	ANNUAL STATEMENT	
	OF THE	
(	GLOBE AMERICAN CASUALTY COMPANY	
of	LOVELAND	
in the state of		
in the state of		
	TO THE	
	Incurance Department	
	Insurance Department	
	OF THE	
	07475.05	
	STATE OF	
	FOR THE YEAR ENDED	
	<b>December 31, 2005</b>	



## **ANNUAL STATEMENT**

11312200520100100

For the Year Ended December 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

Globe American Casualty Company

NAIC Group Code 0111	0111 NAIC Compan	y Code 11312	Employer's ID Number 31-4386540
(Current Period)  Organized under the Laws of	(Prior Period) Ohio	. State of Domicile o	r Port of Entry Ohio
Country of Domicile United St			<u>,                                    </u>
Incorporated/Organized: May		Commenced Business	<b>S:</b> September 1, 1951
Statutory Home Office: 6281 T			
Main Administrative Office: 35			6-3400
Mail Address: 175 Berkeley Street	Boston, MA 02117		
Primary Location of Books and R	ecords: 175 Berkeley Street	Boston, MA 02117	617-357-9500
Internet Website Address:www	.goamericaauto-ins.com		
Statutory Statement Contact:	uglas Link		617-357-9500 45668
	ouglas.Link@LibertyMutual.com		617-574-5955
Policyowner Relations Contact:_	-Mail Address) 350 Fast 96th Street India	napolis, IN 46240 3	(Fax Number) 317-816-3400
1. Gary Richa	OFFI Chairman o Gary Richa Name	CERS of the Board ard Gregg #  President and Chief Exe	e
	ampion Kenealy #	Secretary	Sculive Officer
3. James Fran		Treasurer and Chief Fin	nancial Officer
0. <u></u>			and a moor
Name	Vice-Pro Title	esidents Name	Title
Anthony Alexander Fontanes	EVP and Chief Investment Officer	Joseph Anthony Gilles #	Executive Vice President
Scott Rhodes Goodby #	EVP and Chief Operating Officer		
		_	
		_	
	DIRECTORS (	OR TRUSTEES	
James Francis Dore	John Derek Doyle	Joseph Anthony Gilles #	Scott Rhodes Goodby #
Gary Richard Gregg #	Christopher Charles Mansfield #		
State of Massachusetts County of Suffolk ss			
The officers of this reporting entity being duly above, all of the herein described assets were that this statement, together with related exhiliabilities and of the condition and affairs of th and have been completed in accordance with law may differ; or, (2) that state rules or regul	e the absolute property of the said report bits, schedules and explanations therein e said reporting entity as of the reporting the NAIC Annual Statement Instructions ations require differences in reporting no ly. Furthermore, the scope of this attesta et copy (except for formatting differences	ing entity, free and clear from any licontained, annexed or referred to, period stated above, and of its income and Accounting Practices and Prot related to accounting practices an tition by the described officers also in	includes the related corresponding electronic filing
(Signature)		Signature)	(Signature)
Gary Richard Gregg (Printed Name)		I Campion Kenealy nted Name)	James Francis Dore (Printed Name)
1. President and Chief Executive Officer	•	2.	3. Treasurer and Chief Financial Officer
(Title)		Secretary (Title)	(Title)
Subscribed and sworn to before me this		a. Is this	s an original filing? YES [ ] NO [ X ]
27th day of <u>January</u>	, 2006	b. If no:	
			3 Number of pages attached 2

## **ASSETS**

		Current Year			Prior Year
		1	2	3	4
				Net Admitted	
			Nonadmitted	Assets	Net Admitted
		Assets	Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)	16,994,769		16,994,769	17,861,517
2.	Stocks (Schedule D):	10,554,765		10,554,705	17,001,011
	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 (\$ 24,230 , Schedule E-Part 1), cash equivalents (\$ 0				
	Schedule E-Part 2) and short-term investments (\$ 2,435,248, Schedule DA)	2,459,478		2,459,478	371,760
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)	* * * * * * * * * * * * * * * * * * * *			
8.	Receivables for securities	7,868		7,868	1,054
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	19,462,115		19,462,115	18,234,331
11.	Title plants less \$ 0 charged off (for Title insurers only)				
12.	Investment income due and accrued	238,241		238,241	241,635
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and				
	not yet due (including \$ 0 earned but unbilled premiums)				
,,	13.3 Accrued retrospective premiums				
14.	Reinsurance:	2 506 200		2 506 209	(04.904)
	<ul><li>14.1 Amounts recoverable from reinsurers</li><li>14.2 Funds held by or deposited with reinsured companies</li></ul>	2,506,208		2,506,208	(91,804)
	14.2 Funds held by or deposited with reinsured companies  14.3 Other amounts receivable under reinsurance contracts				
15.	Assessments as a six selection of a surface small release				
16.1	Compart for dearly and foreign in compart to an appropriate and interpret the compart				128,675
16.2	Not deferred to a cont	143,000	143,000		120,070
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$ 0 )				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				756,384
22.	Health care (\$ 0 ) and other amounts receivable			[	
23.	Aggregate write-ins for other than invested assets	121,224		121,224	131,533
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts (Lines 10 to 23)	22,470,788	143,000	22,327,788	19,400,754
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	22,470,788	143,000	22,327,788	19,400,754
	DETAILS OF WRITE-INS				
0001					

DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. Other assets	121,224		121,224	131,533
2302.				
2303.		l	l	
2398. Summary of remaining write-ins for Line 23 from overflow page				
2398. Summary of remaining write-ins for Line 23 from overflow page 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	121,224		121,224	131,533

LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
<ol> <li>Losses (Part 2A, Line 34, Column 8)</li> <li>Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)</li> </ol>		
3 Loca adjustment expenses (Part 2A Line 34 Column 0)		
4. Commissions novable contingent commissions and other similar abarrass		
Continusions payable, continuent continusions and other similar charges     Other expenses (excluding taxes, licenses and fees)		
Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	192,057	
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0 9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		(3,240)
\$ 8,635,074 and including warranty reserves or \$ 0 )  10. Advance premium		
11. Dividends declared and unpaid:		* * * * * * * * * * * * * * * * * * * *
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	2,234,190	2,517,667
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	I I	
16. Provision for reinsurance (Schodule E. Part 7)		
Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	I .	
19. Payable to parent, subsidiaries and affiliates	2 200 240	* * * * * * * * * * * * * * * * * * * *
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities	362,007	232,737
Z4. Total liabilities excluding protected cell liabilities (Lines 1 through 23)     Protected cell liabilities	5,087,464	2,747,164
26. Total liabilities (Lines 24 and 25)	5,087,464	2,747,164
27. Aggregate write-ins for special surplus funds	. 0,007,707	2,141,104
28. Common capital stock	2,000,000	2,000,000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	10,857,109	10,857,109
33. Unassigned funds (surplus)	4,383,215	3,796,481
34. Less treasury stock, at cost: 34.1 0 shares common (value included in Line 28 \$ 0 )		
34.2 0 shares referred (value included in Line 29 \$ 0 )		
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)	17,240,324	16,653,590
36. TOTALS (Page 2, Line 26, Col. 3)	22,327,788	19,400,754
DETAILS OF WRITE-INS		
	202.027	000 707
2301. Other liabilities 2302.	362,007	232,737
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		* * * * * * * * * * * * * * * * * * * *
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	362,007	232,737
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	+	
3001.		
3002.		
3003. 3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	·	
, , , , , , , , , , , , , , , , , , , ,		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 34, Column 4)		
1	DEDUCTIONS		***************************************
2.	Losses incurred (Part 2, Line 34, Column 7)		
3.	Loss expenses incurred (Part 3, Line 25, Column 1)		
5.	Other underwriting expenses incurred (Part 3, Line 25, Column 2) Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		
7.	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
8.			
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains (losses) less capital gains tax of \$ 22,157 (Exhibit of Capital Gains (Losses))	830,737	854,491
10.	Net realized capital gains (losses) less capital gains tax of \$ 22,157 (Exhibit of Capital Gains (Losses))	41,150	251.404
11.	Net investment gain (loss) (Lines 9 + 10)	871,887	854,491
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
40	(amount recovered \$ 0 amount charged off \$ 0 )		
13. 14	Finance and service charges not included in premiums Aggregate write-ins for miscellaneous income		(586)
15.	Aggregate write-ins for miscellaneous income  Total other income (Lines 12 through 14)		(586)
	Net income before dividends to policyholders, after capital gains tax		•
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	871,887	853,905
ı	Dividends to policyholders  Net igeome after dividends to policyholders, after capital gains tay		
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	871,887	853,905
	Federal and foreign income taxes incurred	I	174,346
20.	Net income (Line 18 minus Line 19) (to Line 22)	-0-001	679,559
	CAPITAL AND SURPLUS ACCOUNT		
24		16 652 500	15 060 530
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	16,653,590	15,969,538
	GAINS AND (LOSSES) IN SURPLUS		
22.	Net income (from Line 20)	585,294	679,559
23.	Net transfers (to) from Protected Cell accounts	******************	* * * * * * * * * * * * * * * * * * * *
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26. 27	Change in net deferred income tax Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)	(6,000) 7,440	154,933 (150,440)
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		(130,440)
	Change in surplus notes		
	Surplus (contributed to) withdrawn from protected cells		
ı	Cumulative effect of changes in accounting principles		
	Capital changes: 32.1 Paid in		
	32.1 Faid III 32.2 Transferred from surplus (Stock Dividend)		*****
	32.3 Transferred to surplus		
	Surplus adjustments:		
	33.1 Paid in 33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
	Dividends to stockholders		
	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1) Aggregate write-ins for gains and losses in surplus		
	Change in surplus as regards policyholders for the year (Lines 22 through 37)	586,734	684,052
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	17,240,324	16,653,590
	DETAILS OF WRITE-INS		
0501. 0502.			
0503.			
i .	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
	Other income/(expense)		(586)
1402.			
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		(586)
3701.	. , , , , , , , , , , , , , , , , , , ,		(-30)
3701.			
3703.			
3798.			
3799.	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		

CASH FLOW	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance	(283,477)	121,417
Net investment income	879,665	891,397
3. Miscellaneous income		(586)
4. Total (Lines 1 through 3)	596,188	1,012,228
5. Benefit and loss related payments	2,598,012	(2,369,041)
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions		(2,070)
Dividends paid to policyholders     Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)	(11,982)	298,898
10. Total (Lines 5 through 0)	2,586,030	(2,072,213)
11. Net cash from operations (Line 4 minus Line 10)	(1,989,842)	3,084,441
***************************************	(1,300,042)	0,004,441
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:	4 00 4 700	
12.1 Bonds	1,884,522	865,038
12.2 Stocks		
12.3 Mortgage loans 12.4 Real estate		
12.5 Other invested assets		
10 C. Net gains as (Jacob) an each each equivalents and short term investments		
12.7 Miscellaneous presseds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,884,522	865,038
13. Cost of investments acquired (long-term only):	1,004,022	
13.1 Bonds	1,000,000	1,549,062
13.2 Stocks		
13.3 Mortgage loans	************	
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	6,813	1,054
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,006,813	1,550,116
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	877,709	(685,078)
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	3,240	(3,240)
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders 16.6 Other cash provided (applied)	3,196,611	
Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,199,851	(1,611,569) (1,614,809)
	3,199,031	(1,014,003)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,087,718	784,554
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	371,760	(412,794)
19.2 End of year (Line 18 plus Line 19.1)	2,459,478	371,760
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002.		
20.0003.		

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

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

## **UNDERWRITING AND INVESTMENT EXHIBIT PART 1B - PREMIUMS WRITTEN**

Gross Premiums (Less Return Premiums), Including Policy and Membership Fees Written and Renewed During Year

	1	Reinsuranc	e Assumed	Reinsuran	ce Ceded	6	
Line of Business	Direct Business (a)	2 From Affiliates	3 From Non- Affiliates	4 To Affiliates	5 To Non- Affiliates	Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5	
1. Fire							
2. Allied lines							
3. Farmowners multiple peril							
4. Homeowners multiple peril							
5. Commercial multiple peril							
6. Mortgage guaranty							
8. Ocean marine							
9. Inland marine							
10. Financial guaranty							
11.1 Medical malpractice - occurrence							
11.2 Medical malpractice - claims-made							
12. Earthquake							
13. Group accident and health							
14. Credit accident and health (group and individual)							
15. Other accident and health			* * * * * * * * * * * * * * * * * * * *				
16. Workers' compensation							
17.1 Other liability - occurrence							
17.2 Other liability - claims-made			* * * * * * * * * * * * * * * * * * * *				
18.1 Products liability - occurrence			* * * * * * * * * * * * * * * * * * * *				
18.2 Products liability - claims-made			* * * * * * * * * * * * * * * * * * * *				
19.1, 19.2 Private passenger auto liability	26,281,553			26,281,553			
19.3, 19.4 Commercial auto liability							
21. Auto physical damage	11,172,772			11,172,772			
22. Aircraft (all perils)			* * * * * * * * * * * * * * * * * * * *				
23. Fidelity							
24. Surety			* * * * * * * * * * * * * * * * * * * *				
26. Burglary and theft							
27. Boiler and machinery			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	
28. Credit							
29. International			* * * * * * * * * * * * * * * * * * * *				
30. Reinsurance-Nonproportional Assumed Property	XXX						
31. Reinsurance-Nonproportional Assumed Liability	XXX					* * * * * * * * * * * * * * * * * * * *	
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX						
33. Aggregate write-ins for other lines of business							
34. TOTALS	37,454,325			37,454,325			
DETAILS OF WRITE-INS							
301.							
302.							

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

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

# UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid I	Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
Fire     Allied lines								
Farmowners multiple peril     Homeowners multiple peril								
Commercial multiple peril     Mortgage guaranty								
Ocean marine     Inland marine     In. Financial guaranty								• • • • • • • • • • • • • • • • • • • •
11.1 Medical malpractice - occurrence 11.2 Medical malpractice - claims - made								
12. Earthquake 13. Group accident and health								
14. Credit accident and health (group and individual)     15. Other accident and health								
16. Workers' compensation 17.1 Other liability - occurrence 17.2 Other liability - claims - made								
18.1 Products liability - occurrence 18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability 19.3, 19.4 Commercial auto liability 21. Auto physical damage	15,302,585 6,591,172		15,302,585 6,591,172					
21. Auto physical damage 22. Aircraft (all perils) 23. Fidelity	0,591,172		6,591,172					
24. Surety 26. Burglary and theft	47,192		47,192					
27. Boiler and machinery 28. Credit								
International     Reinsurance-Nonproportional Assumed Property     Reinsurance-Nonproportional Assumed Liability	XXX							
32. Reinsurance-Nonproportional Assumed Financial Lines 33. Aggregate write-ins for other lines of business	XXX							
34. TŎŤAĽS	21,940,949		21,940,949					
DETAILS OF WRITE-INS								
3301. 3302.								
3303. 3398. Summary of remaining write-ins for Line 33 from overflow page								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								

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

	Reported Losses				1	Incurred But Not Reported	d	8	9
Line of Business	1 Direct	2  Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4  Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6  Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
Line of Business	Direct	Assumed	Companies	(COIS. 1 + 2 - 3)	Direct	Assumed	Ceded	(Cols. 4 + 5 + 6 - 7)	Expenses
1. Fire									
2. Allied lines									
Farmowners multiple peril									
Homeowners multiple peril			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
5. Commercial multiple peril	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *
6. Mortgage guaranty	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *
8. Ocean marine									
9. Inland marine			* * * * * * * * * * * * * * * * * * * *						
10. Financial guaranty			* * * * * * * * * * * * * * * * * * * *						
11.1 Medical malpractice - occurrence			* * * * * * * * * * * * * * * * * * * *						
11.2 Medical malpractice - claims - made									
12. Earthquake 13. Group accident and health								(0)	
14. 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	* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
18.1 Products liability - occurrence	* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
18.2 Products liability - claims - made	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
19.1, 19.2 Private passenger auto liability	12,560,634		12,560,634		4,025,908		4,025,908		
19.3, 19.4 Commercial auto liability									
21. Auto physical damage	619,694		619,694		(289,369)		(289,369)		
22. Aircraft (all perils)									
23. Fidelity									
24. Surety	33,900		33,900		599,478		599,478		* * * * * * * * * * * * * * * * * * * *
26. Burglary and theft			* * * * * * * * * * * * * * * * * * * *	****					* * * * * * * * * * * * * * * * * * * *
27. Boiler and machinery									
28. Credit									
29. International	XXX				XXX				
30. Reinsurance-Nonproportional Assumed Property					XXX				
31. Reinsurance-Nonproportional Assumed Liability 32. Reinsurance-Nonproportional Assumed Financial Lines	XXX XXX				XXX				
<ul><li>32. Reinsurance-Nonproportional Assumed Financial Lines</li><li>33. Aggregate write-ins for other lines of business</li></ul>					XXX				
	42.044.000		42 044 000		4 220 047		4 220 047		
34. TOTALS	13,214,228		13,214,228		4,336,017	<u> </u>	4,336,017		
DETAILS OF WRITE-INS	_						<u> </u>		
3301.									
3301.			* * * * * * * * * * * * * * * * * * * *	*******					
3303.									
3398. Summary of remaining write-ins for Line 33 from overflow page				* * * * * * * * * * * * * * * * * * * *					
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)						<del> </del>	<del> </del>		

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

## **UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES**

		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:				
	1.1 Direct				2,146,209
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	· I			2,146,209
_	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:		4 000 004		4 000 004
	2.1 Direct, excluding contingent				4,336,981
	2.2 Reinsurance assumed, excluding contingent		4 000 004		4,336,981
	Reinsurance ceded, excluding contingent     Contingent-direct				700 400
	2.4 Contingent-direct 2.5 Contingent-reinsurance assumed				
	2.6 Contingent-reinsurance ceded				798,136
	2.7 Policy and membership fees				1.00,100
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents				
4.	Advertising	1		37	37
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records			*****	
l .	Salary and related items:				
	8.1 Salaries			8,722	8,722
	8.2 Payroll taxes			335	335
9.	Employee relations and welfare			442	442
10.	Insurance			10	
	Directors' fees				
12.	Travel and travel items			125	125
13.	Rent and rent items			135	135
14.	Equipment			150	150
15.	Cost or depreciation of EDP equipment and software			92	92
l	Printing and stationery			20	
17.	Postage, telephone and telegraph, exchange and express			340	340
l	Legal and auditing			776	776
ı	Totals (Lines 3 to 18)			11,184	11,184
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
	Real estate expenses				
22. 23.	Real estate taxes				
l	Reimbursements by uninsured accident and health plans			1.209	
24. 25.	Aggregate write-ins for miscellaneous expenses  Total expenses incurred			, , , , ,	(a) 12,393
26.	Total expenses incurred  Less unpaid expenses-current year				12,093
l	Add unpaid expenses-prior year				
	Amounts receivable relating to uninsured accident and health				
	plans, prior year				
29.	Amounts receivable relating to uninsured accident and health				
	plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)			12,393	12,393
	DETAILS OF WRITE-INS				
2401.	Other expenses			1,209	1,209
ı		1			
2403.					
l	Summary of remaining write-ins for Line 24 from overflow page				
	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)			1,209	1,209

(a) Includes management fees of \$ 12,393 to affiliates and \$ 0 to non-affiliates.

0901. 0902. 0903.

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

## **EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 752,478	744,746
1.1	Bonds exempt from U.S. tax	(a) 62,689	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 67,369	71,706
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	(36,011)	(36,011)
10.	Total gross investment income	846,525	
11.	Investment expenses	,	(g) 12,393
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 12,555
13.	Interest expense		
			(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		12,393
17.	Net investment income (Line 10 minus Line 16)		830,737
	DETAILS OF WRITE-INS		
0901.	MISCELLANEOUS INCOME/(EXPENSE)	(36,011)	(36,011)
0902.			
0903.			
	Summary of remaining write-ins for Line 9 from overflow page		
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	(36,011)	(36,011)
	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(b) Ind (c) Ind (d) Ind (e) Ind (f) Ind (g) Ind (h) bibbbbbs	cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium.	s \$ 0 paid for accrued s \$ 0 paid for accrued 0 interest on encumbrances. s \$ 0 paid for accrued es, excluding federal income taxes, att	interest on purchases. dividends on purchases. interest on purchases. interest on purchases. ributable

## **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Increases (Decreases) by Adjustment	4 Total
1.	U.S. Government bonds	63,307			63,307
1.1	Bonds exempt from U.S. tax				
1.2	Other bonds (unaffiliated)				
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans				
4.	Real estate				
5.	Contract loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for capital gains (losses)				
10.	Total capital gains (losses)	63,307			63,307
	DETAILS OF WRITE-INS				

## **EXHIBIT OF NONADMITTED ASSETS**

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First lions			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.4. Describes associated by the associated			
	4.1 Properties occupied by the company 4.2 Properties held for the production of income			* * * * * * * * * * * * * * * * * * * *
	4.2 Dranartica hald for agle			* * * * * * * * * * * * * * * * * * * *
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
٥.				
6.	investments (Schedule DA) Contract loans			
7.				
8.	Other invested assets (Schedule BA) Receivables for securities			
9.	Aggregate units inc for invested accets			
9. 10.	Aggregate write-ins for invested assets			
	Subtotals, cash and invested assets (Lines 1 to 9)			
11. 12.	Title plants ( for Title insurers only )  Investment income due and accrued			
	************************************			
13.	Premiums and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
6.1	Current federal and foreign income tax recoverable and interest thereon			
6.2	Net deferred tax asset	143,000	149,000	6,00
7.	Guaranty funds receivable or on deposit			* * * * * * * * * * * * * * * * * * * *
8.	Electronic data processing equipment and software			
9.	Furniture and equipment, including health care delivery assets			
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivable from parent, subsidiaries and affiliates	.]		L
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets		1,440	1,44
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
	Accounts (Lines 10 to 23)	143,000	150,440	7,44
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	143,000	150,440	7,44
_	· · · · · · · · · · · · · · · · · · ·	. ,		, ,
		1		<u> </u>
	DETAILS OF WRITE-INS			
		+		

DETAILS OF WRITE-INS			
0901.			
0902.	*********		
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301. Other assets		1,440	1,440
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		1,440	1,440

#### 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 Ohio, the accompanying financial statements of Globe American Casualty 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 for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- Investment grade short-term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office ("SVO Manual").
- 2. Investment grade bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the SVO Manual.
- 3. The Company does not own common stocks.
- 4. The Company does not own preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. Mortgage-backed/asset backed securities are stated at amortized value. Prepayment assumptions for single class mortgage-backed/asset backed securities and multi-class securities were obtained from internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all single class mortgage-backed/asset-backed securities and multi-class securities. Non-investment grade mortgage-backed/asset backed securities are stated at the lower of amortized value or fair value.
- 7. The Company has no subsidiary investments.
- 8. The Company has no investments in joint ventures, partnerships or limited liability companies.
- 9. The Company has no derivative instruments.
- 10. 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 2005.

### Note 2- Accounting Changes and Correction of Errors

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

#### Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

#### **Note 4- Discontinued Operations**

The Company has no discontinued operations to report.

#### Note 5- Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not hold any mortgage loans as investments.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

#### D. Loan-Backed Securities

- 1. The Company has elected to use the book value as of January 1, 1994 as the cost for applying the retrospective adjustment method to securities purchased prior to that date, where historical cash flows are not readily available.
- 2. Prepayment assumptions for single class and multi-class mortgages-backed/asset-backed securities were based upon 1-month historical constant prepayment rates.
- The Company used IDSI, Bloomberg, and Lehman Index data in determining the market value of the vast majority of its loan-backed securities. A small number of securities are priced in other ways, such as contacting brokers.
- 4. The Company had no negative yield situations requiring a change from the retrospective to prospective method.

#### E. Repurchase Agreements

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

F. Real Estate

The Company does not own real estate.

#### Note 6- Joint Ventures, Partnerships & Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships, or limited liability companies.
- B. Not applicable

#### **Note 7- Investment Income**

A. Accrued Investment Income

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

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2005.

### **Note 8- Derivative Instruments**

The Company was not a party to any derivative financial instruments during the year.

#### Note 9 - Income Taxes

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

	December 31, 2005	December 31, 2004	Change
Total of gross deferred tax assets	154,000	152,083	1,917
Total of deferred tax liabilities	(11,000)	(3,083)	(7,917)
Net deferred tax asset	143,000	149,000	(6,000)
Net deferred tax asset non-admitted	(143,000)	(149,000)	6,000
Net admitted deferred tax asset	0	0	0

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

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

	2005	2004
Federal tax on operations	286,593	471,846
Net operating loss benefit	0	(297,500)
Foreign tax on operations	0	0
Income tax incurred on operations	286,593	174,346
Tax on capital gains	22,157	0
Total income tax incurred	308,750	174,346

The Company's deferred tax assets and liabilities result primarily from alternative minimum tax credit carryforward.

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

	2005
Change in net deferred income tax (without unrealized gain or loss)	(6,000)
Tax effect of unrealized (gains) losses	0
Total change in net deferred income tax	(6,000)

- D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of revisions to prior year
- The amount of Federal income taxes incurred and available for recoupment in the event of future losses are \$292,000 from the current year and \$153,000 from the preceding year.

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

The Company has minimum tax credit of \$152,000 which does not expire.

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

Access Insurance Services, Co. ALM Services, Inc.

Ambco Capital Corporation

America First Insurance Company

America First Lloyds Insurance Company American Ambassador Casualty Company

Berkeley Holdings Company Associates, Inc.

Berkeley Management Corporation

Bridgefield Casualty Insurance Company

Bridgefield Employers Insurance Company

Capitol Agency, Inc. (Arizona corporation) Capitol Agency, Inc. (Ohio corporation)

Capitol Agency, Inc. (Tennessee corporation)

Cascade Disability Management, Inc.

Colorado Casualty Insurance Company

Companies Agency Insurance Services of California

Companies Agency of Alabama, Inc.

Companies Agency of Georgia, Inc.

Companies Agency of Kentucky, Inc.

Companies Agency of Massachusetts, Inc.

Companies Agency of Michigan, Inc.

Companies Agency of New York, Inc.

Companies Agency of Pennsylvania, Inc.

Companies Agency of Phoenix, Inc.

Companies Agency, Inc.

Companies Annuity Agency of Texas, Inc. Consolidated Insurance Company

Copley Venture Capital, Inc.

Countrywide Services Corporation

Diversified Settlements, Inc.

Employers Insurance Company of Wausau

Excelsior Insurance Company First State Agency, Inc.

Florida State Agency, Inc. Globe American Casualty Company

Golden Eagle Insurance Corporation

Gulf States AIF, Inc.

Hawkeye-Security Insurance Company

Helmsman Insurance Agency of Illinois, Inc.

Helmsman Insurance Agency of Texas, Inc. Heritage-Summit Healthcare of Florida, Inc.

Indiana Insurance Company

LEXCO Limited

Liberty Assignment Corporation Liberty Corporate Services, Inc. Liberty Energy Corporation

Liberty International Holdings, Inc.

Liberty Life Assurance Company of Boston

Liberty Life Holdings, Inc.

Liberty Lloyds of Texas Insurance Company

Liberty Management Services, Inc.

Liberty Massachusetts Trust Liberty Mexico Holdings, Inc.

Liberty Mutual Capital Corporation (Boston)

Liberty Mutual Fire Insurance Company

Liberty Mutual Group Inc.

Liberty Mutual Holding Company, Inc.

Liberty Mutual Insurance Company

Liberty Mutual Managed Care, Inc.

Liberty Northwest Insurance Corporation

Liberty Personal Insurance Company

Liberty RE (Bermuda) Limited

Liberty Real Estate Corporation

Liberty Surplus Insurance Corporation

Liberty-USA Corporation

LIH-Re of America Corporation

LIH U.S. P&C Corporation

LIIA Insurance Agency, Inc.

LIU Specialty Agency, Inc.

LLS Insurance Agency of Nevada, Inc.

LM Insurance Corporation

LMHC Massachusetts Holding, Inc.

LRE Properties, Inc.

Mid-American Agency, Inc.

Mid-American Fire and Casualty Company

Missouri Agency, Inc.

North Pacific Insurance Company

Oregon Automobile Insurance Company Peerless Indemnity Insurance Company

Peerless Insurance Company

LM Personal Insurance Company

LM General Insurance Company

LM Property and Casualty Insurance Company

San Diego Insurance Company

State Agency, Inc. (Indiana corporation)

State Agency, Inc. (Wisconsin corporation)

St. James Insurance Company

Summit Consulting, Inc. Summit Consulting, Inc. of Louisiana

Summit Holding Southeast, Inc. The First Liberty Insurance Corporation

The Midwestern Indemnity Company

Liberty Financial Services, Inc.

The National Corporation

Liberty Hospitality Group, Inc.

The Netherlands Insurance Company

Liberty Insurance Company of America Wausau (Bermuda) Ltd.

Liberty Insurance Corporation Wausau Business Insurance Company
Liberty Insurance Holdings, Inc. Wausau General Insurance Company

Liberty Insurance Underwriters, Inc.

Liberty International Aberdeen, Inc.

Wausau Holdings, Inc.

Wausau Service Corporation

Liberty International Asia Pacific Holdings, Inc. Wausau Underwriters Insurance Company

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

#### Note 10- Information concerning Parent, Subsidiaries and Affiliates

- A. All outstanding shares of the Company are owned by Peerless Indemnity Insurance Company, an insurance company incorporated in the State of Illinois. Peerless Indemnity Insurance Company is wholly owned by Liberty-USA Corporation, a Delaware corporation. The outstanding shares of Liberty-USA Corporation are owned by Peerless Insurance Company, an insurance company incorporated in the State of New Hampshire. Peerless Insurance Company is a wholly owned subsidiary of LIH US P&C Corporation, an insurance holding company incorporated in Delaware. LIH US P&C Corporation is wholly owned by Liberty Insurance Holdings, Inc., an insurance holding company incorporated in Delaware. Liberty Insurance Holdings Inc., is wholly owned by Liberty Mutual Insurance Company, an insurance company incorporated in Massachusetts. The ultimate parent of Liberty Mutual Insurance Company is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Note 26.
- D. At December 31, 2005, the Company reported \$2,299,210 due to affiliates. In general, the terms of the inter-company arrangements require settlement at least quarterly.
- D. The Company has made no guarantee or initiated undertaking for the benefit of affiliates that result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. The Company entered into a services agreement (the "Agreement"), effective January 1, 1999, with the Peerless Insurance Company (PIC) and other affiliates. The Agreement allows parties to the Agreement to provide services related to common management functions including, but not limited to, coordinating marketing and advertising, information systems support, payroll and human resources services, actuarial support, accounting and other financial services, as well as consulting and other services as the parties may request.

The Company entered into investment management agreements, effective May 26, 1999 with Liberty Mutual Insurance Company (LMIC), and effective May 1 2000 with Liberty Mutual Investment Advisors LLC (LMIA). Under these agreements, LMIC and LMIA provide investment management services to the Company.

The Company entered into a cash management agreement with LMIA effective January 1, 2000.

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

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

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

#### Note 11- Debt

A. Capital Notes

Not applicable

B. All Other Debt

Not applicable

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

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

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

1. Common Stock

The Company has 2,000 shares authorized, issued and outstanding as of December 31, 2005. All shares have a stated par value of \$1,000.

2. Preferred Stock

Not applicable

3. Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends that can be paid by Ohio-domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner is the greater of (a) 10% of surplus, or (b) net income. The maximum dividend payout that may be made without prior approval in 2006 is \$1,724,032.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company did not hold stock for special purposes.
- 8. The Company does not hold special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

### **Note 14- Contingencies**

#### A. Contingent Commitments

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

#### B. Assessments

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

As a result of an inter-company 100% Quota Share Reinsurance Agreement (see Note 26), all guaranty fund and other assessments liabilities are ceded to Peerless Indemnity Insurance Company.

C. Gain Contingencies

Not applicable

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

Not applicable

## Note 16- Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

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

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

A. Transfers of Receivables reported as sales

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

B. Transfers and servicing of financial assets

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

C. Wash Sales

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

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

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

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

#### Note 20 – September 11 Events

As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to losses arising from the September 11, 2001 World Trade Center disaster.

#### Note 21- Other Items

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

Not applicable

- C. Other Disclosures
  - 1) Assets in the amount of \$2,630,651 and \$2,629,983 as of December 31, 2005 and 2004, respectively, were on deposit with government authorities or trustees as required by law.
- D. As a result of the inter-company 100% Quota Share Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase Business Interruption coverage.

F. Additional Pension and Postretirement Disclosure Requirements

Refer to Note 12.

#### Note 22- Events Subsequent

There were no events subsequent to December 31, 2005 that would require disclosure.

#### Note 23- Reinsurance

- A. Excluding amounts arising pursuant to the inter-company 100% Quota Share Reinsurance Agreement, as described in Note 26, there are no unsecured reinsurance recoverables with an individual reinsurer that exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer that exceed 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. Reinsurance Assumed & Ceded
  - 1. The following table sets forth the maximum return premium and commission equity due the reinsurer or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2005.

	Assumed Reinsurance		Ceded Rein	Ceded Reinsurance		Net Reinsurance		
		Commission		Commission		Commission		
	UEP	Equity	UEP	Equity	UEP	Equity		
Affiliates All Other	\$0 0	\$0 0	\$8,635,074 0	\$999,888 0	(\$8,635,074) 0	(\$999,888) 0		
Total	\$0	\$0	\$8,635,074	\$999,888	(\$8,635,074)	(\$999,888)		

Direct unearned premium reserve of \$8,635,074

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

Direct	\$903,358
Assumed	0
Ceded	(903,358)
Net	\$0

- D. The Company did not write off any uncollectible balances in 2005.
- E. The Company does not have ceded commutations.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2005.

#### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have net accrued retrospective premiums.

#### Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to changes in incurred losses and loss adjustment expenses.

#### Note 26- Intercompany Pooling Arrangements

The Company participates in a 100% Quota Share Reinsurance Agreement with its parent, Peerless Indemnity Insurance Company (PIIC). Pursuant to the Agreement, after external reinsurance, the Company cedes its net underwriting activity to PIIC

#### **Note 27- Structured Settlements**

- A. As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to contingent liabilities from the purchase of annuities.
- B. Not applicable

#### Note 28 - Health Care Receivables

Not applicable

#### **Note 29 - Participating Policies**

Not applicable

#### Note 30 – Premium Deficiency Reserves

As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to liabilities related to premium deficiency reserves.

#### Note 31- High Dollar Deductible Policies

As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company does not have any high dollar deductible policies.

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

Not applicable

#### Note 33 - Asbestos/Environmental Reserves

As a result of the inter-company 100% Quota Share Reinsurance Agreement with Peerless Indemnity Insurance Company (see Note 26), the Company has no exposure to asbestos and environmental claims.

### Note 34- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

#### Note 35 - Multiple Peril Crop Insurance

Not applicable

## **SUMMARY INVESTMENT SCHEDULE**

		Gro Investment	Holdings	Admitted Assets as Reported in the Annual Statement	
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:					
	easury securities	13,272,144	68.195	13,272,144	68.195
	overnment agency obligations (excluding mortgage-backed securities):	4 000 004		4 000 004	
	sued by U.S. government agencies	1,880,991 998,423	9.665	1,880,991	9.665
	sued by U.S. government sponsored agencies  n government (including Canada, excluding mortgage-backed securities)	990,423	5.130	998,423	5.130
_	ies issued by states, territories, and possessions				
	litical subdivisions in the U.S.:				
	ates, territories and possessions general obligations				
	olitical subdivisions of states, territories and possessions and political				
	ubdivisions general obligations				
	evenue and assessment obligations dustrial development and similar obligations				
	ge-backed securities (includes residential and commercial MBS):				
_	ass-through securities:				
	511 Issued or guaranteed by GNMA	843,210	4.333	843,210	4.333
	512 Issued or guaranteed by FNMA and FHLMC				
	513 All other				
	MOs and REMICs:				
	521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA 522 Issued by non-U.S. Government issuers and collateralized by mortgage-				
	backed securities issued or guaranteed by agencies shown in Line 1.521				
1.	523 All other				
2. Other debt a	and other fixed income securities (excluding short term):				
2.1 Unaffili	ated domestic securities (includes credit tenant loans rated by the SVO)				
	ated foreign securities				
2.3 Affiliate					
3. Equity intere	ests: nents in mutual funds				
3.2 Preferr					
3.21 At					
3.22 Uı	naffiliated				
	y traded equity securities (excluding preferred stocks):				
3.31 Af					
	naffiliated				
3.4 Other 6	equity securities:				
	naffiliated				
	equity interests including tangible personal property under lease:			* * * * * * * * * * * * * * * * * * * *	
3.51 Af	ffiliated				
	naffiliated				
4. Mortgage loa					
	uction and land development				
4.2 Agricul 4.3 Single	family residential properties			* * * * * * * * * * * * * * * * * * * *	
-	mily residential properties				
	ercial loans				
4.6 Mezzai	nine real estate loans				
5. Real estate					
	ty occupied by company				
5.2 Properi (includi	ty held for production of income ing \$ 0 of property acquired in satisfaction of debt)				
,	ty held for sale (including \$ 0 property				
	ed in satisfaction of debt)				
6. Contract loa	*				
	for securities	7,868	0.040	7,868	0.040
	equivalents and short-term investments	2,459,478	12.637	2,459,478	12.637
Other invest     Total invests		10.400.444	400,000	10.400.444	400.000
10. Total investe	eu assets	19,462,114	100.000	19,462,114	100.000

## PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

]

	an insurer?	Company System consisting	of two of more affiliated pe	ersons, one or more or which	Yes [X]	No [ ]	
su pr M	es, did the reporting entity register and file with its domen to regulatory official of the state of domicile of the principolar disclosure substantially similar to the standards del Insurance Holding Company System Regulatory Adnards and disclosure requirements substantially similar	ipal insurer in the Holding C adopted by the National Ass and model regulations per	ompany System, a registra ociation of Insurance Com taining thereto, or is the rep	tion statement missioners (NAIC) in its	Yes [X]	No [ ] oN	
St	ate Regulating?					Ohio	
	s any change been made during the year of this staten the reporting entity?	nent in the charter, by-laws, a	articles of incorporation, or	deed of settlement	Yes [ ]	No [X]	
	es, date of change: lot previously filed, furnish herewith a certified copy of t	he instrument as amended.					
St	ate as of what date the latest financial examination of the	e reporting entity was made	or is being made.			12/31/2004	
	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.						
do	ate as of what date the latest financial examination repo micile or the reporting entity. This is the release date or llance sheet date).		•			10/24/2001	
Ву	what department or departments? Ohio Department of	Insurance					
CO	ring the period covered by this statement, did any ager mbination thereof under common control (other than sa	laried employees of the repo	rting entity) receive credit	•			
a	ubstantial part (more than 20 percent of any major line	or business measured on di		sales of new business?	Yes [ ]	No [ X ]	
			4.12	renewals?	Yes [ ]	No [X]	
af	ring the period covered by this statement, did any sales liate, receive credit or commissions for or control a sub ect premiums) of:	~					
	· ,			sales of new business? renewals?	Yes [ ] Yes [ ]	No [ X ] No [ X ]	
На	s the reporting entity been a party to a merger or consc	olidation during the period co	vered by this statement?		Yes [ ]	No [ X ]	
	res, provide the name of the entity, NAIC company cod ased to exist as a result of the merger or consolidation.	e, and state of domicile (use	two letter state abbreviation	on) for any entity that has			
	1	2	3	٦			
	Name of Entity	NAIC Company Code	State of Domicile				
		the site. He are a second state of	: /:				
SU	Has the reporting entity had any Certificates of A spended or revoked by any governmental entity during						
	confidentiality clause is part of the agreement.)		·		Yes [X]	No [ ]	
	es, give full information The Virginia State Corporation e entity has since been reinstated.	Bureau revoked the entity's	certificate of authority for fa	ailure to pay its annual registrat	ion fee.		
Do	es any foreign (non-United States) person or entity dire	ctly or indirectly control 10%	or more of the reporting e	ntity?	Yes [ ]	No [ X ]	
lf :	es,						
	<ul><li>7.21 State the percentage of foreign control</li><li>7.22 State the nationality(s) of the foreign pers manager or attorney-in-fact and identify the</li></ul>	. , , , , , , , , , , , , , , , , , , ,		•	uct).	0 %	
	1		2				
	Nationality	Type o	of Entity				
	the company a subsidiary of a bank holding company response to 8.1 is yes, please identify the name of the because it is the name of the because it is the same of the because it is the because		erve Board?		Yes [ ]	No [X]	
ls	he company affiliated with one or more banks, thrifts o				Yes [ ]	No [ X ]	

### **PART 1 - COMMON INTERROGATORIES**

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

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

9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  Ernst & Young, LLP  200 Clarendon Street Boston, MA 02116	
10.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? William M. Finn, FCAS, MAAA 62 Maple Avenue Keene, NH 03431 Vice President & Chief Reserving Actuary of Liberty Mutual Agency Markets	
11.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [ ] No [X]
	11.11 Name of real estate holding company 11.12 Number of parcels involved 11.13 Total book/adjusted carrying value	<u> </u>
11.2	If yes, provide explanation N/A	
	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
12.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
12.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes [ ] No [X]
12.3	Have there been any changes made to any of the trust indentures during the year?	Yes [ ] No [X]
12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	Yes [ ] No [ ] N/A [ X ]
	BOARD OF DIRECTORS	
13	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate	
10.	committee thereof?	Yes [X] No [ ]
14. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate		
	committees thereof?	Yes [X] No [ ]
	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the [Notific and duties of such person?]	
	FINANCIAL	
16.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	
	16.11 To directors or other officers	\$
	16.12 To stockholders not officers 16.13 Trustees, supreme or grand (Fraternal only)	\$
16.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	Ψ
10.2	16.21 To directors or other officers	\$
	16.22 To stockholders not officers	\$
	16.23 Trustees, supreme or grand (Fraternal only)	\$
	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?	Yes [ ] No [X]
17.2	If yes, state the amount thereof at December 31 of the current year:	
	17.21 Rented from others 17.22 Borrowed from others	\$ \$
	17.23 Leased from others	\$
	17.24 Other	\$
18.1	Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?	Yes[] No[X]
18.2	If answer is yes:	
	18.21 Amount paid as losses or risk adjustment	\$

## PART 1 - COMMON INTERROGATORIES

		18.22 Amount paid as 18.23 Other amounts				\$		
	Does the reporting entity report any amounts due from par If yes, indicate any amounts receivable from parent include	rent, subsidiaries or affiliates		statement	?	Yes [ \$	] No[X]	
		INVESTM	IENT					
20.1	Were all the stocks, bonds and other securities owned Der in the actual possession of the reporting entity on said date					Yes[>	X] No[ ]	]
20.2	If no, give full and complete information, relating thereto							
21.1	Were any of the stocks, bonds or other assets of the report control of the reporting entity, except as shown on Schedu any assets subject to a put option contract that is currently	lle E - Part 3 - Special Depos	its, or has the re	porting enti	ty sold or transferred	Yes [	] No[X]	
21.2	If yes, state the amount thereof at December 31 of the cur	•	Loaned to others	<b>.</b>		\$		
		21.22 21.23 21.24 21.25 21.26 21.27	Subject to repure Subject to revers Subject to dollar Subject to revers Pledged as colla Placed under op Letter stock or s	chase agree se repurchase repurchase se dollar rep teral tion agreen	ase agreements e agreements purchase agreements	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
21.3	For category (21.28) provide the following:							
	1 Nature of Restriction	2 Descri			3 Amount			
22.1	Does the reporting entity have any hedging transactions re	eported on Schedule DB?				Yes [	] No[X]	
22.2	If yes, has a comprehensive description of the hedging pro	ogram been made available to	the domiciliary	state?		Yes [	] No [ ]	] N/A [ X ]
	If no, attach a description with this statement.							
23.1	Were any preferred stocks or bonds owned as of Decembissuer, convertible into equity?	er 31 of the current year man	datorily convertil	ole into equ	ity, or, at the option of the	Yes [	] No[X]	
23.2	If yes, state the amount thereof at December 31 of the cur	rrent year.				\$		
	Excluding items in Schedule E, real estate, mortgage loan safety deposit boxes, were all stocks, bonds and other sec with a qualified bank or trust company in accordance with Manuscial Condition Examiners Handbook?	curities, owned throughout the	e current year he	ld pursuant	t to a custodial agreement			
24.01	For agreements that comply with the requirements of the N	NAIC Financial Condition Exa	miners Handboo	k, complete	e the following:			
	1				2	$\neg$		
	Name of Custodian(s)  JP MORGAN CHASE		3 CHASE METR		an's Address ENTER, BROOKLYN NY 112	245		
						$\equiv$		
24.02	For all agreements that do not comply with the requiremename, location and a complete explanation:	nts of the NAIC Financial Con	dition Examiners	Handbook	s, provide the			
	1 Name(s)	2 Location(s)		Com	3 plete Explanation(s)			
	Have there been any changes, including name changes, ir If yes, give full and complete information relating thereto:	n the custodian(s) identified in	24.01 during the	e current ye	ear?	Yes [	] No[X]	
	1 Old Custodian Ne	2 w Custodian	3 Date of Change		4 Reason			

	•	

#### **PART 1 - COMMON INTERROGATORIES**

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

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

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

Yes [ ] No [ X ]

25.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
25.2999 Total		

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

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

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

	1	2	3
			Excess of Statement
			over Fair Value
	Statement (Admitted)		(-), or Fair Value
	Value	Fair Value	over Statement (+)
26.1 Bonds	19,430,018	19,404,001	(26,017)
26.2 Preferred stocks			
26.3 Totals	19.430.018	19.404.001	(26.017)

26.4 Describe the sources or methods utilized in determining the fair values: IDC, BLOOMBERG, NAIC, SVO, BROKER QUOTES, ANALYTICALLY DETERMINED

27.1	Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?	Yes [X]	No [	1
27.2	If no, list exceptions:			

#### OTHER

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

\$

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

1	2
Name	Amount Paid
	\$
	\$
	\$

29.1 Amount of payments for legal expenses, if any?

4,933

29.2 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
Nelson Levine De Luca & Horst	\$ 4,618
	\$
	\$

## PART 1 - COMMON INTERROGATORIES

30.1 Amount of r	ayments for expenditures in connecti	on with matters before legislative bodie	s, officers or departments of	government, if any?	\$

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

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

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?							
1.2	If yes, indicate premium earned on U. S. business only.				\$			
1.3	What portion of Item (1.2) is not reported on the Medicare Supp	lement Insurance Experience Exhibit	?		\$			
	1.31 Reason for excluding							
1.4	Indicate amount of earned premium attributable to Canadian and	d/or Other Alien not included in Item (	(1.2) above.		\$			
1.5	Indicate total incurred claims on all Medicare Supplement insura	· · · · · · · · · · · · · · · · · · ·	(,		\$			
1.6	Individual policies:				<u>-</u>			
		current three years:						
	1.61	Total premium earned			\$			
	1.62	Total incurred claims			\$			
	1.63	Number of covered lives			\$			
	All ye	ears prior to most current three years:						
	1.64	Total premium earned			\$			
	1.65	Total incurred claims			\$			
	1.66	Number of covered lives			\$	_		
1.7	Group policies:					_		
	Most	current three years:						
	1.71	Total premium earned			\$			
	1.72	Total incurred claims			\$			
	1.73	Number of covered lives			\$			
	All ye	ears prior to most current three years:						
	1.74	Total premium earned			\$			
	1.75	Total incurred claims			\$			
	1.76	Number of covered lives			\$			
2	Health Test:							
۷.	Ticalui Test.		1	2				
			Current Year	Prior Year				
	2.1	Premium Numerator	\$	\$				
	2.2	Premium Denominator	\$	\$				
		Premium Ratio (2.1/2.2)	,	,				
		Reserve Numerator	\$	\$				
		Reserve Denominator	\$	\$				
	2.0	Reserve Ratio (2.4/2.5)	* * * * * * * * * * * * * * * * * * * *					
3.1	Does the reporting entity issue both participating and non-partic	ipating policies?			YES[]	NO [ X ]		
3.2	If yes, state the amount of calendar year premiums written on:							
	3.21	Participating policies			\$			
	3.22	Non-participating policies			\$			
4.	For Mutual Reporting Entities and Reciprocal Exchange only:							
4.1	Does the reporting entity issue assessable policies?				YES[]	NO [ X ]		
4.2	Does the reporting entity issue non-assessable policies?				YES[]	NO [ X ]		
4.3	If assessable policies are issued, what is the extent of the contin							
4.4	Total amount of assessments paid or ordered to be paid during	the year on deposit notes or continge	ent premiums.		\$			
P5or I	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 compens				NO [ ] N/A [ X ]		
	5.22	As a direct expense of the excha	-		YES[]	NO [ ] N/A [ X ]		
5.3	What expenses of the Exchange are not paid out of the comper	nsation of the Attorney-in-fact?						
5.4	Has any Attorney-in-fact compensation, contingent on fulfillmen	t of certain conditions, been deferred	?		YES[]	NO [ X ]		
5.5	If yes, give full information		*****					

(Continued)

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	what provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:  In 2005 the Company purchased Workers' Compensation Catastrophe reinsurance,		
	separately and/or with the Liberty Mutual Group with limits of \$675M xs. \$25M.		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting		
	firms or computer software models), if any, used in the estimation process:  The Company tracks aggregate property and WC exposure and reviews quarterly. It uses RiskLink from RMS and AIR from AIR for EQ and wind. It uses Concentrations are in the NE for wind and New Madrid for EQ.	ses Riskl	ink for WC.
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? In 2005 the Company purchase Property Catastrophe reinsurance, separately and/or with the Liberty Mutual Group with limits of \$1,300m xs. \$50m.  The coverage is sufficient to protect against the Company's 250 year event.	<b>∌d</b> 	
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated		
6.5	probable maximum loss attributable to a single loss event or occurrence?  If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	YES[)	K]NO[ ]
7 1			
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)?	YESI	] NO [ X ]
	If yes, indicate the number of reinsurance contracts containing such provisions.		1 []
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES [	] NO [ X ]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any		
8.2	loss that may occur on this risk, or portion thereof, reinsured?  If yes, give full information	YES [	] NO [X]
0.2	ii yes, give iuii iniormation		
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 3% 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 3% 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;		
	<ul> <li>(d) An unconditional or unilateral right by either party to commute the reinsurance contract except for such provisions which are only triggered by a decline in the credit status of the other party;</li> </ul>		
	(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		
92	reimbursement to the ceding entity.  Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple	YES [	] NO [ X ]
0.2	contracts with the same reinsurer or its affiliates), 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.	YESI	] 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 Interrogatroy 9:	120[	Ino [x]
	<ul> <li>(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;</li> <li>(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</li> <li>(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to</li> </ul>		
0 1	be achieved.  Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the		
0.4	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		
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?  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.	YES [	]NO[X]
10.	is treated differently for GAAP and SAP.  If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that		
11 1	which the original entity would have been required to charge had it retained the risks. Has this been done?	-	] NO [ ] N/A [ X ]
	Has the reporting entity guaranteed policies issued by any other entity and now in force:  If yes, give full information	1E3[	] NO [X]

(Continued)

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

12.1	If the reporting entity recorded accrue amount of corresponding liabilities re		on insurance contracts	s on Line 13.3 of the ass	set schedule, Page 2, s	tate the	
		12.11	Unpaid losses				\$
		12.12		expenses (including los	ss adjustment expenses	;)	\$
	Of the amount on Line 13.3, Page 2, If the reporting entity underwrites corfrom its insureds covering unpaid pre	nmercial insurance risks, s	such as workers' compe			es accepted	\$ YES[]NO[]N/A[X]
12.4	If yes, provide the range of interest ra	-		covered by this stateme	ent:		
		12.41					
12.5	Are letters of credit or collateral and opromissory notes taken by a reporting losses under loss deductible features	g entity, or to secure any c	insureds being utilized				YES[]NO[X]
12 6	If yes, state the amount thereof at De	•	r·				120[ ]110[X]
12.0	in you, otato the amount thereof at be	12.61					\$
		12.62		r funds			\$
13.1	What amount of installment notes is						\$
13.2	Have any of these notes been hypoth			or money loaned within	the past year?		YES[]NO[X]
	If yes, what amount?	d in any ana riak (avaludin	ua warkara' aamaanati	anl:			\$
14.1 14.2	Does any reinsurance contract consid		-		very without also includi	ng a	VE01. 1N01V1
14.3	reinstatement provision?  State the number of reinsurance confacilities or facultative obligatory cont	· -		=	tative programs, automa	atic	YES[]NO[X]
15.1	Is the company a cedant in a multiple	cedant reinsurance contr	act?				YES[X]NO[ ]
15.2				cedants:			.==[][]
	Premiums and recoverables were allo	-	=				
15.3	If the answer to 15.1 is yes, are the n contracts?	nethods described in item	15.2 entirely contained	in the respective multip	ole cedant reinsurance		YES[]NO[X]
15.4	If the answer to 15.3 is no, are all the	methods described in 15	2 entirely contained in	written agreements?			YES[X]NO[]
	If the answer to 15.4 is no, please ex	-1-1	-	_	* * * * * * * * * * * * * * * * * * * *		izo[x]no[ ]
	·						
16.1 16.2	Has the reporting entity guaranteed a lf yes, give full information	ny financed premium acco	ounts?				YES[ ]NO[X]
17.1	Does the reporting entity write any war If yes, disclose the following informat		ng types of warranty co	verage:			YES[ ]NO[X]
		1	2	3	А	5	
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premiun Earned	n
	47.44 11		2paid				
	17.11 Home	\$ 	\$ •	\$ 	\$ 	\$	
	17.12 Products	ቅ •	Ф С	<b>5</b>	Ф •	<b>ð</b>	
	17.13 Automobile 17.14 Other*	Φ \$	Ψ \$	\$ \$	\$ \$	Ψ	
		*	Ť	*	₹	*	
	* Disclose type of coverage:						

(Continued)

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

١٥.٦	Does the reporting entity include amounts recoverable on unaut	norized reinsurance in Schedule F - Part 3 that it excludes from		
	Schedule F - Part 5.		YES [	] NO [ X ]
	Incurred but not reported losses on contracts not in force on Jul	y 1, 1984 or subsequently renewed are exempt from inclusion in Schedule F -		
	Part 5. Provide the following information for this exemption:			
	18.11	Gross amount of unauthorized reinsurance in Schedule F - Part 3		
		excluded from Schedule F - Part 5	\$	
	18.12	Unfunded portion of Interrogatory 18.11	\$	
	18.13	Paid losses and loss adjustment expenses portion of Interrogatory 18.11	\$	
	18.14	Case reserves portion of Interrogatory 18.11	\$	
	18.15	Incurred but not reported portion of Interrogatory 18.11	\$	
	18.16	Unearned premium portion of Interrogatory 18.11	\$	
	18.17	Contingent commission portion of Interrogatory 18.11	\$	
	Provide the following information for all other amounts included	in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.		
	18.18	Gross amount of unauthorized reinsurance in Schedule F - Part 3		
		excluded from Schedule F - Part 5	\$	
	18.19	Unfunded portion of Interrogatory 18.18	\$	
	18.20	Paid losses and loss adjustment expenses portion of Interrogatory 18.18	\$	
	18.21	Case reserves portion of Interrogatory 18.18	\$	
	18.22	Incurred but not reported portion of Interrogatory 18.18	\$	
	18.23	Unearned premium portion of Interrogatory 18.18	\$	

18.24 Contingent commission portion of Interrogatory 18.18

## **FIVE-YEAR HISTORICAL DATA**

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

19.1, 19.2 2. Property 3. Property 4. All other I 5. Nonpropo 6. Total ( 7. Liability Ii 19.1, 19.2 8. Property	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) ines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 2 & 19.3, 19.4) lines (Lines 1, 2, 9, 12, 21 & 26) and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6) ines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,	1 2005 26,281,553 11,172,772 37,454,325	2 2004 27,360,020 11,592,920	3 2003 21,041,178 8,593,827	4 2002 19,784,856 9,589,169	5 2001 26,511,260
19.1, 19.2 2. Property 3. Property 4. All other I 5. Nonpropo 6. Total ( 7. Liability Ii 19.1, 19.2 8. Property	ines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 2 & 19.3, 19.4) lines (Lines 1, 2, 9, 12, 21 & 26) and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	26,281,553 11,172,772	27,360,020 11,592,920	21,041,178	19,784,856	26,511,260
19.1, 19.2 2. Property 3. Property 4. All other I 5. Nonpropo 6. Total ( 7. Liability Ii 19.1, 19.2 8. Property	ines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 2 & 19.3, 19.4) lines (Lines 1, 2, 9, 12, 21 & 26) and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	11,172,772	11,592,920			
19.1, 19.2 2. Property 3. Property 4. All other I 5. Nonpropo 6. Total ( 7. Liability Ii 19.1, 19.2 8. Property	2 & 19.3, 19.4) lines (Lines 1, 2, 9, 12, 21 & 26) and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	11,172,772	11,592,920			
Property     Property     Property     All other I     Nonpropo     Total (     Property I     Property     Property	lines (Lines 1, 2, 9, 12, 21 & 26) and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	11,172,772	11,592,920			
Property     All other I     Nonpropo     Total (     Liability Ii     19.1, 19.2     Property	and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)			8,593,827	9,589,169	40 004 700
All other I     Nonpropo     Total (     Liability Ii     19.1, 19.2     Property	lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33) ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	37 454 325				13,394,792
<ol> <li>Nonpropo</li> <li>Total (</li> <li>Liability li 19.1, 19.2</li> <li>Property</li> </ol>	ortional reinsurance lines (Lines 30, 31 & 32) (Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	37 454 325		(3,353)	502,109	2,050,250
<ol> <li>Total (</li> <li>Liability li</li> <li>19.1, 19.2</li> <li>Property</li> </ol>	(Line 34)  Net Premiums Written (Page 8, Part 1B, Col. 6)	37 454 325		(0,000)	502,109	2,030,230
7. Liability li 19.1, 19.2 8. Property	Net Premiums Written (Page 8, Part 1B, Col. 6)		38,953,180	29,631,652	29,876,134	41,956,302
19.1, 19.2 8. Property	· ·					
19.1, 19.2 8. Property			l			
	2 & 19.3, 19.4)					
9. Property	lines (Lines 1, 2, 9, 12, 21 & 26)					
	and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
	lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
	ortional reinsurance lines (Lines 30, 31 & 32)					
12. Total (Lin						
	Statement of Income (Page 4)					
1	erwriting gain (loss) (Line 8)	074 007			754 400	040.055
	stment gain (loss) (Line 11)	871,887	854,491	1,157,448	751,486	843,955
	er income (Line 15) Is to policyholders (Line 17)		(586)			
	and faraign income toyon incurred (Line 10)	286,593	174,346	362,933	262,850	296,535
18. Net incon		585,294	679,559	794,515	488,636	547,420
To. Not moon	Balance Sheet Lines (Pages 2 and 3)	000,234		704,010	400,000	047,420
19. Total adn	mitted assets excluding protected cell business		I			
	Line 24, Col. 3)	22,327,788	19,400,754	19,427,484	20,549,486	17,870,627
	s and considerations (Page 2, Col. 3)					
20.1 In co	ourse of collection (Line 13.1)	l				
20.2 Defe	erred and not yet due (Line 13.2)					
	rued retrospective premiums (Line 13.3)					
I	pilities excluding protected cell business (Page 3, Line 24)	5,087,464	2,747,164	3,457,946	5,368,531	3,178,308
	Page 3, Lines 1 and 2)					
1	ustment expenses (Page 3, Line 3)					
	d premiums (Page 3, Line 9)				0.000.000	0.000.000
1	aid up (Page 3, Lines 28 & 29) as regards policyholders (Page 3, Line 35)	2,000,000	2,000,000	2,000,000 15,969,538	2,000,000 15,180,955	2,000,000 14,692,319
20. Surpius a	Risk-Based Capital Analysis	17,240,324	10,055,590	15,969,556	15,160,955	14,092,319
27. Total adju	•	17,240,324	16,653,590	15,969,538	15,180,955	14,692,319
1	ed control level risk-based capital	11,478	27,044	87,756	3,632	172,512
	ntage Distribution of Cash, Cash Equivalents and Invested Assets	.				
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29. Bonds (Li	,	87.3	98.0	102.5	105.1	81.5
30. Stocks (L	Lines 2.1 & 2.2)					
31. Mortgage	e loans on real estate (Lines 3.1 and 3.2)					
1	ate (Lines 4.1, 4.2 & 4.3)					
	sh equivalents and short-term investments (Line 5)	12.6	2.0	(2.5)	(5.2)	18.5
	loans (Line 6)	1			XXX	XXX
1	/ested assets (Line 7)					
	oles for securities (Line 8)					
	te write-ins for invested assets (Line 9) sh equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
1	Investments in Parent, Subsidiaries and Affiliates	.		100.0		100.0
	hands (Sah D. Summary Line 25 Cal 1)					
1	preferred stocks (Sch. D, Summary, Line 29, Col. 1)					
1	common stocks (Sch. D, Summary, Line 53, Col. 2)					
1	short-term investments (subtotals included in Schedule DA,					
1	ol. 5, Line 11)					
1	mortgage loans on real estate					
44. All other a			*******			
	above Lines 39 to 44					
1	ge of investments in parent, subsidiaries and affiliates					
	s as regards policyholders (Line 45 above divided by					
Page 3, (	Col. 1, Line 35 x 100.0)					

## **FIVE-YEAR HISTORICAL DATA**

(Continued)

		1 2005	2 2004	3 2003	4 2002	5 2001
	Capital and Surplus Accounts (Page 4)					
	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35)					
49.	Change in surplus as regards policyholders for the year (Line 38)	586,734	684,052	788,583	488,636	547,420
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
l .	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	15,302,585	13,261,411	12,890,443	16,487,160	22,523,784
	Property lines (Lines 1, 2, 9, 12, 21 & 26)	6,591,172	5,472,814	4,542,595	6,271,823	10,160,775
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
53.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	47,192	254,945	671,488	1,672,241	2,453,089
	Nonproportional reinsurance lines (Lines 30, 31 & 32)	04.040.040	40,000,470	40 404 500	04 404 004	25 427 040
55.	Total (Line 34)	21,940,949	18,989,170	18,104,526	24,431,224	35,137,648
	Net Losses Paid (Page 9, Part 2, Col. 4)					
l .	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
58.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
59.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
60. 61.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)					
l .	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
62.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	Losses incurred (Line 2)					
	Loss expenses incurred (Line 3)					
l .	Other underwriting expenses incurred (Line 4)  Net underwriting gain (loss) (Line 8)					
				* * * * * * * * * * * * * * * * * * * *		
	Other Percentages					
	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)					
l .	Losses and loss expenses incurred to premiums earned					
l .	(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)  Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6,					
	Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)				* * * * * * * * * * * * * * * * * * * *	
	One Year Loss Development (000 omitted)					
l .	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)					
l .	Percent of development of losses and loss expenses incurred					
	to policyholders' surplus of prior year end (Line 70 above					
	divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
	Development in estimated losses and loss expenses incurred					
l .	2 years before the current year and prior year (Schedule P,					
	Part 2 - Summary, Line 12, Col. 12)					
	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 72 above divided by Page 4, Line 21, Col. 2 x 100.0)					

## **SCHEDULE D - SUMMARY BY COUNTRY**

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS	1. United States	15,996,346	15,953,452	16,084,639	15,792,95
Governments	Canada     Other Countries				
(Including all obligations guaranteed by governments)	4. Totals	15,996,346	15,953,452	16,084,639	15,792,95
2, 32	5. United States				,
States, Territories and Possessions	6. Canada 7. Other Countries	*****			
(Direct and guaranteed)	8. Totals				
	9. United States				
Political Subdivisions of States, Territories	10. Canada 11. Other Countries				
and Possessions (Direct and guaranteed)	11. Other Countries 12. Totals				
	13. United States	008 423	1,015,300	997,870	1,000,00
Special revenue and special assessment obligations and all non-guaranteed	14. Canada 15. Other Countries	990,423	1,013,300	991,010	1,000,00
obligations of agencies and authorities of					
governments and their political subdivisions	16. Totals	998,423	1,015,300	997,870	1,000,00
Dublic Helling (configure to 1)	17. United States 18. Canada		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
Public Utilities (unaffiliated)	19. Other Countries				
	20. Totals				
	21. United States				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	23. Other Countries				
Grount Tohant Edung (dhammated)	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	16,994,769	16,968,752	17,082,509	16,792,95
PREFERRED STOCKS	27. United States				
Public Utilities (unaffiliated)	28. Canada 29. Other Countries				
	30. Totals				
	31. United States				
Banks, Trust and Insurance Companies (unaffiliated)	32. Canada				
	33. Other Countries 34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada				
maddiar and Missellanesus (unanimated)	37. Other Countries				
D. J. O. L. III.	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS	41. United States				
Public Utilities (unaffiliated)	42. Canada 43. Other Countries				
	44. Totals				
	45. United States				
Banks, Trust and Insurance Companies (unaffiliated)	46. Canada 47. Other Countries	******			
	48. Totals				
	49. United States				
	ISO Canada	*******	*****		
Industrial and Miscellaneous (unaffiliated)	50. Canada				
Industrial and Miscellaneous (unaffiliated)	51. Other Countries				
. ,	51. Other Countries 52. Totals				
` ,	51. Other Countries 52. Totals 53. Totals				
Industrial and Miscellaneous (unaffiliated)  Parent, Subsidiaries and Affiliates	51. Other Countries 52. Totals				

## **SCHEDULE D - VERIFICATION BETWEEN YEARS**

### Bonds and Stocks

1.	Book/adjusted carrying value of bonds and		7. Amortization of premium 57,125	
	stocks, prior year	<u> 17,861,517</u>	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	1,000,000	8.1 Column 15, Part 1	
3.	Accrual of discount	11,593	8.2 Column 19, Part 2 Section 1	
4.	Increase (decrease) by adjustment:		8.3 Column 16, Part 2, Section 2	
	4.1 Columns 12 - 14, Part 1		8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		Book/adjusted carrying value at end of current period	6,994,770
	4.3 Column 15, Part 2, Section 2		10. Total valuation allowance	
	4.4 Column 11 - 13, Part 4		11. Subtotal (Lines 9 plus 10)	6,994,770
5.	Total gain (loss), Column 19, Part 4	63,307	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period16	6,994,770
	disposed of Column 7, Part 4	1,884,522		

## SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

## **SCHEDULE P-PART 1-SUMMARY**

(\$000 omitted)

	Pr	emiums Earned	d		Loss and Loss Expense Payments							
Years in Which	1	2	3	Loss Pa	yments	Defense a		Adjusting and Other Payments		10	11 T-1-1	Number of
Premiums Were				4	5	6	7	8	9	Salvage	Total Net Paid	Claims Reported -
Earned and Losses Were	Direct and		Net (Cols.	Direct and		Direct and		Direct and		and Subrogation	(Cols. 4 - 5 + 6	Direct and
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	(6)	(6)	1	1	2	2	12		XXX
2. 1996	76,768	76,768		52,238	52,238	6,412	6,412	3,839	3,839	65		XXX
3. 1997	79,704	79,704		52,348	52,348	5,226	5,226	5,294	5,294	51		XXX
4. 1998	63,850	63,850		41,040	41,040	2,848	2,848	5,854	5,854	87		XXX
5. 1999	51,796	51,796		36,107	36,107	2,349	2,349	5,737	5,737	84		XXX
6. 2000	40,567	40,567		27,756	27,756	1,656	1,656	4,628	4,628	114		XXX
7. 2001	46,284	46,284		29,635	29,635	1,542	1,542	5,672	5,672	248		XXX
8. 2002	33,738	33,738		18,217	18,217	470	470	4,507	4,507	400		XXX
9. 2003	29,323	29,323		14,415	14,415	387	387	6,755	6,755	609		XXX
10. 2004	37,573	37,573		17,370	17,370	440	440	4,874	4,874	841		XXX
11. 2005	38,162	38,162		13,113	13,113	286	286	4,458	4,458	486		XXX
12. Totals	XXX	XXX	XXX	302,233	302,233	21,617	21,617	51,620	51,620	2,997		XXX

		Losses	Unpaid		Defen	se and Cost C	ontainment U	Inpaid	Adjusting a		23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	IBNR	Unp 21	22			Number of
	13	14	15	16	17	18	19	20			Salvage	Total Net	Claims Outstanding
	Direct and	0-4-4	Direct and	0-4-4	Direct and	0-4-4	Direct and	Cadad	Direct and		and Subrogation	Losses and Expenses	Direct and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior							8	8					XXX
2. 1996	21	21					4	4	4	4			XXX
3. 1997	68	68					12	12	7				XXX
4. 1998	67	67	10	10			19	19	8	8			XXX
5. 1999	124	124	45	45			53	53	16	16			XXX
6. 2000	50	50	89	89			106	106	15	15			XXX
7. 2001	246	246	156	156			352	352	43	43			XXX
8. 2002	370	370	246	246			547	547	68	68			XXX
9. 2003	883	883	700	700			832	832	174	174			XXX
10. 2004	3,482	3,482	1,050	1,050			945	945	568	568			XXX
11. 2005	7,903	7,903	2,042	2,042			1,490	1,490	1,310	1,310			XXX
12. Totals	13,214	13,214	4,338	4,338			4,368	4,368	2,213	2,213			XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
		Ceded									
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 1996	62,518	62,518		81.438	81.438						
3. 1997	62,955	62,955		78.986	78.986						
4. 1998	49,846	49,846		78.067	78.067						
5. 1999	44,431	44,431		85.781	85.781						
6. 2000	34,300	34,300		84.551	84.551						
7. 2001	37,646	37,646		81.337	81.337						
8. 2002	24,425	24,425		72.396	72.396						
9. 2003	24,146	24,146		82.345	82.345						
10. 2004	28,729	28,729		76.462	76.462						
11. 2005	30,602	30,602		80.190	80.190						
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.   States, Etc.   States, Etc.   States, Etc.   Direct Premiums   Direct Premiums   Direct Premiums   Direct Premiums   Direct Premiums   Direct   Direct   Losses   Losses   Incurred   Direct   Di	Purchasing Groups (Included in Col. 2)
1. Alabama       AL       NO         2. Alaska       AK       NO         3. Arizona       AZ       YES         4. Arkansas       AR       NO         5. California       CA       NO         6. Colorado       CO       YES         7. Connecticut       CT       YES         8. Delaware       DE       NO         9. Dist. Columbia       DC       NO         10. Florida       FL       YES         11. Georgia       GA       YES         12. Hawaii       HI       NO         13. Idaho       ID       YES         14. Illinois       IL       YES       3,063,924       3,158,526       1,626,039       1,950,642       1,866,179       157,666         15. Indiana       IN       YES       12,483,397       12,814,331       6,927,598       5,924,638       6,065,053       642,380         16. Iowa       IA       YES       3,689,230       3,642,973       2,247,102       2,417,909       1,740,094       189,843	in Col. 2)
2. Alaska       AK       NO       3. Arizona       AZ       YES       4. Arkansas       AR       NO       5. Callifornia       CA       NO       6. Colorado       CO       YES       7. Connecticut       CT       YES       7. Connecticut       CT       YES       8. Delaware       DE       NO       9. Dist. Columbia       DC       NO       NO       9. Dist. Columbia       DC       NO       YES       11. Georgia       GA       YES       11. Georgia       GA       YES       11. Georgia       GA       YES       12. Hawaii       HI       NO       13. Idaho       ID       YES       14. Illinois       IL       YES       3.063.924       3.158.526       1.626.039       1.950.642       1.866.179       157.666       15. Indiana       IN       YES       1.2,483.397       12,814.331       6,927.598       5,924.638       6,065.053       642.380       16. lowa       IA       YES       3,689.230       3,642.973       2,247,102       2,417,909       1,740,094       189.843	
4. Arkansas AR NO 5. California CA NO 6. Colorado CO YES 7. Connecticut CT YES 8. Delaware DE NO 9. Dist. Columbia DC NO 10. Florida FL YES 11. Georgia GA 12. Hawaii HI NO 13. Idaho ID YES 14. Illinois IL YES 3,063,924 3,158,526 1,626,039 1,950,642 1,866,179 157,666 15. Indiana IN YES 12,483,397 12,814,331 6,927,598 5,924,638 6,065,053 642,380 16. lowa IA YES 3,689,230 3,642,973 2,247,102 2,417,909 1,740,094 189,843	
5. California       CA       NO         6. Colorado       CO       YES         7. Connecticut       CT       YES         8. Delaware       DE       NO         9. Dist. Columbia       DC       NO         10. Florida       FL       YES         11. Georgia       GA       YES         12. Hawaii       HI       NO         13. Idaho       ID       YES         14. Illinois       IL       YES       3,063,924       3,158,526       1,626,039       1,950,642       1,866,179       157,666         15. Indiana       IN       YES       12,483,397       12,814,331       6,927,598       5,924,638       6,065,053       642,380         16. Iowa       IA       YES       3,689,230       3,642,973       2,247,102       2,417,909       1,740,094       189,843	
6. Colorado CO YES 7. Connecticut CT YES 8. Delaware DE NO 9. Dist. Columbia DC NO 10. Florida FL YES 11. Georgia GA YES 12. Hawaii HI NO 13. Idaho ID YES 14. Illinois IL YES 3,063,924 3,158,526 1,626,039 1,950,642 1,866,179 157,666 15. Indiana IN YES 12,483,397 12,814,331 6,927,598 5,924,638 6,065,053 642,380 16. Iowa IA YES 3,689,230 3,642,973 2,247,102 2,417,909 1,740,094 189,843	
8. Delaware DE NO 9. Dist. Columbia DC NO 10. Florida FL YES 11. Georgia GA YES 12. Hawaii HI NO 13. Idaho ID YES 14. Illinois IL YES 3,063,924 3,158,526 1,626,039 1,950,642 1,866,179 157,666 15. Indiana IN YES 12,483,397 12,814,331 6,927,598 5,924,638 6,065,053 642,380 16. Iowa IA YES 3,689,230 3,642,973 2,247,102 2,417,909 1,740,094 189,843	
9. Dist. Columbia       DC       NO         10. Florida       FL       YES         11. Georgia       GA       YES         12. Hawaii       HI       NO         13. Idaho       ID       YES         14. Illinois       IL       YES       3,063,924       3,158,526       1,626,039       1,950,642       1,866,179       157,666         15. Indiana       IN       YES       12,483,397       12,814,331       6,927,598       5,924,638       6,065,053       642,380         16. Iowa       IA       YES       3,689,230       3,642,973       2,247,102       2,417,909       1,740,094       189,843	
10. Florida       FL       YES         11. Georgia       GA       YES         12. Hawaii       HI       NO         13. Idaho       ID       YES         14. Illinois       IL       YES       3,063,924       3,158,526       1,626,039       1,950,642       1,866,179       157,666         15. Indiana       IN       YES       12,483,397       12,814,331       6,927,598       5,924,638       6,065,053       642,380         16. Iowa       IA       YES       3,689,230       3,642,973       2,247,102       2,417,909       1,740,094       189,843	
11. Georgia     GA     YES       12. Hawaii     HI     NO       13. Idaho     ID     YES       14. Illinois     IL     YES     3,063,924     3,158,526     1,626,039     1,950,642     1,866,179     157,666       15. Indiana     IN     YES     12,483,397     12,814,331     6,927,598     5,924,638     6,065,053     642,380       16. Iowa     IA     YES     3,689,230     3,642,973     2,247,102     2,417,909     1,740,094     189,843	
13. Idaho     ID     YES       14. Illinois     IL     YES     3,063,924     3,158,526     1,626,039     1,950,642     1,866,179     157,666       15. Indiana     IN     YES     12,483,397     12,814,331     6,927,598     5,924,638     6,065,053     642,380       16. Iowa     IA     YES     3,689,230     3,642,973     2,247,102     2,417,909     1,740,094     189,843	
14. Illinois     IL     YES     3,063,924     3,158,526     1,626,039     1,950,642     1,866,179     157,666       15. Indiana     IN     YES     12,483,397     12,814,331     6,927,598     5,924,638     6,065,053     642,380       16. Iowa     IA     YES     3,689,230     3,642,973     2,247,102     2,417,909     1,740,094     189,843	
15. Indiana         IN         YES         12,483,397         12,814,331         6,927,598         5,924,638         6,065,053         642,380           16. Iowa         IA         YES         3,689,230         3,642,973         2,247,102         2,417,909         1,740,094         189,843	
1/. Kansas KS   NO	
18. Kentucky KY YES 634 23,404 (182,541) (104,359)	
19. Louisiana LA NO 334 23,404 (102,341) (104,339)	
20. Maine ME NO	
21. Maryland   MD   YES   (187)   (187)	
22. Massacrusetts MA NO 23. Michigan MI NO	
24. Minnesota MN YES	
25. Mississippi MS NO	
26. Missouri MO YES	
28. Nebraska NE YES	
29. Nevada NV YES	
30. New Hampshire NH YES 31. New Jersey NJ NO	
32. New Mexico NM YES	
33. New York NY YES	
34. No. Carolina NC NO	
35. No. Dakota ND NO 36. Ohio OH YES 8,168,222 8,376,806 4,804,054 3,967,872 4,285,973 420,327	
37. Oklahoma OK NO	
38. Oregon OR YES	
39. Pennsylvania         PA         NO           40. Rhode Island         RI         NO	
41. So. Carolina SC NO	
42. So. Dakota SD NO	
43. Tennessee TN YES 7,153,721 7,167,241 3,840,344 3,630,982 2,636,670 368,122 44. Texas TX NO	
45. Utah UT NO	
46. Vermont VT YES	
47. Virginia VA YES 59 88,632 (41,860) (39,860) 48. Washington WA YES	
48. Washington WA YES	
50. Wisconsin WI YES 2,895,831 3,001,950 2,383,964 1,188,958 1,100,494 149,016	
51. Wyoming WY NO	
52. American Samoa AS NO	
54. Puerto Rico PR NO	
55. U.S. Virgin Islands VI NO	
56. Canada   CN   NO	
alien OT XXX	
58. Totals         (a)         25         37,454,325         38,162,520         21,940,950         18,856,413         17,550,244         1,927,354	
DETAILS OF WRITE-INS	
5701. X X X	
5702. X X X	
5703. XXX	
5798. Summary of remaining	
write-ins for Line 57	
from overflow page X X X S S799. Totals (Lines 5701	
through 5703 + 5798)	
(Line 57 above) X X X	

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

\*Location of coverage - Fire, Allied Lines, Homeowners Multi Peril, Commercial Multi Peril, Earthquake, Boiler and Machinery

\*States of Jurisdiction under which payrolls and resulting premiums are developed - Worker's Compensation \*Location of Court - Surety

\*Location of Principal place of garaging of each individual car - Auto Liability, Auto Physical Damage \*Address of Assured - Other Accident and Health

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

\*Location of Properties covered - Burglary and Theft
\*Principal Location of Assured - Ocean Marine, Credit
\*Primary residence of Assured - Aircraft (all perils)

\*Point of origin of shipment or principal location of assured - Inland Marine \*State in which employees regularly work - Group Accident and Health

<sup>(</sup>a) Insert the number of yes responses except for Canada and Other Alien.

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

