	14.1	Is the company a cedant in a multiple cedant reins	surance contract?	Yes[]No[X]	
contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1	14.2	If yes, please describe the method of allocating ar	nd recording reinsurance among the cedants:		
contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1					
contracts? Yes [] No [X] 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No [X] 14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1					
14.5 If the answer to 14.4 is no, please explain: 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1 2 3 4 5 Direct Losses Direct Written Direct Premium Direct P		· · · · · · · · · · · · · · · · · · ·	ribed in item 14.2 entirely contained in the respective multiple cedant reinsurance	Yes[]No[X]	
15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X] 15.2 If yes, give full information 16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1 2 3 4 5 Direct Losses Direct Losses Direct Written Direct Premium Direct Premium Earned	14.4	If the answer to 14.3 is no, are all the methods des	scribed in 14.2 entirely contained in written agreements?	Yes[]No[X]	
16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1	14.5	If the answer to 14.4 is no, please explain:			
16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1					
16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1					
16.1 Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage: 1	15.1	Has the reporting entity guaranteed any financed p	premium accounts?	Yes[]No[X]	
1	15.2	If yes, give full information			
1					
Direct Losses Direct Losses Direct Written Direct Premium Direct				Yes[]No[X]	
Direct Losses Direct Losses Direct Written Direct Premium Direct		1	2 3 4 5		
16.11 Home \$ 0 \$ 0 \$ 0 16.12 Products \$ 0 \$ 0 \$ 0 \$ 0 16.13 Automobile \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 16.14 Other* \$ 0 \$ 0 \$ 0 \$ 0 \$ 0			Direct Losses Direct Written Direct Premium Direct Premium		
16.12 Products \$ 0 \$ 0 \$ 0 \$ 0 16.13 Automobile \$ 0 \$ 0 \$ 0 \$ 0 16.14 Other* \$ 0 \$ 0 \$ 0 \$ 0			\$ 0 \$ 0 \$ 0		
16.14 Other* \$ 0 \$ 0 \$ 0 \$ 0		*	\$ 0 \$ 0 \$ 0		
* Disclose type of coverage:			\$		
		* Disclose type of coverage:			

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.	,	Yes[]No[X]
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:		
	17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3		
	excluded from Schedule F – Part 5	\$_	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
	17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 17.19 Unfunded portion of Interrogatory 17.18	\$_ \$	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	\$_	0
18.1	Do you act as a custodian for health savings accounts?	`	Yes[]No[X]
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$_	0
18.3	Do you act as an administrator for health savings accounts?	,	Yes[]No[X]
18.4	If yes, please provide the balance of the funds adminstered as of the reporting date.	\$_	0

FIVE - YEAR HISTORICAL DATA

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

		1	2	3	4	5
		2011	2010	2009	2008	2007
	Overa Province Written (Province Provider College 4 0.8.2)					
1.	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	136,692,616	120,013,703	104,836,246	91,702,338	82,712,410
2.		116,239,109	100,155,492	87,990,754	76,885,128	68,797,910
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	252,931,725	220,169,195	192,827,000	168,587,466	151,510,320
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3,19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
1	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, 30 & 34)					
l	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35) Statement of Income (Page 4)					
13	Net underwriting gain (loss) (Line 8)	68,451	72,683	76,486	81,214	98,745
14.		(521,349)		(868,530)	448,759	488,549
l	Total other income (Line 15)					(108,509)
16.						
17.	Federal and foreign income taxes incurred (Line 19)	(135,000)	147,371	(223,250)	18,200	(153,656)
	Net income (Line 20)	(317,898)	99,935	(568,794)	511,773	632,441
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	7,504,390	8,028,603	14,389,067	24,637,683	12,965,879
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	13,128	39,625	50,710	83,486	109,289
	20.2 Deferred and not yet due (Line 15.2)					
	20.3 Accrued retrospective premiums (Line 15.3)					
l	Total liabilities excluding protected cell business (Page 3, Line 26)	1,482,801	1,689,116	7,992,741	11,432,563	272,532
22.						
	Loss adjustment expenses (Page 3, Line 3)					
24.	0 11 11 /0 0.11 00.000					
25. 26.	O	6 021 500	6,339,487	6 206 226	12 205 120	12 602 247
20.	Cash Flow (Page 5)	6,021,589	0,339,407	6,396,326	13,205,120	12,693,347
27		308,357	265,445	155,338	449,104	432,072
	Net cash from operations (Line 11) Risk-Based Capital Analysis					
28.	•	6,021,589	6,339,487	6,396,326	13,205,120	12,693,347
29.		26,216	43,328	50,173	70,361	73,133
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
	Bonds (Line 1)		84.7	72.7	9.6	94.7
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	* * * * * * * * * * * * * * * * * * * *					
34.	· · · · · · · · · · · · · · · · · · ·			27.3	90.4	5.3
35.	B. 1. 1. 1. 3.					
36. 37.	0			XXX	XXX	XXX
38.						
39.	Receivables for securities (Line 9) Securities lending reinvested collateral assets (Line 10)	4.0		XXX	XXX	XXX
40.	Aggregate write-ins for invested assets (Line 11)			XXX	XXX	AAA
1	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
42.						
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44.						
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification,					
	Col. 5, Line 10)					
	Affiliated mortgage loans on real estate					
	All other affiliated					
48.						
49.						
	regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	<u> </u>	<u> </u>			

FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2011	2010	2009	2008	2007
	Capital and Surplus Accounts (Page 4)					
50.	Net unrealized capital gains (losses) (Line 24)					
51.	Dividends to stockholders (Line 35)		(56,839)	(6,808,794)	511,773	632,441
52.	Change in surplus as regards policyholders for the year (Line 38)	(317,090)	(50,659)	(0,000,794)	511,773	032,441
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
53.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)		65,512,655	57,106,940	54,035,754	47,527,212
54. 55.	Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	61,374,826	47,913,254	50,950,285	45,765,186	39,704,049
56.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
57.	Nonproportional reinsurance lines (Lines 31, 32 & 33)		442 405 000	400.057.005	00 000 040	07.004.004
58.	Total (Line 35)	142,806,822	113,425,909	108,057,225	99,800,940	87,231,261
	Net Losses Paid (Page 9, Part 2, Col. 4)					
59.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
60.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
61. 62.	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, 30 & 34)					
63.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
64.	Total (Line 35)					
	Operating Percentages (Page 4)					
	(Item divided by Page 4, Line 1) x 100.0					
65.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
66.	Losses incurred (Line 2)					
67. 68.	Loss expenses incurred (Line 3) Other underwriting expenses incurred (Line 4)					
	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
70.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0					
71.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3					
72.	divided by Page 4, Line 1 x 100.0) Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35					
	divided by Page 3, Line 37, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
73.	Development in estimated losses and loss expenses incurred prior to current					
	year (Schedule P, Part 2-Summary, Line 12, Col. 11)					
74.	Percent of development of losses and loss expenses incurred to policyholders'					
	surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
75	Development in estimated losses and loss expenses incurred 2 years before					
10.	the current year and prior year (Schedule P, Part 2-Summary, Line 12,					
	Col. 12)					
76.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0)					
NO.	by Page 4, Line 21, Col. 2 x 100.0) TE: If a party to a merger, have the two most recent years of this exhibit been restated due to a	merger in compliance	e with the disclosure	I	Yes []	

Ξ:	If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure	Yes[]No[X]
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?	
	If no, please explain: Not applicable	

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

	Pr	emiums Earne	ed			Lo	ss and Loss E	xpense Payme	12			
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	Loss Payments (nent Payments and Other		and Other Payments			Number of
Premiums				4	4 5		7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2002	16,712	16,712		10,708	10,708	362	362	20	20			XXX
3. 2003	63,805	63,805		42,499	42,499	2,073	2,073	349	349			XXX
4. 2004	140,144	140,144		78,438	78,438	2,437	2,437	763	763			XXX
5. 2005	155,178	155,178		90,131	90,131	2,538	2,538	638	638			XXX
6. 2006	155,102	155,102		85,242	85,242	1,931	1,931	570	570			XXX
7. 2007	149,123	149,123		90,965	90,965	1,734	1,734	505	505			XXX
8. 2008	159,095	159,095		97,664	97,664	1,709	1,709	770	770			XXX
9. 2009	180,378	180,378		110,642	110,642	1,268	1,268	2,351	2,351			XXX
10. 2010	207,068	207,068		110,174	110,174	680	680	432	432			XXX
11. 2011	233,449	233,449		104,944	104,944	127	127	(1,725)	(1,725)			XXX
12. Totals	XXX	XXX	XXX	821,407	821,407	14,859	14,859	4,673	4,673			XXX

		Losses	Unpaid		Defen	se and Cost (Containment L	Jnpaid	Adjusti	ng and	23	24	25
	Case I	Basis	Bulk + IBNR		Case Basis Bulk + IBNR		Other Unpaid				Number of		
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior			17	17			55	55	(1)	(1)			XXX
2. 2002	10	10	(1)	(1)	5	5							XXX
3. 2003			39	39			14	14					XXX
4. 2004	89	89	160	160			44	44	4	4			XXX
5. 2005	209	209	13	13			47	47	3	3			XXX
6. 2006	28	28	19	19	4	4	29	29					XXX
7. 2007	115	115					263	263	107	107			XXX
8. 2008	1,038	1,038	(15)	(15)			1,058	1,058	165	165			XXX
9. 2009	2,488	2,488	810	810			2,125	2,125	297	297			XXX
10. 2010	8,433	8,433	3,837	3,837			3,829	3,829	621	621			XXX
11. 2011	24,320	24,320	12,101	12,101			2,856	2,856	3,332	3,332			XXX
12. Totals	36,730	36,730	16,980	16,980	16	16	10,320	10,320	4,528	4,528			XXX

			otal Losses and Expenses Incur		1	Loss and Loss Expense Percentage (Incurred/Premiums Earned)		Nontabula	ar Discount	34 Inter-	l	ance Sheet After Discount
		26	27	28	29	29 30 31		32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2002	11,104	11,104		66.443	66.443						
3.	2003	44,974	44,974		70.487	70.487						
4.	2004	81,942	81,942		58.470	58.470						
5.	2005	93,579	93,579		60.304	60.304						
6.	2006	87,823	87,823		56.623	56.623						
7.	2007	93,689	93,689		62.827	62.827						
8.	2008	102,389	102,389		64.357	64.357						
9.	2009	119,981	119,981		66.516	66.516						[
10.	2010	128,006	128,006		61.818	61.818						
11.	2011	145,955	145,955		62.521	62.521						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

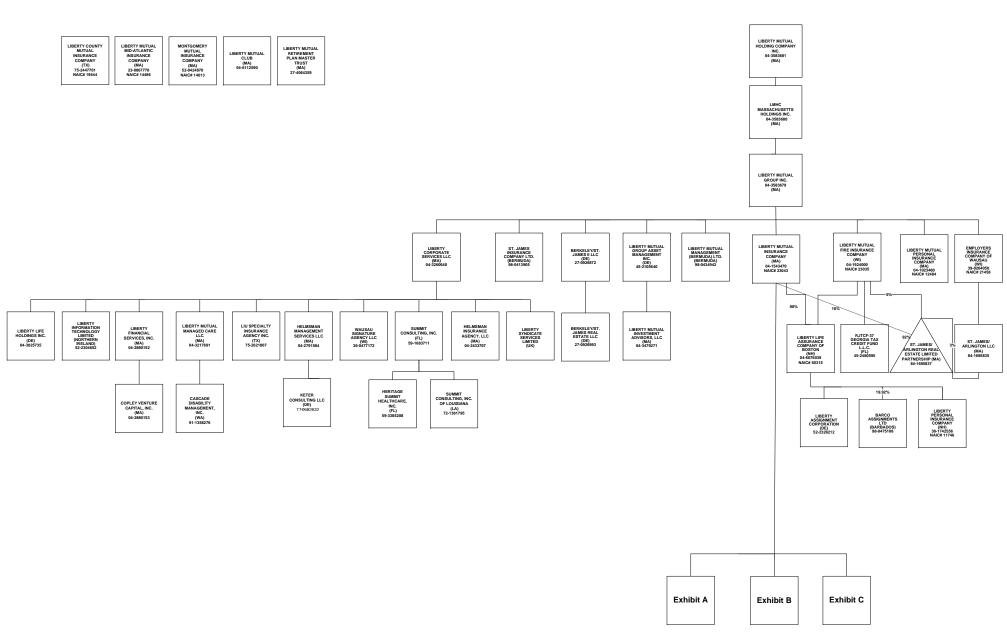
	States, Etc.	1 Active Status	and Members Return Premiun	s, Including Policy ship Fees Less as and Premiums s Not Taken 3 Direct Premiums Earned	4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
			William	Lameu	Dusiness	Jaivage)	illourieu	Опрак	1 Terrilariis	111 001. 2)
1	Alabama AL Alaska AK	N. N.								
1	Arizona AZ	N N								
4.		N								
5.		. N								
6. 7.		N N								
8.		N								
9.	District of Columbia DC	N								
	Florida FL	N								
11.		. N								
12. 13.		N N							20	
14.		N!\\								
15.		N								
16.		N								
17.		. N								
1	Kentucky KY Louisiana LA	N								
	Maine ME	N								
	Maryland MD	N								
22.	Massachusetts MA	N								
	Michigan MI	. N								
	Minnesota MN Mississippi MS	N N								
	Missouri MO	^{IN}								
27.		N N								
28.	Nebraska NE	N								
	Nevada NV	. N								
	New Hampshire NH New Jersey NJ	N N								
32.	*	N								
	New York NY	N								
	North Carolina NC	N								
1	North Dakota ND	. N								
36. 37.	Ohio OH Oklahoma OK	N N								
	Oregon OR	N								
	Pennsylvania PA	N								
40.	Rhode Island RI	N								
1	South Carolina SC	N								
42.	South Dakota SD Tennessee TN	N N								
44.		L	252,931,725	233,448,624		142,806,822	146,197,660	53,711,076	1,150,269	
45.	Utah UT	N								
46.		. N								
47.		N								
48. 49.	Washington WA West Virginia WV	N N								
50.	Wisconsin WI	N								
51.	Wyoming WY	N								
52.	American Samoa AS	. N								
53. 54.		N N								
	U.S. Virgin Islands VI	N N								
	Northern Mariana Islands MP	N								
	Canada CN	N								
1	Aggregate Other Alien OT	(a) 1	252 024 705	222 440 604		140 000 000	146 107 600	E2 744 070	1 150 000	
59.	Totals	(a) 1	252,931,725	233,448,624		142,806,822	146,197,660	53,711,076	1,150,289	
	DETAILS OF WRITE-INS									
-6.7.1		 								
5801. 5802.		XXX								
5802.		XXX								
5898.	Summary of remaining write-ins	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines In the state; (N) None of the above - Not allowed to write business in the state.

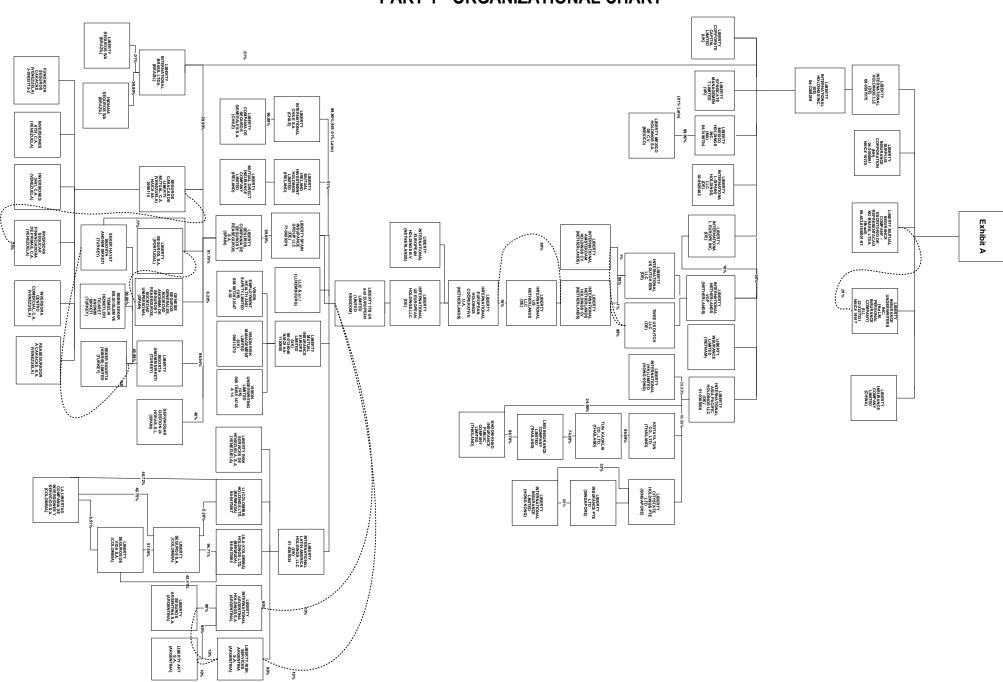
Explanation of basis of allocation	n of premiums by states, etc.					
*Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boi						
*States employee's main work place - Worker's Compensation	*Location of Court - Surety					
*Location of Principal place of garaging of each individual car - Auto Liability, Auto Physical Damage	*Address of Assured - Other Accident and Health					
*Principal Location of business or location of coverage - Liability other than Auto, Fidelity, Warranty	*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)					

for Line 58 from overflow page 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)

PART 1 - ORGANIZATIONAL CHART

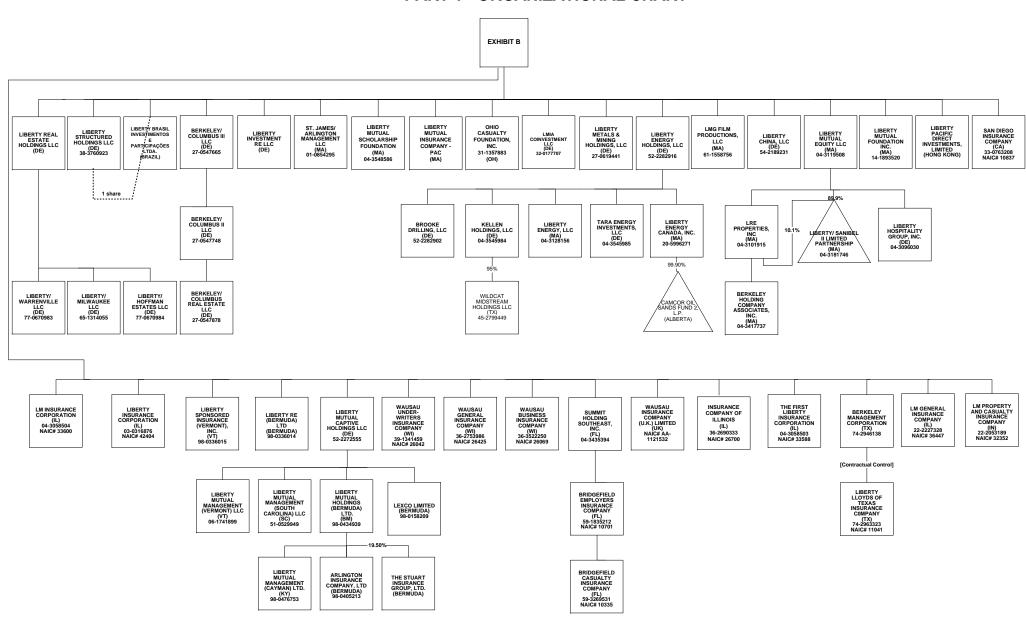


PART 1 - ORGANIZATIONAL CHART

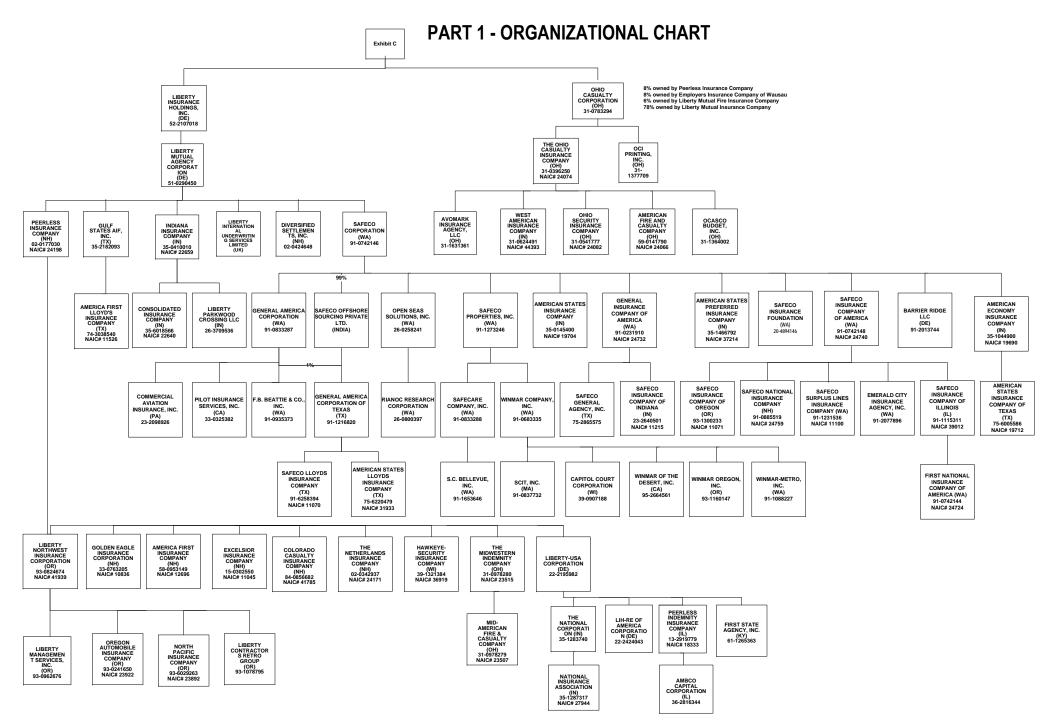


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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



OVERFLOW PAGE FOR WRITE-INS

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