	ANNUAL STATEMENT	
	ANNOYLE STATEMENT	
	OF THE	
	North Pacific	
	Insurance Company	
of	Portland	
in the state of	Oregon	
	TO THE	
	Insurance Department	
	OF THE	
	STATE OF	
	FOR THE YEAR ENDED	
	December 31, 2005	



# **ANNUAL STATEMENT**

23892200520100100

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

North Pacific Insurance Company

NAIC Group Code 0111	0111 NAIC Company (	Code 23892	Employer's ID Number 93-6029263
(Current Period)	(Prior Period)	Otata of Damiella on	Don't of Future
Organized under the Laws of	•	_ , State of Domicile or	Port of Entry Oregon
Country of Domicile United S			
Incorporated/Organized:		Commenced Business	: July 1, 1958
Statutory Home Office: One L	•	7232-2038	
Main Administrative Office:	ne Liberty Centre Portland, OR	97232-2038 503-239-	5800
Mail Address: PO Box 4555	Portland, OR 97208-4555		
Primary Location of Books and F	Records: One Liberty Centre	Portland, OR 97232-2038	503-239-5800
Internet Website Address:www	w.libertynorthwest.com		
Statutory Statement Contact:M	ary Ann Augustyn		503-736-7434
	ary.Augustyn@libertynorthwest.com		503-736-7470
Policyowner Relations Contact:_	E-Mail Address)  Elisabeth Eby Shia One Liberty Cer	ntre Portland, OR	(Fax Number) 97232-2038 503-736-7003
Tolleyowiler relations contact			<del>31232-2030</del> 303-730-7003
	OFFICE	:K5	
	Name	Title	
1. Gary Richa	ard Gregg #	Chairman of the Board ar	nd CEO
2. James Fra	ancis Dore #	Chief Financial Officer &	Treasurer
3. Edmund C	ampion Kenealy #	Secretary	
	VICE-PRESI	IDENTS	
Name	Title	Name	Title
Anthony Alexander Fontanes #	Executive Vice-President	Joseph Anthony Gilles #	Executive Vice-President
Scott Rhodes Goodby #	Executive Vice-President		
	DIRECTORS OR	TRUSTEES	
Gary Richard Gregg Chairman #	Henry Adams Ashforth, III	Larry Wayne Becker	James Francis Dore #
Antonio Caldwell Ferronato	Scott Rhodes Goodby #	Dennis James Langwell  Pobort Man Pico	Christopher Charles Mansfield #
James Edward McKittrick, Jr.  Peter Walter Stott	Matthew David Nickerson	Robert Alan Rice	Robert Brent Shosted
. Tio. Trans. Stat.			
-			
State of County of ss			
	v sworn, each depose and sav that they are t	he described officers of said repo	orting entity, and that on the reporting period stated
above, all of the herein described assets were	re the absolute property of the said reporting	entity, free and clear from any lie	ens or claims thereon, except as herein stated, and
			s a full and true statement of all the assets and me and deductions therefrom for the period ended,
and have been completed in accordance with	h the NAIC Annual Statement Instructions an	d Accounting Practices and Proc	cedures manual except to the extent that: (1) state
	lations require differences in reporting not rel		I procedures, according to the best of their acludes the related corresponding electronic filing
with the NAIC, when required, that is an exa	ct copy (except for formatting differences due		
requested by various regulators in lieu of or i	n addition to the enclosed statement.		
(Signature)	(Sign	ature)	(Signature)
Gary Richard Gregg	James Fr	ancis Dore	Edmund Campion Kenealy
(Printed Name)	(Printed	d Name)	(Printed Name) 3.
Chairman of the Board and CEO			Secretary
(Title)	(Tit	ile)	(Title)
Subscribed and sworn to before me this		a. Is this	an original filing? YES [X] NO [ ]
day of	, 2006	b. If no:	State the amendment number
			2. Date filed
			3 Number of pages attached

# **ASSETS**

			Current Year		Prior Year
		1	2	3 Not Admitted	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	6,972,858		6,972,858	6,768,553
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B): 3.1 First liens				
	3.2 Other than first liens	* * * * * * * * * * * * * * * * * * * *			
4.	Real estate (Schedule A):			* * * * * * * * * * * * * * * * * * * *	
	4.1 Properties occupied by the company (less \$ 0 encumbrances)				
	4.2 Properties held for the production of income (less \$ 0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ (3,801,074), Schedule E-Part 1), cash equivalents (\$ 0	* * * * * * * * * * * * * * * * * * * *			
	Schedule E-Part 2) and short-term investments (\$ 439,002 , Schedule DA)	(3,362,072)		(3,362,072)	(2,892,171
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	3,610,786		3,610,786	3,876,382
11.	Title plants lead f				
12.	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 (including \$ 0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$ 0 )				* * * * * * * * * * * * * * * * * * * *
20.	Net adjustment in assets and liabilities due to foreign exchange rates	* * * * * * * * * * * * * * * * * * * *			
21.	Receivables from parent, subsidiaries and affiliates	2,689,214		2,689,214	2,423,618
22.	Health care (\$0) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	6,300,000		6,300,000	6,300,000
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	6,300,000		6,300,000	6,300,000
	DETAIL O OF WOLTS 11/2				
	DETAILS OF WRITE-INS				
0901.					******
0902.		1		1	

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.		
2302.	 	 
2303.		
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)		

LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 34, Column 8)		
Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)     Loss adjustment expenses (Part 2A, Line 34, Column 9)		
S. Loss adjustment expenses (Part 2A, Line 34, Column 9)     Commissions payable, contingent commissions and other similar charges		
Cother company (controlling terror linears and feet)		
C. Tarres liberary and face (analysis faderal and facility income tarres)		
7.0 No. 1.5 Company (1997)		
8 Regrowed money \$ 0 and interset thereon \$ 0		
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		
\$ 59,939,541 and including warranty reserves of \$ 0 )		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
Ceded reinsurance premiums payable (net of ceding commissions)     Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
15. Domittoness and items not allocated		
Refittances and items not anocated  16. Provision for reinsurance (Schedule F, Part 7)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
1. 10 Profts sutstanding		
19. Payable to parent, subsidiaries and affiliates		
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		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)  25. Protected cell liabilities		
00 Tabal Babilitian (Aliana OA and OC)		
27 Angregate write ins for special surplus funds		
	1,500,070	1,500,070
OO Desferred conital steels		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	1,678,274	1,678,274
33. Unassigned funds (surplus)	3,121,656	3,121,656
34. Less treasury stock, at cost:		
34.1 0 shares common (value included in Line 28 \$ 0 )		
34.2 0 shares preferred (value included in Line 29 \$ 0 )	6,300,000	6 200 000
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)  36. TOTALS (Page 2, Line 26, Col. 3)	6,300,000	6,300,000 6,300,000
30. TOTALO (1 age 2, Ellie 20, 001. 3)	0,300,000	0,000,000
DETAILS OF WRITE-INS		
2301. 2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		
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)		I

	STATEMENT OF INCOME	1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
	Premiums earned (Part 1, Line 34, Column 4)  DEDUCTIONS		
2.	Losses incurred (Part 2, Line 34, Column 7)		
3. 4	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)	(49,897) (77,446)	(181,540)
5.	Aggregate write-ins for underwriting deductions		(101,010)
6.	Total underwriting deductions (Lines 2 through 5)		(181,540)
/. 8	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	127,343	181,540
0.	INVESTMENT INCOME	121,040	101,540
•			
9. 10	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains (losses) less capital gains tax of \$  0 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)		
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
	(amount recovered \$ 562 amount charged off \$ 127,905 )	(127,343)	(181,540)
13.	Finance and service charges not included in premiums		
14. 15.	Aggregate write-ins for miscellaneous income  Total other income (Lines 12 through 14)	(127,343)	(181,540)
	Net income before dividends to policyholders, after capital gains tax		(101,010)
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)		
	Dividends to policyholders  Net income, after dividends to policyholders, after capital gains tax		
10.	and before all other federal and foreign income taxes (Line 16 minus Line 17)		
	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)		
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	6,300,000	6,300,000
	GAINS AND (LOSSES) IN SURPLUS		
	Net income (from Line 20)  Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deterred income tax		
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)  Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes		
	Surplus (contributed to) withdrawn from protected cells  Cumulative effect of changes in accounting principles		
	Capital changes:	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
	32.1 Paid in		
	<ul><li>32.2 Transferred from surplus (Stock Dividend)</li><li>32.3 Transferred to surplus</li></ul>		
33.	Surplus adjustments:		* * * * * * * * * * * * * * * * * * * *
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
აი. 37.	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		
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	6,300,000	6,300,000
	DETAILS OF WRITE-INS		
0501			
0502			
0503 0598	Summary of remaining write inc for Line 5 from everylow page		
	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401			
1402			
1403 1408	Common of concining with its facting 14 from quality and		
	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3701			
3702			
3703			
	Summary of remaining write-ins for Line 37 from overflow page Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		

CASH FLOW	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance	25.000	(04,000)
Net investment income     Miscellaneous income	35,832	(31,292)
Total (Lines 1 through 3)	35,832	(31,292)
Senefit and loss related payments	00,002	(01,232)
6 Not transfers to Congrete Cogregated Associate and Protected Call Associate	**********	
Commissions, expenses paid and aggregate write-ins for deductions		
Dividends paid to policyholders		
Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)	***********	
10. Total (Lines 5 through 9)		
11. Net cash from operations (Line 4 minus Line 10)	35,832	(31,292)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,000,000	519,609
12.2 Stocks		
12.3 Mortgage loans	***********	
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,000,000	519,609
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,240,137	733,301
13.2 Stocks	*****	
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		=00.004
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,240,137	733,301
14. Net increase (decrease) in contract loans and premium notes	(0.40, 4.07)	(040,000)
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(240,137)	(213,692)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	****	
16.3 Borrowed funds	*****	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	*****	
16.5 Dividends to stockholders	*****	
16.6 Other cash provided (applied)	(265,596)	(3,969,338)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(265,596)	(3,969,338)
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)	(469,901)	(4,214,322)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(2,892,171)	1,322,151
19.2 End of year (Line 18 plus Line 19.1)	(3,362,072)	(2,892,171)
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 1	Reinsurance Assumed		Reinsurand	6	
	Direct Business	2 From	3 From Non-	4 To	5 To Non-	Net Premiums Written Cols. 1 + 2 + 3
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	1,678,606			1,678,606		
2. Allied lines	1,000,230			1,000,230		
Farmowners multiple peril	7,045,485			7,045,485		
4. Homeowners multiple peril	18,097,340			18,097,340		
5. Commercial multiple peril	31,201,541			31,201,518	23	
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine	2,108,135			2,108,135		
10. Financial guaranty						
11.1 Medical malpractice - occurrence			* * * * * * * * * * * * * * * * * * * *			
11.2 Medical malpractice - claims-made			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
12. Earthquake	1,217,987		* * * * * * * * * * * * * * * * * * * *	1,217,987		
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	7,771,984		* * * * * * * * * * * * * * * * * * * *	7,771,984		
17.2 Other liability - claims-made			* * * * * * * * * * * * * * * * * * * *			
18.1 Products liability - occurrence	531,401			531,401		
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	27,329,521			27,329,521		
19.3, 19.4 Commercial auto liability	19,177,478			19,177,478		
21. Auto physical damage	26,955,410			26,955,410		
22. Aircraft (all perils)						
23. Fidelity	14,202			14,202		
24. Surety						
26. Burglary and theft	21,546			21,546		
27. Boiler and machinery		* * * * * * * * * * * * * * * * * *		21,070		
28. Credit	[			. [		
29. International		* * * * * * * * * * * * * * * * * *				
30. Reinsurance-Nonproportional Assumed Property		* * * * * * * * * * * * * * * * * *				
31. Reinsurance-Nonproportional Assumed Liability				. [		
32. Reinsurance-Nonproportional Assumed Financial Lines		* * * * * * * * * * * * * * * * * *				
33. Aggregate write-ins for other lines of business				. [		
34. TOTALS	144,150,866		1	144,150,843	23	

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)			
3399. Totals (Lines 3301 through 3303 plus 3398) (Line 33 above)			

(a)	Does the	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 basis \$	0

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

		Losses Paid	Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	381,045		381,045					
2. Allied lines	134,805		134,805					
Farmowners multiple peril	2,111,091		2,111,091					
Homeowners multiple peril	7,839,337		7,839,337					
Commercial multiple peril	10,126,110		10,126,110					
Mortgage guaranty								
8. Ocean marine								
9. Inland marine	448,646		448,646					
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	29,070		29,070		****			
17.1 Other liability - occurrence	1,575,976		1,575,976		****			
17.2 Other liability - claims - made					****			
18.1 Products liability - occurrence	10,369		10,369		****			
18.2 Products liability - claims - made					****			
19.1, 19.2 Private passenger auto liability	20,695,732		20,695,732		****			
19.3, 19.4 Commercial auto liability	6,309,902		6,309,902					
21. Auto physical damage	10,389,789		10,389,789					
22. Aircraft (all perils) 23. Fidelity								
24. Surety						<b>.</b>		
26. Burglary and theft						<b>.</b>		
27. Boiler and machinery								
28. Credit					****			
29. International								
30. Reinsurance-Nonproportional Assumed Property	X X X							
31. Reinsurance-Nonproportional Assumed Liability	XXX							
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX							
33. Aggregate write-ins for other lines of business	22.25.2-2		20.05 : 5-5					
34. TOTALS	60,051,872		60,051,872					
DETAILS OF WRITE-INS								
					-			
3301.								
3302.	[]		1		L	l	l	
3303.								
3398. Summary of remaining write-ins for Line 33 from overflow page								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı				1	I .	I	l .

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

		Repor	ted Losses		Ir	ncurred But Not Reported	<u> </u>	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
1. Fire	209,796		209,796		82.256		82,256		<u> </u>
2. Allied lines	89.004		89.004		31.742		31.742		
3. Farmowners multiple peril	1,998,347		1,998,347		543.041		543.041		
Homeowners multiple peril	3,339,211		3,339,211		1,991,015		1.991.015		
Commercial multiple peril	16,324,879		16,324,879		16,414,320		16,414,320		
6. Mortgage guaranty									
8. Ocean marine			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
9. Inland marine	4,579,426		4,579,426		89,618		89,618		
10. Financial guaranty	4,5/ 9,420		4,5/19,420				09,010		
11.1 Medical malpractice - occurrence			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
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					* * * * * * * * * * * * * * * * * * * *			(0)	
	4.700.004		4 700 004					(a)	
16. Workers' compensation	1,789,221		1,789,221		40.042.524		40.042.524		
17.1 Other liability - occurrence	812,517		812,517		12,013,534		12,013,534		
17.2 Other liability - claims - made	31,500		31,500		866,155		000 455		
18.1 Products liability - occurrence	31,500		31,500		866,155		866,155		
18.2 Products liability - claims - made	15,385,163								
19.1, 19.2 Private passenger auto liability	15,385,163		15,385,163		5,084,540		5,084,540		
19.3, 19.4 Commercial auto liability	5,601,125		5,601,125		3,961,146		3,961,146		
21. Auto physical damage	108,473		108,473		708,308		708,308		
22. Aircraft (all perils)					806				
23. Fidelity							806		
24. Surety					927		927		
26. Burglary and theft					927		927		
27. Boiler and machinery									
28. Credit									
29. International	XXX				XXX				
30. Reinsurance-Nonproportional Assumed Property	. [ <u>X X X</u> ] .				X X X				
31. Reinsurance-Nonproportional Assumed Liability	XXX				XXX				
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX				XXX				
33. Aggregate write-ins for other lines of business									
34. TOTALS	50,268,662		50,268,662		41,787,408		41,787,408		
DETAILS OF WRITE-INS									
3301.									
3302.			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
3303.			* * * * * * * * * * * * * * * * * * * *						
3398. Summary of remaining write-ins for Line 33 from overflow page			* * * * * * * * * * * * * * * * * * * *						
	<del>                                     </del>								
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)									

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

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	1
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct				6,297,220
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				6,297,220
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)		* * * * * * * * * * * * * * * * * * * *		
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		22,326,599		22,326,599
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				000100=
	2.4 Contingent-direct				
	2.5 Contingent and assumed				2,,000,100
	2.6 Contingent-reinsurance ceded				* * * * * * * * * * * * * * * * * * * *
	2.7 Policy and membership fees		(4.000.00.4)		// 000 00 /
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		(1,900,304)		(1,900,304
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries				
	8.2 Payroll taxes				
9.	Employee relations and welfare				
	Insurance Disasteral fee				
	Directors' fees				
	Travel and travel items				
	Rent and rent items				
	Equipment				
	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express				
	Legal and auditing				
19.	Totals (Lines 3 to 18)				
	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 26,138		1 772 962		1 772 962
	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)		4 770 000		4 770 000
•	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		1,772,962		1,772,962
	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured accident and health plans				
24.	Aggregate write-ins for miscellaneous expenses	(49,898)	49,898		
25.	Total expenses incurred	(49,898)	(77,444)		(a) (127,342
26.	Less unpaid expenses-current year				
27.	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				
20.	-				
	plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	(49,898)	(77,444)		(127,342
	DETAILS OF WRITE-INS				
2401.	Miscellaneous Expense	(49.898)	49,898		
	Summary of remaining write-ins for Line 24 from overflow page				
			40.000		
<del>-</del> 433.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	(49,898)	49,898		I

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

# **EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds 1.1 Bonds exempt from U.S. tax 1.2 Other bonds (verificated)	(a) 317,063	269,99
1.2 Other bonds (unaffiliated) 1.3 Bonds of affiliates	(a) (a)	
2.1 Preferred stocks (unaffiliated) 2.11 Preferred stocks of affiliates 2.2 Common stocks (unaffiliated)	(b) (b)	
2.21 Common stocks of affiliates  3. Mortgage loans	(c)	
4. Real estate 5. Contract loans	(d)	
Cash, cash equivalents and short-term investments     Derivative instruments	(e) 10,365 (f)	10,36
8. Other invested assets 9. Aggregate write-ins for investment income 10. Total gross investment income	(327,428)	(280,36
11. Investment expenses		(g)
<ul> <li>12. Investment taxes, licenses and fees, excluding federal income taxes</li> <li>13. Interest expense</li> <li>14. Depreciation on real estate and other invested assets</li> </ul>		(g) (h) (i)
<ul> <li>15. Aggregate write-ins for deductions from investment income</li> <li>16. Total deductions (Lines 11 through 15)</li> <li>17. Net investment income (Line 10 minus Line 16)</li> </ul>		
DETAILS OF WRITE-INS		
0901. Ceded investment income 0902.	(327,428)	(280,36
0903. 0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)  1501.	(327,428)	(280,36
1502. 1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page 1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.	s \$ 0 paid for accrued s \$ 0 paid for accrued 0 interest on encumbrances.	dividends on purchases. interest on purchases. interest on purchases.
(i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other investigation (ii) Includes \$ 0 depreciation on other investigation (iii) Includes \$ 0 depreciation on other investigation (iii) Includes \$ 0 depreciation (iii) Includes \$ 0 depre	ested assets.	

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

			•	•	
		1	2	3	4
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Total
1.	U.S. Government bonds				
1.1	Bonds exempt from U.S. tax		* * * * * * * * * * * * * * * * * * * *		
1.2	Other bonds (unaffiliated)		* * * * * * * * * * * * * * * * * * * *		
1.3	Bonds of affiliates		* * * * * * * * * * * * * * * * * * * *		
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
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)				
	DETAILS OF WRITE-INS				
0901. 0902.			*******		
0903. 0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)				
	Totalo (Elilo o coo i tillougii occo) pido coco (Elilo o, abovo)				

2303.

2398. Summary of remaining write-ins for Line 23 from overflow page 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)

# **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			
3.	2.2 Common stocks  Mortgage loans on real estate (Schedule B):			
Э.	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
<b>E</b>	4.3 Properties held for sale Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
5.				
6.	investments (Schedule DA) Contract loans			* * * * * * * * * * * * * * * * * * * *
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
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:			
	<ul><li>14.1 Amounts recoverable from reinsurers</li><li>14.2 Funds held by or deposited with reinsured companies</li></ul>			
	14.2 Putilis field by of deposited with refinsured companies  14.3 Other amounts receivable under reinsurance contracts	* * * * * * * * * * * * * * * * * * * *		
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset	****		
17.	Guaranty funds receivable or on deposit			
18. 10	Electronic data processing equipment and software  Furniture and equipment, including health care delivery assets			
19. 20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivable from parent, subsidiaries and affiliates	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
05	Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
25. 26.	Total (Lines 24 and 25)			
	Total (Lindo ET and 20)			
	DETAILS OF WRITE-INS			
0901.	_			
0901.	NONE			
0903.	INUINE			
	Summary of remaining write-ins for Line 09 from overflow page			
	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.				
2301.	NONE			
LUUL.				

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of North Pacific Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Insurance Division of the Department of Consumer and Business Services of the State of Oregon. The Oregon Insurance Department has fully adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual.

Effective 1/1/02 the Company entered into a 100% quota share reinsurance agreement with Liberty Northwest Insurance Corporation (NAIC 41939) whereby most of the assets, liabilities, income and expenses are ceded to Liberty Northwest Insurance Corporation (parent).

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premiums are earned over the terms of the related insurance 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.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Investment grade bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Securities Valuation Office (SVO) manual.
- (3) The Company is not invested in common stocks.
- (4) The Company is not invested in preferred stocks.
- (5) There are no mortgage loans on real estate.
- (6) The Company has no loan-backed securities.
- (7) The Company is not invested in subsidiaries, controlled or affiliated companies.
- (8) The Company is not invested in joint ventures, partnerships or limited liability companies.
- (9) The Company is not invested in derivative instruments.
- (10) The Company does not have a premium deficiency reserve.
- (11) The Company carries no net reserves as 100% of the business transacted is ceded under various reinsurance arrangements.
- (12) The company has not modified its capitalization policy from the prior period.

#### 2. Accounting Changes and Corrections of Errors

None

### 3. Business Combinations and Goodwill

None

#### 4. <u>Discontinued Operations</u>

None

#### 5. Investments

A. Mortgage Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

 $\mathbf{E}$ Repurchase Agreements

None

#### F. Real Estate

- (1) The Company did not record any impairment during the period.
- (2) The Company did not engage in any retail land sales operations during the period.

#### Joint Ventures, Partnerships and Limited Liability Companies

None

#### **Investment Income**

No accrued investment income was excluded from surplus during the statement period.

#### Derivative Instruments

None

#### Income Taxes

- A. The Company has no deferred tax asset/(liability).
- B. Not applicable.
- C. The Company has no current income tax incurred.
- D. The effective rate and statutory rate are identical as there is no net taxable income.
- E. None
- F. The Company's federal income tax return is consolidated with the following entities:

Access Insurance Services, Co. Liberty International Holdings, Inc. ALM Services, Inc. Liberty Life Assurance Company of Boston Liberty Life Holdings, Inc. Ambco Capital Corporation America First Insurance Company Liberty Lloyds of Texas Insurance Company America First Lloyds Insurance Company Liberty Management Services, Inc. American Ambassador Casualty Company Liberty Massachusetts Trust Berkeley Holdings Company Associates, Inc Liberty Mexico Holdings, Inc.

Liberty Mutual Capital Corporation (Boston)
Liberty Mutual Fire Insurance Company Berkeley Management Corporation Bridgefield Casualty Insurance Company Bridgefield Employers Insurance Company Liberty Mutual Group Inc. Capitol Agency, Inc. (Arizona corporation) Liberty Mutual Holding Company, Inc. Capitol Agency, Inc. (Ohio corporation) Liberty Mutual Insurance Company Capitol Agency, Inc. (Tennessee corporation) Cascade Disability Management, Inc. Liberty Mutual Managed Care, Inc. Liberty Northwest Insurance Corporation Colorado Casualty Insurance Company Liberty Personal Insurance Company

Companies Agency Insurance Services of California Liberty RE (Bermuda) Limited Companies Agency of Alabama, Inc. Liberty Real Estate Corporation Liberty Surplus Insurance Corporation Liberty-USA Corporation Companies Agency of Georgia, Inc. Companies Agency of Kentucky, Inc. Companies Agency of Massachusetts, Inc. LIH-Re of America Corporation Companies Agency of Michigan, Inc. LIH U.S. P&C Corporation

Companies Agency of New York, Inc. LIIA Insurance Agency, Inc. Companies Agency of Pennsylvania, Inc. LIU Specialty Agency, Inc. LLS Insurance Agency of Nevada, Inc. Companies Agency of Phoenix, Inc. Companies Agency, Inc. LM Insurance Corporation Companies Annuity Agency of Texas, Inc. LMHC Massachusetts Holding, Inc.

Consolidated Insurance Company LRE Properties, Inc. Copley Venture Capital, Inc. Mid-American Agency, Inc. Mid-American Fire and Casualty Company Countrywide Services Corporation Diversified Settlements, Inc. Missouri Agency, Inc.

Employers Insurance Company of Wausau Oregon Automobile Insurance Company Excelsior Insurance Company Peerless Indemnity Insurance Company First State Agency, Inc. Peerless Insurance Company

Florida State Agency, Inc. LM Personal Insurance Company Globe American Casualty Company LM General Insurance Company Golden Eagle Insurance Corporation

LM Property and Casualty Insurance Company Gulf States AIF, Inc. San Diego Insurance Company

Hawkeye-Security Insurance Company State Agency, Inc. (Indiana corporation) Helmsman Insurance Agency of Illinois, Inc Helmsman Insurance Agency of Texas, Inc. State Agency, Inc. (Wisconsin corporation) St. James Insurance Company

Heritage-Summit Healthcare of Florida, Inc. Summit Consulting, Inc. Indiana Insurance Company Summit Consulting, Inc. of Louisiana

LEXCO Limited Summit Holding Southeast, Inc. Liberty Assignment Corporation The First Liberty Insurance Corporation Liberty Corporate Services, Inc. The Midwestern Indemnity Company The National Corporation Liberty Energy Corporation

Liberty Financial Services, Inc. The Netherlands Insurance Company Liberty Hospitality Group, Inc. Wausau (Bermuda) Ltd.

Liberty Insurance Company of America

Wausau Business Insurance Company Liberty Insurance Corporation Wausau General Insurance Company

Liberty Insurance Holdings, Inc. Liberty Insurance Underwriters, Inc. Liberty International Aberdeen, Inc. Liberty International Asia Pacific Holdings, Inc. Wausau Holdings, Inc. Wausau Service Corporation 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.

#### 10. Information Concerning Parent, Subsidiaries and Affiliates

- A, B & C. No transaction with affiliates, other than reinsurance and cost allocations, exceeded ½ of 1% of admitted assets.
- D. At December 31, 2005, the Company reported \$2,689,214 receivable from its parent company
- E. The Company has undertaken no guarantees with respect to its parent companies or other affiliated companies with them Liberty Mutual Group.
- F. The Company has certain informal agreements with the Liberty Mutual Insurance Company wherein:
  - (1) Liberty Mutual provides to the Company investment management, payroll and other services.
- G. All of the outstanding capital stock of the Company is owned by the parent which in turn is ultimately owned by the Liberty Mutual Holding Company, Inc. The ultimate parent organization is domiciled in the Commonwealth of Massachusetts.
- H. The Company has no investment in its upstream parents.
- I. The Company has no investments in Subsidiaries, Controlled or Affiliated Companies that exceed 10% of admitted assets.
- J. The Company did not recognize any impairment write downs for it investment in Subsidiaries, Controlled or Affiliated Companies during the statement period.

#### 11. Debt

None

# 12. Retirement Plans, Deferred Compensation, Postemployment Benefit and Compensated Absences and Other Postretirement Benefit Plans

All eligible employees of the Company, along with those of certain other companies in the Liberty Mutual Group, are participants in contributory and non-contributory retirement plans. There were no net costs of these programs as a result of the 100% quota-share reinsurance agreement with the parent company.

Actuarial data relative to the net assets available for benefits, the present value of vested and non-vested accumulated plan benefits and the assumed rates of return used in determining such benefits are not available as respects only the Company's employees.

The Company also has a program whereby it offers to its qualified retirees other post-retirement benefits including health and dental coverage and term life insurance. There were no net costs of these programs as a result of the 100% quota share reinsurance agreement with the parent company.

#### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 20,000 shares authorized, 11,539 shares issued and outstanding with a par value of \$130 each.
- (2) The Company has no preferred stock issued or outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Oregon, to 100% of the prior year's net income or 10% of statutory surplus at the prior year-end.
- (4) Within the limitations of (3) above there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (5) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (6) There were no advances to surplus.
- (7) There was no stock held by the Company for special purposes.
- (8) There were no special surplus funds.
- (9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a.	Unrealized losses:	\$ 0
b.	Non-admitted assets:	0
c.	Separate account business:	0
d.	Asset valuation reserves:	0
d.	Provision for reinsurance:	0

- (10) There were no surplus notes.
- (11) There were no quasi-reorganizations.

(12) There have been no quasi-reorganizations in the prior 10 years.

#### 14. Contingencies

- A. The Company has no net contingent commitments.
- B. The Company has no net accrued assessments.
- C. The Company has recorded no net gain contingencies.
- D. Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

#### 15. Leases

- A. All future lease obligations of the Company have been assumed by its' parent, pursuant to the terms of a 100% quota share reinsurance agreement and are accordingly reported therein.
- B. Lessor Leases
  - (1) Operating Leases

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

(2) Leverage Leases

The Company has no leveraged leases.

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

None

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. The Company did not engage in any transfers of receivables during the year.
  - B. The Company did not engage in any transfers of financial assets during the year.
  - C. The Company did not engage in any wash sales during the year.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

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

None

#### 20. September 11 Events

None

#### 21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring Debtors

None

C. Other Disclosures

Assets in the amount of \$1,125,290 and \$1,182,600 at December 31, 2005 and 2004, respectively, were on deposit with government authorities or trustees as required by law.

D. The Company has no net receivable balances and therefore has no reserve for uncollectibles.

#### 22. Events Subsequent

None

#### 23. Reinsurance

A. Unsecured Reinsurance Recoverable

None

B. Reinsurance Recoverable in Dispute

None

#### C. Reinsurance Assumed and Ceded

(1) & (2) Cancellation of the Company's reinsurance contracts would result in no material return commissions due to or payable by the Company.

- (3) The Company does not have any protected cells.
- D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

None

F. Retroactive Reinsurance

None

G. Reinsurance accounted for as a deposit

None

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

#### 25. Change in Incurred Losses and Loss Adjustment Expenses

Pursuant to the terms of a 100% quota share reinsurance agreement with its parent, the Company reports no net incurred losses or loss adjustment expenses.

#### 26. Inter Company Pooling Arrangements

Not applicable

#### 27. Structured Settlements

- A. As a result of purchased annuities with the claimant as payee, the Company no longer carries reserves of \$1,481,573. The Company is contingently liable should the issuers of the purchased annuities fail to perform under the terms of the annuities. The amount of unrecorded loss contingencies related to the purchased annuities was \$1,481,573 as of December 31, 2005.
- B. The Company does not have material structured settlements from life insurers for which the Company has not obtained a release of liability from the claimant.
- 28. Health Care Receivables

None

Participating Policies

None

30. Premium Deficiency Reserve

None

31. High Deductibles

None

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

Pursuant to the terms of a 100% quota-share reinsurance agreement, the Company reports no liabilities for unpaid losses or unpaid loss adjustment expenses.

#### 33. Asbestos/Environmental Reserves

- A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses? Yes () No (X)
- B. Not applicable.
- C. Not applicable.
- D. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to environmental losses? Yes (X)No ()

The Company's exposure to environmental losses arises from the sale of general liability insurance prior to 1986 and is entirely ceded to an unrelated entity.

The Company tries to estimate the full impact of the environmental exposure by establishing full case basis reserves on all known losses.

(1) Gross of Reinsurance -

Gross of Reinsurance Basis: Net of Reinsurance Basis:

		:	2001	2	2002	2	003	20	004	2	2005	
a. b.	Beginning reserves: Incurred losses and LAE:		09,926 26,990		5,618 2,749	\$ 69° 19°	7,791 6,185	\$ 572 1,182			08,562 31,074	
c. d.	Calendar year payments for losses and LAE: Ending reserves:		81,298 55,618		0,576 07,791		1,356 2,620	1,146 \$ 608	5,100 3,562		53,479 86,157	
(2)	Net of Reinsurance -											
		:	2001	2	2002	2	003	<u>20</u>	004	2	2005	
a. b. c.	Beginning reserves: Incurred losses and LAE: Calendar year payments	\$	0	\$	0	\$	0	\$	0	\$	0	
d.	for losses and LAE: Ending reserves:	\$	0	\$	0	\$	0	\$	0	\$	0	
E.	State the amount of ending reserves for Bulk + IBNR included in D (Loss and LAE)											
	Gross of Reinsurance Basis:									\$ \$	0	
F.	State the amount of ending	g resei	ves for lo	ss adjus	tment ex	xpenses	include	d includ	ed in I	) (Case	e, Bulk +	· IBNR)

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

# **SUMMARY INVESTMENT SCHEDULE**

Gross Investment Holdings			Admitted A Reporte Annual S	d in the	
	1	2	3	4	
Investment Categories	Amount	Percentage	Amount	Percentage	
1. Bonds:					
1.1 U.S. treasury securities	6,972,858	193.112	6,972,858	193.112	
1.2 U.S. government agency obligations (excluding mortgage-backed securities):					
1.21 Issued by U.S. government agencies					
1.22 Issued by U.S. government sponsored agencies					
1.3 Foreign government (including Canada, excluding mortgage-backed securities)					
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:					
1.41 States, territories and possessions general obligations					
1.42 Political subdivisions of states, territories and possessions and political				* * * * * * * * * * * * * * * * * * * *	
aubdivisione general obligations					
1.43 Revenue and assessment obligations					
1.44 Industrial development and similar obligations		****		* * * * * * * * * * * * * * * * * * * *	
1.5 Mortgage-backed securities (includes residential and commercial MBS):				* * * * * * * * * * * * * * * * * * * *	
1.51 Pass-through securities:					
1.511 Issued or guaranteed by GNMA					
1.512 Issued or guaranteed by FNMA and FHLMC				[	
1.513 All other					
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA					
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-					
backed securities issued or guaranteed by agencies shown in Line 1.521					
1.523 All other					
Other debt and other fixed income securities (excluding short term):					
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)					
2.2 Unaffiliated foreign securities					
2.3 Affiliated securities					
Equity interests:     3.1 Investments in mutual funds					
3.2 Preferred stocks:					
3.21 Affiliated					
3.22 Unaffiliated					
3.3 Publicly traded equity securities (excluding preferred stocks):					
3.31 Affiliated					
3.32 Unaffiliated					
3.4 Other equity securities:					
3.41 Affiliated					
3.42 Unaffiliated					
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated					
3.52 Unaffiliated					
4. Mortgage loans:					
4.1 Construction and land development					
4.2 Agricultural 4.3 Single family residential properties					
4.3 Single family residential properties 4.4 Multifamily residential properties					
4.5 Commercial loans					
4.6 Mezzanine real estate loans				* * * * * * * * * * * * * * * * * * * *	
Real estate investments:					
5.1 Property occupied by company					
5.2 Property held for production of income	[				
(including \$ 0 of property acquired in satisfaction of debt)					
5.3 Property held for sale (including \$ 0 property					
acquired in satisfaction of debt)					
6. Contract loans					
7. Receivables for securities					
8. Cash, cash equivalents and short-term investments	(3,362,072)	(93.112)	(3,362,072)	(93.112)	
9. Other invested assets					
10. Total invested assets	3,610,786	100.000	3,610,786	100.000	

# PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

]

	e reporting entity a member of an insurance Holding to insurer?	Company System consisting	or two or more anniated p	ersons, one or more or which	Yes [X]	No [ ]
such prov Mod	s, did the reporting entity register and file with its dom regulatory official of the state of domicile of the princ iding disclosure substantially similar to the standards el Insurance Holding Company System Regulatory Addards and disclosure requirements substantially similar	ipal insurer in the Holding Co adopted by the National Ass at and model regulations per	ompany System, a registra ociation of Insurance Con aining thereto, or is the re	ation statement nmissioners (NAIC) in its	Yes [X]	No[] N
State	e Regulating?					OREGON
	any change been made during the year of this statem e reporting entity?	ent in the charter, by-laws, a	articles of incorporation, o	deed of settlement	Yes [X]	No [ ]
-	s, date of change: t previously filed, furnish herewith a certified copy of t	he instrument as amended.				12/07/2005
State	e as of what date the latest financial examination of the	e reporting entity was made	or is being made.			12/31/2002
	e the as of date that the latest financial examination red date should be the date of the examined balance she	•				12/31/2002
dom	e as of what date the latest financial examination repo- icile or the reporting entity. This is the release date or ance sheet date).		•			11/10/2003
	hat department or departments? INSURANCE DIVIS BUSINESS SERVICES	ION OF THE OREGON DEF	PARTMENT OF CONSUM	IER		
com	ng the period covered by this statement, did any ager bination thereof under common control (other than sa bstantial part (more than 20 percent of any major line	aried employees of the repo	rting entity) receive credit	•		
				sales of new business?	Yes [	] No [ X ]
affilia	ng the period covered by this statement, did any sales ate, receive credit or commissions for or control a sub at premiums) of:	•	in whole or in part by the		Yes [	] No[X]
				sales of new business? renewals?	Yes [ Yes [	] No [ X ] ] No [ X ]
Has	the reporting entity been a party to a merger or consc	lidation during the period co	vered by this statement?		Yes [	] No [ X ]
	s, provide the name of the entity, NAIC company code to exist as a result of the merger or consolidation.	e, and state of domicile (use	two letter state abbreviati	on) for any entity that has		
	1	2	3			
	Name of Entity	NAIC Company Code	State of Domicile			
	Has the reporting entity had any Certificates of A					
	ended or revoked by any governmental entity during to confidentiality clause is part of the agreement.)	he reporting period? (You no	eed not report an action e	ther formal or informal,	Yes [	] No [X]
If ye	s, give full information				•	
Does	s any foreign (non-United States) person or entity dire	ctly or indirectly control 10%	or more of the reporting e	entity?	Yes [	] No [ X ]
If ye	s,					
	<ul><li>7.21 State the percentage of foreign control</li><li>7.22 State the nationality(s) of the foreign personanager or attorney-in-fact and identify the</li></ul>	. , , , , , , , , , , , , , , , , , , ,	•		ct).	0 %
	1 National (1)	1	2			
	Nationality	Туре с	of Entity			
				$\exists$		
	e company a subsidiary of a bank holding company re		erve Board?	<del>_</del>	Yes [	] No [ X ]
	Spondo to our to you, ploade lacitudy the haine of the t				* * * * *	
			• • • • • • • • • • • • • • • • • • • •		* * * * * *	
Is th	e company affiliated with one or more banks, thrifts o	securities firms?			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  1 SW COLUMBIA STREET PORTLAND, OREGON 97258	
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? MR. ROY MORELL, FCAS, MAAA 175 BERKELEY STREET BOSTON, MA 02117 LIBERTY MUTUAL INSURANCE COMPANY EMPLOYEE	
11.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [ ] No [X]
	11.11 Name of real estate holding company 11.12 Number of parcels involved 11.13 Total book/adjusted carrying value	\$
11.2	If yes, provide explanation	
	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 [X] No [ ]
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	
40		
13.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Yes [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	\$
16.0	16.13 Trustees, supreme or grand (Fraternal only)	2
10.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  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			\$ \$		
	<ul><li>.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?</li><li>.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:</li></ul>						No [ ]	2,689,214
			INVEST	MENT				
20.1				mber 31 of current year, over which the reporting entity has exclusive control, except as shown by Schedule E - Part 3 - Special Deposits?				
20.2		, give full and complete information, relating thereto SE NTS OF THE COMPANY	ECURITIES ARE MAINTAIN	IED BY SAFEKEEPING				
21.1	cont	e any of the stocks, bonds or other assets of the report rol of the reporting entity, except as shown on Schedul assets subject to a put option contract that is currently	e E - Part 3 - Special Depos	sits, or has the reporting entit	y sold or transferred	Yes [ ]	No [X]	
21.2	If ye	s, state the amount thereof at December 31 of the curr	-					
				Loaned to others Subject to repurchase agree	manta	\$		
				Subject to repurchase agree		\$ \$		
				Subject to dollar repurchase	-	\$		
				Subject to reverse dollar rep	-	\$		
				Pledged as collateral		\$		
				Placed under option agreem		\$		
			21.28 21.29	Letter stock or securities res	tricted as to sale	\$ \$		
			21.29	Ottlei		Φ		
21.3	For	category (21.28) provide the following:						
		1		2	3			
		Nature of Restriction	Desc	ription	Amount	_		
22.1	Does	s the reporting entity have any hedging transactions re	ported on Schedule DB?			Yes [ ]	No [ X ]	
22.2	If ye	s, has a comprehensive description of the hedging pro	gram been made available t	to the domiciliary state?		Yes [ ]	No [ ]	N/A [ X ]
	If no	, attach a description with this statement.						
23.1		e any preferred stocks or bonds owned as of December, convertible into equity?	er 31 of the current year man	ndatorily convertible into equi	ty, or, at the option of the	Yes [ ]	No [X]	
23.2	If ye	s, state the amount thereof at December 31 of the curr	ent year.			\$		
	safe with	uding items in Schedule E, real estate, mortgage loans ty deposit boxes, were all stocks, bonds and other sec a qualified bank or trust company in accordance with f iak Çondition Examiners Handbook?	urities, owned throughout th	e current year held pursuant	to a custodial agreement			
24.01	For a	agreements that comply with the requirements of the N	IAIC Financial Condition Ex	aminers Handbook, complete	the following:			
		1			2			
		Name of Custodian(s)  JP MORGAN CHASE		Custodia 3 CHASE METROTECH CE	n's Address	-		
		UF MUNDAN UNASE		BROOKLYN NY	11245			
		LIBERTY MUTUAL INVESTMENT ADVISORS		175 BERKELEY STREET BOSTON MA	02117	$\dashv$		
04.00		all agreements that do not comply with the requiremen	L ALLA NAIO ET LA CA					

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

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

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year?

	 N1.	,
Yes	No	ĮΛ

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

2	3	4
	Date of	
New Custodian	Change	Reason
	New Custodian	

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

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

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			
Depository Number(s)	Name	Addre	ess
LIBERTY MUTUAL	CERTAIN LIBERTY MUTUAL	175 BERKELEY STREET	BOSTON MA 02117
INVESTMENT ADVISORS	INSURANCE CO. DESIGNEES		•

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
		Book/Adjusted
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

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	6,972,858	7,030,888	58,030
26.2 Preferred stocks			
26.3 Totals	6.972.858	7.030.888	58.030

26.4 Describe the sources or methods utilized in determining the fair values: FAIR VALUES ARE BASED ON QUOTED MARKET PRICES WHEN AVAILABLE. IF QUOTED MARKET PRICES ARE NOT AVAILABLE, FAIR VALUES ARE BASED ON QUOTED MARKET PRICES OF COMPARABLE INSTRUMENTS OR VALUES OBTAINED FROM INDEPENDENT PRICING SERVICES.

27.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?

Yes[X] No[]

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?

\$

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
	\$

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

1	2
Name	Amount Paid
	\$
	\$

30.1 Amount of payr	nents for expenditures in con	nection with matters before legislative bodi	es, officers or departments of governme	ent, 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	Does the reporting entity have any direct Medicare Supplement	ment	Insurance in force?			YES [	] NO [ X ]
1.2	If yes, indicate premium earned on U. S. business only.					\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Su	Supp	lement Insurance Experience Exhibit?	?		\$	
	1.31 Reason for excluding						
						* *	
4.4	Indicate and of an advantage attack table to O and in		d/ Oth Ali tildd i lt /	(4.0)		φ.	
	Indicate amount of earned premium attributable to Canadian			(1.2) above.		\$ \$	
	Indicate total incurred claims on all Medicare Supplement ins	nsura	ance.			<u> </u>	
1.6	Individual policies:						
			current three years:			Φ.	
		1.61	Total premium earned			\$	
		1.62	Total incurred claims			\$	
		1.63	Number of covered lives			\$	
			ears prior to most current three years:				
		1.64	Total premium earned			\$	
		1.65	Total incurred claims			\$	
	1.6	1.66	Number of covered lives			\$	
1.7	Group policies:						
	Mo	Most	current three years:				
	1.5	1.71	Total premium earned			\$	
	1.5	1.72	Total incurred claims			\$	
	1.7	1.73	Number of covered lives			\$	
	All	All ye	ears prior to most current three years:				
	1.7	1.74	Total premium earned			\$	
	1.7	1.75	Total incurred claims			\$	
	1.7	1.76	Number of covered lives			\$	
^	<del></del>						
2.	Health Test:			1	2		
				Current Year	Prior Year		
	2.	2.1	Premium Numerator	\$	\$		
	2.2	2.2	Premium Denominator	\$	\$		
	2.3		Premium Ratio (2.1/2.2)	*	*		
			Reserve Numerator	\$	\$		
	2.5		Reserve Denominator	\$	\$		
	2.6	2.6	Reserve Ratio (2.4/2.5)	***********			
2 1	Does the reporting outility issue both portionating and non-no		inating policies?	* * * * * * * * * * * * * * * * * * * *	************	VEC I	1 NO 1 V 1
	Does the reporting entity issue both participating and non-particles the reporting entity issue both participating and non-participating and non-participa		ipating policies?			i ES [	] NO [ X ]
3.2	If yes, state the amount of calendar year premiums written or		B # # # # # # # # # # # # # # # # # # #			•	
		3.21	Participating policies			\$	
		3.22	Non-participating policies			\$	
4.	For Mutual Reporting Entities and Reciprocal Exchange only:	ly:					
4.1	Does the reporting entity issue assessable policies?						] 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 co						
4.4	Total amount of assessments paid or ordered to be paid during	ıring	the year on deposit notes or continge	ent premiums.		\$	
P5or F	Reciprocal Exchanges Only:						
5.1	Does the exchange appoint local agents?					YES [	] NO [ X ]
5.2	If yes, is the commission paid:						
	5.2	5.21	Out of Attorney's-in-fact compens	sation		YES [	] NO [ X ] N/A [ ]
	5.2	5.22	As a direct expense of the excha	inge		YES [	] NO [ X ] N/A [ ]
5.3	What expenses of the Exchange are not paid out of the comp	mpei	sation of the Attorney-in-fact?				
5.4	Has any Attorney-in-fact compensation, contingent on fulfillm						] NO [ X ]
						-	ואסנאן
J.J	ii yoo, give iuli lilioitiidtioii						

(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:  THE COMPANY DOES NOT WRITE WORKERS COMPENSATION		
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:  GEO-CODED LOCATION LIMITS OF INSURANCE FOR ALL PROPE COVERAGES ARE MODELED BY BENFIELD REINS. BROKERS USING RMS, AIR AND EQECAT MODELING SOFTWARE. PRIMARY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MINERAL PROPERTY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA.		MAH IN OR.
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? PURCHASE PROPERTY CATASTROPHE INSURANCE EXCESS OF \$5,000,000 PER OCCURENCE AS FOLLOWS: 95% OF \$15 MILLION EXCESS OF \$5 MILLION; 75% OF \$20 MILLION EXCESS OF \$20 MILLION; AND 50% OF \$10 MILLION EXCESS \$40 MILLION.		
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?  If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	YES[)	(]NO[ ]
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?  If yes, indicate the number of reinsurance contracts containing such provisions.	YES [	] NO [X]
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES [	] NO [ X ]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?  If yes, give full information	YES [	] NO [X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 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;  (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;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	YES[	] NO [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), 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	VEST	INOTYI
	or its affiliates.  If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatroy 9:  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	IES	]NO[X]
9.4	Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	YEST	] NO [X]
	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.	IESĮ	] NO [ A ]
11.1	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?  Has the reporting entity guaranteed policies issued by any other entity and now in force:  If yes, give full information	•	] NO [ ] N/A [ X ] ] NO [ X ]

(Continued)

# PART 2 - PROPERTY & CASUALTY INTERROGATORIES

12.1	If the reporting entity recorded accrued amount of corresponding liabilities reco		on insurance contract	s on Line 13.3 of the as	set schedule, Page 2, st	ate the	
		12.11	Unpaid losses				\$
		12.12	Unpaid underwriting	expenses (including lo	oss adjustment expenses	)	<u> </u>
	Of the amount on Line 13.3, Page 2, start the reporting entity underwrites community from its insureds covering unpaid premi	nercial insurance risks, s	such as workers' comp				\$ YES[]NO[X]N/A[]
12.4	If yes, provide the range of interest rate	es charged under such n 12.41 12.42	From	covered by this statem	ent:		
12.5	Are letters of credit or collateral and oth promissory notes taken by a reporting closses under loss deductible features o	ner funds received from entity, or to secure any c	insureds being utilized			unpaid	YES[]NO[X]
12.6	If yes, state the amount thereof at Dece	ember 31 of current yea	r:				
		12.61	Letters of Credit				\$
		12.62		r funds		;	<u> </u>
13.1	What amount of installment notes is ow						<u>}</u>
13.2	Have any of these notes been hypotherally yes, what amount?	cated, sold or used in ar	ny manner as security	or money loaned withir	the past year?		YES[]NO[X]
14.1	Largest net aggregate amount insured i	in any one risk (excludin	ia workers' compensat	ou).			<u>,                                    </u>
	Does any reinsurance contract considereinstatement provision?		-		very without also including	•	YES[]NO[X]
14.3	State the number of reinsurance contra facilities or facultative obligatory contract	·		=	Itative programs, automa		2
15.1	Is the company a cedant in a multiple c	edant reinsurance contr	act?				YES[X]NO[ ]
	If yes, please describe the method of al			cedants: ON PO	LICY EFFECTIVE DATE		[][
			<u>-</u>	*********			
15.3	If the answer to 15.1 is yes, are the me	thods described in item	15.2 entirely contained	I in the respective multi	ple cedant reinsurance		
	contracts?		, , , , , , , , , , , , , , , , , , , ,				YES[X]NO[]
15.4	If the answer to 15.3 is no, are all the m	nethods described in 15	2 entirely contained in	written agreements?			YES[X]NO[ ]
15.5	If the answer to 15.4 is no, please expla	ain:					
16.1	Has the reporting entity guaranteed any	y financed premium acco	ounts?				YES[]NO[X]
16.2	If yes, give full information						
17.1	Does the reporting entity write any warr						YES[ ]NO[X]
	If yes, disclose the following information	n for each of the followir	ng types of warranty co	verage:			
		1	2	3	4	5	
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned	
	17.11 Home	\$	\$	\$	\$	\$	
	17.12 Products	\$	\$	\$	\$	\$	
	17.13 Automobile	\$	\$	\$	\$	\$	
	17.14 Other*	\$	\$	\$	\$	\$	
	* 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.

		1	2	3	4	5
		2005	2004	2003	2002	2001
$\vdash$	Cross Bramiums Written /Dags 9 Dart 1D Cols 1 2 9 2)					
1	<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
''	19.1, 19.2 & 19.3, 19.4)	54,810,384	54,301,208	50,299,151	50,183,039	56,955,242
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	32,981,914	33,903,227	33,224,177	32,798,162	40,263,080
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	56,344,366	55,826,029	50,195,783	46,157,584	27,555,687
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	14,202	35,018	24,396	17,711	99,791
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)	14,202	33,010	24,000		33,731
6.	Total (Line 34)	144,150,866	144,065,482	133,743,507	129.156.496	124,873,800
"	Net Premiums Written (Page 8, Part 1B, Col. 6)	144,100,000	144,000,402	100,140,001	125,100,450	124,070,000
7	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
'	19.1, 19.2 & 19.3, 19.4)					
۱ ۾	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
1	All other lines (Lines C 10, 12, 14, 15, 22, 24, 29, 20, 22)					
11.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
1	Total (Line 34)					
'	Statement of Income (Page 4)					
13	Net underwriting gain (loss) (Line 8)	127,343	181,540			
14.	Not investment sein (less) (Line 11)					1,565,087
1	Total other income (Line 15)	(127,343)	(181,540)			392,405
	Dividends to policyholders (Line 17)	(127,040)	(151,040)			332,700
	Endered and foreign income toyon incurred (Line 10)					268,000
	Net income (Line 20)					1,689,492
	Balance Sheet Lines (Pages 2 and 3)					
19	Total admitted assets excluding protected cell business					
	(Page 2, Line 24, Col. 3)	6,300,000	6,300,000	7,845,719	6,300,000	5,042,027
20.	Premiums and considerations (Page 2, Col. 3)					
-0.	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 24)			1,545,719		
22.	Loccae (Page 3 Lines 1 and 2)					
23.	Loss adjustment expenses (Page 3, Line 3)					
1	Unearned premiums (Page 3, Line 9)					
	Capital paid up (Page 3, Lines 28 & 29)	1,500,070	1,500,070	1,500,070	1,500,070	1,500,070
	Surplus as regards policyholders (Page 3, Line 35)	6,300,000	6,300,000	6,300,000	6,300,000	5,042,027
	Risk-Based Capital Analysis					
27.	Total adjusted capital	6,300,000	6,300,000	6,300,000	6,300,000	5,042,027
	Authorized control level risk-based capital	1,226,082	1,668,791	3,053,451	2,915,799	19,375
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29.	Bonds (Line 1)	193.1	174.6	83.1	146.0	23.0
30.	Stocks (Lines 2.1 & 2.2)					
1	Mortgage loans on real estate (Lines 3.1 and 3.2)					
32.	Real estate (Lines 4.1, 4.2 & 4.3)					
1	Cash, cash equivalents and short-term investments (Line 5)	(02.4)	(74.6)	16.9	(46.0)	77.0
34.	Contract loans (Line 6)				XXX	XXX
35.	Other invested assets (Line 7)					
36.	Receivables for securities (Line 8)					
37.	Aggregate write-ins for invested assets (Line 9)					
	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates	[				
39.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 2)					
	Affiliated short-term investments (subtotals included in Schedule DA,					
	Part 2, Col. 5, Line 11)					
43.	Affiliated mortgage loans on real estate					
44.	All other affiliated					
45.	Total of above Lines 39 to 44					
46.	Percentage of investments in parent, subsidiaries and affiliates					
	to surplus as regards policyholders (Line 45 above divided by					
L	Page 3, Col. 1, Line 35 x 100.0)					
	v , · · / · · · · · · /					

# FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2005	2 2004	3 2003	4 2002	5 2001
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35)					(8,740,386)
49.	Change in surplus as regards policyholders for the year (Line 38)				1,257,973	(7,016,123)
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
50.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	28,621,049	36,401,930	30,454,109	31,970,253	
1	Property lines (Lines 1, 2, 9, 12, 21 & 26)	11,354,285	11,975,276	12,587,564	13,511,540	
52.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)  All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	20,076,538	32,037,005	21,901,639	28,688,511	14,841,327 37,017
54	Nonproportional reinsurance lines (Lines 30, 31 & 32)					37,017
55.	Total (Line 34)	60,051,872	80,414,211	64.943.312	74,170,304	81,050,086
	Net Losses Paid (Page 9, Part 2, Col. 4)					
56.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
57.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
58.						
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)					
	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)					
1	Loss expenses incurred (Line 3)					
	Other underwriting expenses incurred (Line 4)					
66.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
67.	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)					
68.	Losses and loss expenses incurred to premiums earned					
	(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
69.	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)					
70.	Development in estimated losses and loss expenses incurred prior					
	to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)					
71.	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)					
72.	Development in estimated losses and loss expenses incurred					
	2 years before the current year and prior year (Schedule P,					
	Part 2 - Summary, Line 12, Col. 12)			****		* * * * * * * * * * * * * * * * * * * *
73.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 72 above divided					
Щ	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	6,972,858	7,030,555	6,923,161	7,000,0
Governments	Canada     Other Countries		* * * * * * * * * * * * * * * * * * * *		
(Including all obligations guaranteed by governments)	4. Totals	6,972,858	7,030,555	6,923,161	7,000,0
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries				
(Shoot and guaranteed)	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States 10. Canada 11. Other Countries				
	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of	13. United States 14. Canada 15. Other Countries				
governments and their political subdivisions	16. Totals				
Public Utilities (unaffiliated)	17. United States 18. Canada 19. Other Countries				
	20. Totals				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States 22. Canada 23. Other Countries	••••			
,	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	6,972,858	7,030,555	6,923,161	7,000,0
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States 32. Canada 33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada 37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS Public Utilities (unaffiliated)	41. United States 42. Canada 43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States 46. Canada 47. Other Countries				
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States 50. Canada 51. Other Countries	••••			
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks				
	56. Total Bonds and Stocks	6,972,858	7,030,555	6,923,161	

# **SCHEDULE D - VERIFICATION BETWEEN YEARS**

### Bonds and Stocks

1.	Book/adjusted carrying value of bonds and		7. Amortization of premium 1,270	
	stocks, prior year	6,768,553	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	1,240,137	8.1 Column 15, Part 1	
3.	Accrual of discount	17,338	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	6,972,858
	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)	6,972,858
5.	Total gain (loss), Column 19, Part 4	(51,900)	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period	6,972,858
	disposed of Column 7, Part 4	1,000,000		

# SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

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

(\$000 omitted)

	Pr	emiums Earned	d			Lo	ss and Loss Ex	pense Paymer	nts			12
Years in Which	1	2	3	Loss Pa	yments	Defense Containmen	and Cost t Payments	Adjus and Other	•	10	11 Tatal	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	295	295	390	390			43		XXX
2. 1996	168,357	168,357		127,617	127,617	9,344	9,344	3,350	3,350	18		XXX
3. 1997	168,275	168,275		116,509	116,509	11,290	11,290	9,850	9,850	2		XXX
4. 1998	160,495	160,495		100,381	100,381	8,453	8,453	10,928	10,928	6		XXX
5. 1999	149,224	149,224		90,084	90,084	7,200	7,200	8,272	8,272	19		XXX
6. 2000	144,460	144,460		81,410	81,410	5,794	5,794	1,278	1,278	83		XXX
7. 2001	133,438	133,438		69,721	69,721	3,737	3,737	2,446	2,446	163		XXX
8. 2002	124,147	124,147		61,369	61,369	2,451	2,451	6,637	6,637	433		XXX
9. 2003	134,102	134,102		48,134	48,134	1,258	1,258	4,159	4,159	690		XXX
10. 2004	140,592	140,592		51,268	51,268	1,013	1,013	55	55	1,735		XXX
11. 2005	142,645	142,645		34,951	34,951	250	250	23	23	1,480		XXX
12. Totals	XXX	XXX	XXX	781,739	781,739	51,180	51,180	46,998	46,998	4,672		XXX

		Losses	Unpaid		Defen	se and Cost C	ontainment U	npaid	Adjusting a		23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	IBNR	<u>Unp</u> 21	<u>aid</u> 22			Number of
	13	14	15	16	17	18	19	20			Salvage	Total Net	Claims Outstanding
	Direct		Direct		Direct		Direct		Direct		and	Losses and	Direct
	and	0-4-4	and	0-4-4	and	0-4-4	and	0-4-4	and	0-4-4	Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	2,735	2,735					217	217	64	64			XXX
2. 1996	389	389					113	113	20	20			XXX
3. 1997	1,621	1,621					488	488	86	86			XXX
4. 1998	537	537	506	506			297	297	81	81			XXX
5. 1999	1,432	1,432	1,146	1,146			712	712	197	197			XXX
6. 2000	1,557	1,557	1,609	1,609			753	753	252	252			XXX
7. 2001	4,455	4,455	1,426	1,426			1,022	1,022	318	318			XXX
8. 2002	3,529	3,529	2,832	2,832			1,207	1,207	471	471			XXX
9. 2003	4,366	4,366	5,990	5,990			1,483	1,483	857	857			XXX
10. 2004	7,868	7,868	8,798	8,798			1,780	1,780	1,322	1,322	[		XXX
11. 2005	21,773	21,773	19,486	19,486			3,159	3,159	3,188	3,188			XXX
12. Totals	50,262	50,262	41,793	41,793			11,231	11,231	6,856	6,856			XXX

		otal Losses and Expenses Incur			oss Expense Ped / Premiums E		Nontabula	r Discount	34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 1996	140,833	140,833		83.651	83.651						
3. 1997	139,844	139,844		83.104	83.104						
4. 1998	121,183	121,183		75.506	75.506						
5. 1999	109,043	109,043		73.073	73.073						
6. 2000	92,653	92,653		64.137	64.137						
7. 2001	83,125	83,125		62.295	62.295						
8. 2002	78,496	78,496		63.228	63.228						
9. 2003	66,247	66,247		49.400	49.400						
10. 2004	72,104	72,104		51.286	51.286						
11. 2005	82,830	82,830		58.067	58.067						
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.

# **SCHEDULE P-PART 2-SUMMARY**

V-	:-		Incurred Net L	osses and Def	ense and Cos	st Containmen	t Expenses Re	eported At Ye	ar End (\$000	OMITTED)		DEVELO	PMENT
	ars in /hich	1	2	3	4	5	6	7	8	9	10	11	12
Loss	es Were												
Ind	curred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1.	Prior												
2.	1996												
3.	1997	XXX					* * * * * * * * * * * * * * * * * * * *						
4.	1998	XXX	XXX										
5.	1999	XXX	XXX	XXX			* * * * * * * * * * * * * * * * * * * *						
6.	2000	XXX	XXX	XXX	XXX		* * * * * * * * * * * * * * * * * * * *						
7.	2001	XXX	XXX	XXX	XXX	XXX	* * * * * * * * * * * * * * * * * * * *						
8.	2002	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		* * * * * * * * * * * * * * * * * * * *		XXX
11.	2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
									12 Totals				

# **SCHEDULE P-PART 3-SUMMARY**

		. Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported At Year End (\$000 OMITTED)									)	11	12
1	ears in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
1	Vhich	·	_							ľ		Claims Closed	Claims Closed
Loss	es Were											With Loss	Without Loss
In	curred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Payment	Payment
1.1.	Prior	000										XXX	XXX
2.	1996											XXX	XXX
3.	1997	XXX										XXX	XXX
4.	1998	XXX	XXX									XXX	XXX
5.	1999	XXX	XXX	XXX								XXX	XXX
6.	2000	XXX	XXX	XXX	XXX							XXX	XXX
7.	2001	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8.	2002	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9.	2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10.	2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11.	2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

# **SCHEDULE P-PART 4-SUMMARY**

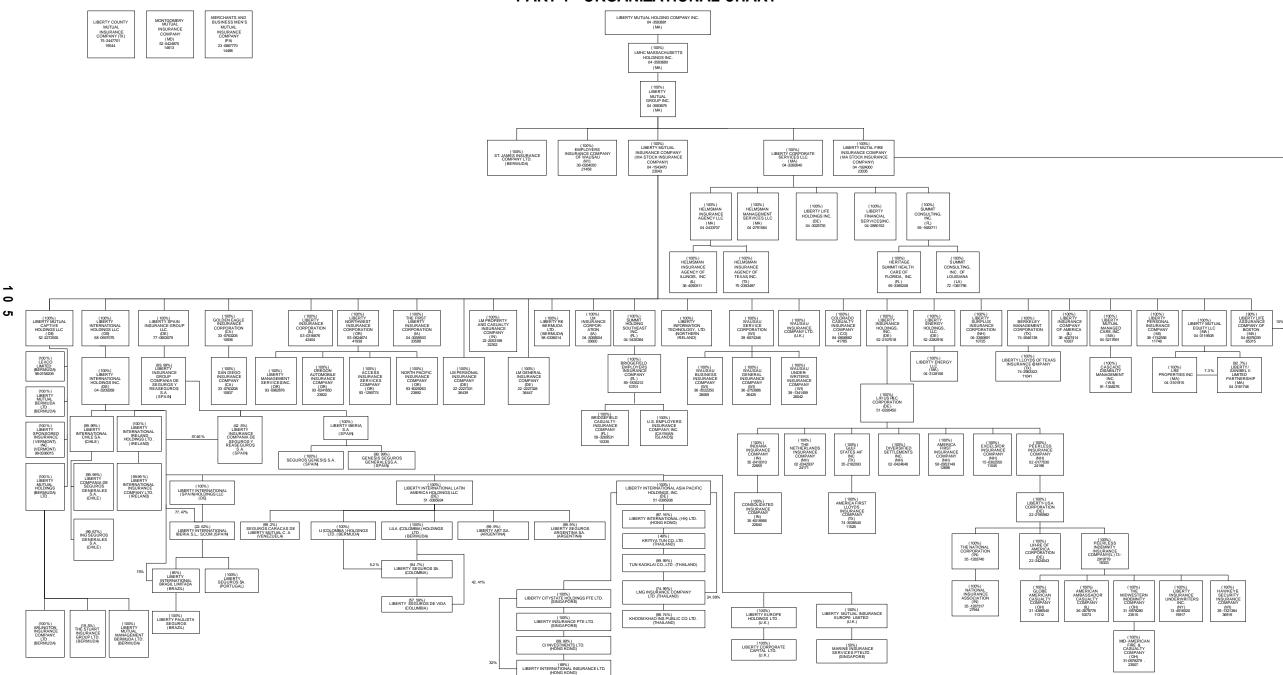
Years in Which	1	2	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005
Losses Were										
Incurred	1996	1997								
1. Prior										
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX	XXX							
6. 2000	XXX	XXX	XXX	XXX						
7. 2001	XXX	XXX	XXX	XXX	XXX					
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX		* * * * * * * * * * * * * * * * * * * *		
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

# SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

	1 Is Insurer	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums		4 Dividends Paid or	5 Direct	6	7	8 Finance and	9 Direct Premium Written for
States Ets	Licen- sed? (Yes or	on Policies 2 Direct Premiums	3 Direct Premiums	Credited to Policyholders on Direct Business	Losses Paid (Deducting	Direct Losses	Direct Losses	Service Charges Not Included in Premiums	Federal Purchasing Groups (Included
States, Etc.  1. Alabama AL	No) NO	Written	Earned	Dusiness	Salvage)	Incurred	Unpaid	rieiiliuiNS	in Col. 2)
2. Alaska AK	NO								
3. Arizona AZ	NO								
4. Arkansas AR 5. California CA	NO NO								
6. Colorado CO	NO							* * * * * * * * * * * * * * * * *	
7. Connecticut CT	NO								
8. Delaware DE 9. Dist. Columbia DC	NO NO							* * * * * * * * * * * * * * * *	
0. Florida FL	NO								
1. Georgia GA	NO								
2. Hawaii HI 3. Idaho ID	NO YES	13,462,367	13,261,292		6,427,217	5,605,035	5,471,247	76,091	
4. Illinois IL	NO	10,402,001	10,201,202				9,77,1,7,77		
5. Indiana IN	NO								
6. lowa IA 7. Kansas KS	NO NO								
8. Kentucky KY	NO							* * * * * * * * * * * * * * * * *	
9. Louisiana LA	NO			*****					
0. Maine ME 1. Maryland MD	NO NO		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *					
2. Massachusetts MA	NO								
3. Michigan MI	NO			*****					
4. Minnesota MN 5. Mississippi MS	NO NO			* * * * * * * * * * * * * * * * *					
6. Missouri MO	NO NO		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *					
7. Montana MT	NO			*****					
8. Nebraska NE	NO								
9. Nevada NV 0. New Hampshire NH	NO NO								
1. New Jersey NJ	NO								
2. New Mexico NM	NO								
3. New York NY 4. No. Carolina NC	NO NO								
5. No. Dakota ND	NO								
6. Ohio OH	NO								
7. Oklahoma OK 8. Oregon OR	NO YES	67,989,896	67,172,898		27,596,481	28,295,047	39,616,262	430,761	
9. Pennsylvania PA	NO	07,505,050	07,172,030		27,550,401	20,233,047	33,010,202		
0. Rhode Island RI	NO								
1. So. Carolina SC 2. So. Dakota SD	NO NO								
3. Tennessee TN	NO							* * * * * * * * * * * * * * * *	
4. Texas TX	NO								
5. Utah UT 6. Vermont VT	YES NO	477	420		85,717	(454,609)	227,847	43	
7. Virginia VA	NO								
8. Washington WA	YES	62,698,127	62,210,418		25,942,456	34,299,415	46,740,713	324,267	
9. West Virginia WV 0. Wisconsin WI	NO NO								
1. Wyoming WY	NO NO		* * * * * * * * * * * * * * * * * * * *						
2. American Samoa AS	NO			******					
3. Guam GU 4. Puerto Rico PR	NO NO			* * * * * * * * * * * * * * * * *					
5. U.S. Virgin Islands VI	NO NO			* * * * * * * * * * * * * * * * * * * *					
6. Canada CN	NO			*****					
7. Aggregate other alien OT	XXX								
* * * * * * * * * * * * * * * * * * * *		444 450 007	140 045 000		CO 054 074	C7 744 000	00.050.000	024.400	
8. Totals	(a) 4	144,150,867	142,645,028		60,051,871	67,744,888	92,056,069	831,162	
DETAILS OF WRITE-INS 701.	XXX								
701. 702.	XXX			* * * * * * * * * * * * * * * * * * * *					
703.	XXX			* * * * * * * * * * * * * * * * * * * *					
798. Summary of remaining	[			* * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * *	
write-ins for Line 57									
from overflow page	XXX								
799. Totals (Lines 5701					T	Γ			
through 5703 + 5798)									
(Line 57 above)	XXX								
		Evalenation	of basis of allo	ecation of are	miumo by otos	tos etc			
		Explanation	or pasis of allo	cation of prei	milime nv etat	res etc			
AUTOMOBILE PREMIUM BY	PLACE PD					.00, 0.0.			

(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



Annual Statement for the year 2005 of the	North Pacific Insurance Company
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# **OVERFLOW PAGE FOR WRITE-INS**