# **ANNUAL STATEMENT** OF THE **North Pacific Insurance Company** of\_\_\_\_\_Portland in the state of \_\_\_\_\_ Oregon TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2006**



## **ANNUAL STATEMENT**

For the Year Ended December 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

North Pacific Insurance Company

•	<i>,</i> ,,	- •	,,,	 	_,,	•					
	_			_							

NAIC Group Code 0111	0111 NAIC Company C	ode 23892 Employe	r's ID Number 93-6029263
(Current Period)	(Prior Period)	State of Dominile or Dort of E	-nim.
Organized under the Laws of		, State of Domicile or Port of E	intr <u>y</u> Oregon
Country of Domicile United S		Commenced Business: July 1	4050
Incorporated/Organized: June			, 1958
Statutory Home Office: One L		232-2038	
Main Address: DO Do 4555		97232-2038 503-239-5800	
Mail Address: PO Box 4555	·	Death of OD 07000 0000 F0	0.000.5000
Primary Location of Books and F		Portland, OR 97232-2038 503	3-239-5800
Internet Website Address: www			
Statutory Statement Contact:D	•		617-357-9500 46558 617-574-5955
	ouglas.Link@LibertyMutual.com E-Mail Address)		(Fax Number)
Policyowner Relations Contact:_	Elisabeth Eby Shia One Liberty Cent	tre Portland, OR 97232-2038	8 800-275-5600
	OFFICE Chairman of th Gary Richard	ne Board	
1. Gary Richa	ard Gregg	Chief Executive Officer	
2. Edmund C	Campion Kenealy	Secretary	
3. James Fra	ıncis Dore	Chief Financial Officer & Treasurer	
	Vice-Presio	lants	
Name	Title	Name	Title
Anthony Alexander Fontanes	EVP and Chief Investment Officer	Joseph Anthony Gilles	Executive Vice President
Scott Rhodes Goodby	EVP and Chief Operating Officer		
	DIRECTORS OR	TDIISTEES	
Gary Richard Gregg	Larry Wayne Becker	James Francis Dore	Scott Rhodes Goodby
Christopher Charles Mansfield	James Edward McKittrick, Jr.	Matthew David Nickerson	John Derek Doyle #
State of Massachusetts			
County of Suffolk ss			
above, all of the herein described assets we that this statement, together with related exhliabilities and of the condition and affairs of the and have been completed in accordance with law may differ; or, (2) that state rules or reguinformation, knowledge and belief, respective	y sworn, each depose and say that they are the absolute property of the said reporting e libits, schedules and explanations therein cont he said reporting entity as of the reporting peri h the NAIC Annual Statement Instructions and lations require differences in reporting not relately. Furthermore, the scope of this attestation ct copy (except for formatting differences due in addition to the enclosed statement.	entity, free and clear from any liens or claims ained, annexed or referred to, is a full and to od stated above, and of its income and ded Accounting Practices and Procedures manated to accounting practices and procedures by the described officers also includes the r	s thereon, except as herein stated, and true statement of all the assets and luctions therefrom for the period ended, nual except to the extent that: (1) state s, according to the best of their related corresponding electronic filing
(Signature)	(Signa	iture)	(Signature)
Gary Richard Gregg		npion Kenealy	James Francis Dore
(Printed Name) 1.	(Printed 2.	,	(Printed Name) 3.
Chief Executive Officer (Title)	Secre (Title		Chief Financial Officer & Treasurer (Title)
,	(Titue	•	,
Subscribed and sworn to before me this  31st day of January	, 2007	<ul><li>a. Is this an original f</li><li>b. If no: 1. State</li></ul>	filing? YES [X] NO [ ] e the amendment number
uay oiualiualy	, 2001	2. Date	
			ber of pages attached

#### **ASSETS**

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	6,372,061		6,372,061	6,972,858
2.	Stocks (Schedule D): 2.1 Preferred stocks				
3.	2.2 Common stocks     Mortgage loans on real estate (Schedule B):     3.1 First liens				
4.	<ul> <li>3.2 Other than first liens</li> <li>Real estate (Schedule A):</li> <li>4.1 Properties occupied by the company (less \$ 0 encumbrances)</li> </ul>				
_	4.2 Properties held for the production of income (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances)  Cash (\$ (2.095,632), Cabadula F, Part 1) each equivalents (\$ 0 encumbrances)				
5. 6.	Cash (\$ (3,085,633), Schedule E-Part 1), cash equivalents (\$ 0 Schedule E-Part 2) and short-term investments (\$ 171, Schedule DA) Contract loans (including \$ 0 premium notes)	(3,085,462)		(3,085,462)	(3,362,072
7. 8.	Other invested assets (Schedule BA) Receivables for securities				
9. 10. 11.	Aggregate write-ins for invested assets Subtotals, cash and invested assets (Lines 1 to 9) Title plants less \$ 0 charged off (for Title insurers only)	3,286,599		3,286,599	3,610,786
12. 13.	Investment income due and accrued Premiums and considerations:	78,346		78,346	
	<ul> <li>13.1 Uncollected premiums and agents' balances in the course of collection</li> <li>13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)</li> <li>13.3 Accrued retrospective premiums</li> </ul>				
14.	Reinsurance: 14.1 Amounts recoverable from reinsurers 14.2 Funds held by or deposited with reinsured companies	6,485,637		6,485,637	
15. 16.1	Other amounts receivable under reinsurance contracts     Amounts receivable relating to uninsured plans     Current federal and foreign income tax recoverable and interest thereon				
16.2 17. 18.	Net deferred tax asset Guaranty funds receivable or on deposit Electronic data processing equipment and software				
19. 20. 21. 22.	Furniture and equipment, including health care delivery assets (\$ 0 )  Net adjustment in assets and liabilities due to foreign exchange rates  Receivables from parent, subsidiaries and affiliates  Health care (\$ 0 ) and other amounts receivable	25,318,626		25,318,626	2,689,214
23. 24.	Aggregate write-ins for other than invested assets  Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell  Accounts (Lines 10 to 23)	35,169,208		35,169,208	6,300,000
25. 26.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)	35,169,208		35,169,208	6,300,000
	DETAILS OF WRITE-INS				

DETAILS OF WRITE-INS		
0901.		
0902.		
0903.	 	 
0998. Summary of remaining write-ins for Line 09 from overflow page		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
2301.		
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)		

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)	I	
Loss adjustment expenses (Part 2A, Line 34, Column 9)     Commissions payable, contingent commissions and other similar charges		
l = 40		
Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (loss	.es)) 130,176	
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsur		
\$ 61,755,374 and including warranty reserves of \$ 0 )		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	10,136,187	
<ul> <li>13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)</li> <li>14. Amounts withheld or retained by company for account of others</li> </ul>	160.001	
15. Remittances and items not allocated		
16. Provision for reinsurance (Schedule F, Part 7)		* * * * * * * * * * * * * * * * * * * *
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	· · · · · · · · · · · · · · · · · · ·	
19. Payable to parent, subsidiaries and affiliates		
20. Payable for securities	l l	
21. Liability for amounts held under uninsured plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities	173,371	
<ul><li>24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)</li><li>25. Protected cell liabilities</li></ul>	l	
00 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00.040.070	
Total liabilities (Lines 24 and 25)     Aggregate write-ins for special surplus funds		
28. Common capital stock	0 000 440	1,500,070
29. Preferred capital stock	***************************************	
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes	I	***************************************
32. Gross paid in and contributed surplus	178,204	1,678,274
33. Unassigned funds (surplus)	3,341,894	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 )		
34.2 0 shares preferred (value included in Line 29 \$ 0 )	0.500.000	C 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)	6,520,238 35,169,208	6,300,000 6,300,000
30. TOTALS (Laye 2, Line 20, Col. 3)	33,109,200	0,300,000
DETAILS OF WRITE-INS		
2301. Other liabilities	173,371	
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	173,371	
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		***************************************
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		
Dogg. Totalo (Filips 2001 filipadil 2002 bing 2020) (Filip 20 above)		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 34, Column 4)		
	DEDUCTIONS Losses incurred (Part 2, Line 34, Column 7)		
	Losses incurred (Part 2, Line 34, Column 7) Loss expenses incurred (Part 3, Line 25, Column 1)		(49,897)
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		(77,446)
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)  Net income of protected cells		
8.	Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		127,343
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	345,238	
10.	Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	345,238	
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off  (amount recovered \$ 0 amount charged off \$ 0 )		(127,343)
13.	Finance and service charges not included in premiums		(127,343)
14.	Aggregate write-ins for miscellaneous income		*****
15.	Total other income (Lines 12 through 14)		(127,343)
	Net income before dividends to policyholders, after capital gains tax	345 000	
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)  Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax		
	and before all other federal and foreign income taxes (Line 16 minus Line 17)	345,238	*****
	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)	220,238	
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		6,300,000
	Net income (from Line 20)		
	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25.	Change in net unrealized capital gains of (losses) less capital gains tax of \$\text{0}\$  Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred 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		
	Change in surplus notes Surplus (contributed to) withdrawn from protected cells	******	* * * * * * * * * * * * * * * * * * * *
	Cumulative effect of changes in accounting principles		
	Capital changes:		
	32.1 Paid in	1,500,070	
	32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus		*****
1	Surplus adjustments:		****
	33.1 Paid in	(1,500,070)	
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		***************************************
	Aggregate write-ins for gains and losses in surplus		
	Change in surplus as regards policyholders for the year (Lines 22 through 37) Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	220,238 6,520,238	6,300,000
	earplas as regards policymologis, becomisor or content your (Line 21 plas Line 66) (r age 6, Line 66)	0,020,200	0,000,000
	DETAILS OF WRITE-INS		
0501.			
0502.			
0503. 0598.	Summary of remaining write-ins for Line 5 from overflow page		
•	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401.			
1401.			
1403.			
	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3701.			
3702.			
3703.	Summary of remaining write-ins for Line 37 from overflow page		
	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		
	· · · · · · · · · · · · · · · · · · ·		

# **CASH FLOW**

	1	2
Cash from Operations	Current Year	Prior Year
1 Premiums collected net of reinsurance	8,200,659	
Premiums collected net of reinsurance     Net investment income	245,220	35,832
Miscellaneous income	160,000	
4. Total (Lines 1 through 3)	8,605,879	35,832
Benefit and loss related payments	C 495 C27	
Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
Commissions, expenses paid and aggregate write-ins for deductions		
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)	(5,176)	
10. Total (Lines 5 through 9)	6,480,461	
11. Net cash from operations (Line 4 minus Line 10)	2,125,418	35,832
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,000,000	1,000,000
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	1,000,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	377,531	1,240,137
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	277 524	1 040 407
13.7 Total investments acquired (Lines 13.1 to 13.6)	377,531	1,240,137
14. Net increase (decrease) in contract loans and premium notes		(240 127)
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	622,469	(240,137)
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	(0.474.077)	
<ul><li>16.6 Other cash provided (applied)</li><li>17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)</li></ul>	(2,471,277)	(265,596) (265,596)
	(2,411,211)	(203,390)
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)	276,610	(469,901)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(3,362,072)	(2,892,171)
19.2 End of year (Line 18 plus Line 19.1)	(3,085,462)	(3,362,072)
Note: Supplemental disclosures of cash flow information for non-cash transactions:	<del>                                     </del>	
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

	1	Reinsurand	ce Assumed	Reinsurand	Reinsurance Ceded	
		2	3	4	5	Net Premiums Written Cols. 1 + 2 + 3 -
	Direct Business	From	From Non-	То	To Non-	
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	1,822,755			1,822,755		
2. Allied lines	1,098,436			1,098,436		
Farmowners multiple peril	8,480,993			8,480,993		
Homeowners multiple peril	18,778,720			18,778,720		
Commercial multiple peril	33,262,520			32,819,279	443,241	
Mortgage guaranty						
8. Ocean marine						
9. Inland marine	2,264,932			2,264,932		
10. Financial guaranty						
11.1 Medical malpractice - occurrence						
11.2 Medical malpractice - claims-made						
12. Earthquake	1,253,926			1,253,926		
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	8,542,565			8,502,007	40,558	
17.2 Other liability - claims-made						
18.1 Products liability - occurrence	722,403			722,403		
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	22,894,661			22,894,661		
19.3, 19.4 Commercial auto liability	21,134,146			21,113,096	21,050	
21. Auto physical damage	24,457,330			24,457,330		
22. Aircraft (all perils)						
23. Fidelity	(237)			(237)		
24. Surety				/		
26. Burglary and theft	30,245	* * * * * * * * * * * * * * * * * * * *		30,245		
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						
33. Aggregate write-ins for other lines of business						
34. TOTALS	144,743,395			144,238,546	504,849	

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

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

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

		Losses Paid L	ess Salvage		5	6 7		8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	710,692		710,692					
2. Allied lines	357,660		357,660					
Farmowners multiple peril	2,081,637		2,081,637					
Homeowners multiple peril	9,423,040		9,423,040					
5. Commercial multiple peril	12,728,246		12,728,246					
Mortgage guaranty								
8. Ocean marine								
9. Inland marine	5,623,603		5,623,603					
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	53,615		53,615	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
17.1 Other liability - occurrence	389,312	* * * * * * * * * * * * * * * * * * * *	389,312	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		
47.0.00 - 12.120 - 1.20 - 1.20			509,512	* * * * * * * * * * * * * * * * * * * *				
10.1 Draducta liability, accurrence	95,926		05 026	* * * * * * * * * * * * * * * * * * * *				
18.2 Products liability - claims - made	95,926		95,926					
19.1, 19.2 Private passenger auto liability	16,420,584		16,420,584					
19.3, 19.4 Commercial auto liability	5,698,009		5,698,009					
	9,900,290		9,900,290					
21. Auto physical damage	9,900,290		9,900,290	* * * * * * * * * * * * * * * * * * * *				
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft	6,017		6,017					
27. Boiler and machinery								
28. Credit								
29. International								
30. Reinsurance-Nonproportional Assumed Property	XXX							
31. Reinsurance-Nonproportional Assumed Liability	XXX							
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX							
33. Aggregate write-ins for other lines of business	20.400.55							
34. TOTALS	63,488,631		63,488,631					
DETAILS OF WRITE-INS								
3301.				*********				
3302.					* * * * * * * * * * * * * * * * * * * *			
3303.								
3398. Summary of remaining write-ins for Line 33 from overflow page				**********		* * * * * * * * * * * * * * * * * * * *		
3399. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)								

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

			Repor	ted Losses		ı	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
4. Home 5. Comm 6. Mortga	owners multiple peril owners multiple peril nercial multiple peril age guaranty	142,882 256,106 2,988,458 5,046,451 15,839,732		142,882 256,106 2,988,458 5,046,451 15,839,732		75,467 44,663 689,160 2,863,635 16,893,450		75,467 44,663 689,160 2,863,635 16,893,450		
9. Inland 10. Finand 11.1 Medic 11.2 Medic 12. Eartho 13. Group	n marine marine cial guaranty al malpractice - occurrence al malpractice - claims - made quake accident and health accident and health (group and individual)	67,528		67,528		92,082		92,082	(a)	
15. Other 16. Worke 17.1 Other 17.2 Other 18.1 Produ	accident and health ers' compensation liability - occurrence liability - claims - made cts liability - occurrence	3,256,511 990,217 106,110		3,256,511 990,217 106,110		15,474,502 715,153		15,474,502 715,153	(a)	
19.1, 19.2 Pri 19.3, 19.4 Co 21. Auto p 22. Aircra 23. Fidelit	vate passenger auto liability mmercial auto liability physical damage ft (all perils)	16,619,878 9,479,020 255,613		16,619,878 9,479,020 255,613		3,760,156 4,756,651 (34)		3,760,156 4,756,651 (34)		
27. Boiler 28. Credit 29. Interna	ary and theft and machinery ational	XXX				973 XXX		973		
31. Reinsi 32. Reinsi 33. Aggre	urance-Nonproportional Assumed Property urance-Nonproportional Assumed Liability urance-Nonproportional Assumed Financial Lines gate write-ins for other lines of business OTALS	XXX XXX 55,048,506		55,048,506		X X X X X X X X X		45,365,858		
	DETAILS OF WRITE-INS									
3303. 3398. Summ	nary of remaining write-ins for Line 33 from overflow page (Lines 3301 through 3303 + 3398) (Line 33 above)									

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

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1	Claim adjustment services:				
	1.1 Direct	5,344,114			5,344,114
	1.2 Reinsurance assumed		* * * * * * * * * * * * * * * * * * * *		
	1.3 Reinsurance ceded				5,344,114
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				5,544,114
0			* * * * * * * * * * * * * * * * * * * *		
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				22,527,929
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent		22,527,929		22,527,92
	2.4 Contingent-direct		3,089,930		3,089,930
	2.5 Contingent-reinsurance assumed		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
	2.6 Contingent-reinsurance ceded		3,089,930		3,089,930
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents				
4.	Advertising			8	
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries		* * * * * * * * * * * * * * * * * * * *	1,935	1,93
	8.2 Payroll taxes			84	84
9.	Employee relations and welfare			84	84
10.	Insurance				-
	Directors' fees				
	Travel and travel items				64
	Rent and rent items			27	27
	Equipment			30	30
15.	Cost or depreciation of EDP equipment and software			16	16
16.	Printing and stationery			4	
17.	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing			184	18
19.	Totals (Lines 3 to 18)			2,453	2,45
	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0		* * * * * * * * * * * * * * * * * * * *		
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21					
	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses			287	28
25.	Total expenses incurred			2,740	(a) 2,740
26.	Less unpaid expenses-current year				
27.	Add unpaid expenses-prior year				
28.	Amounts receivable relating to uninsured plans, prior year				* * * * * * * * * * * * * * * * * * * *
29.	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)			2,740	2,74
	DETAILS OF WRITE-INS	<u> </u>		, -	, ,
2401	Other expenses			287	28
2401.					40
	Summary of remaining write-ins for Line 24 from overflow page				
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)			287	287

(a) Includes management fees of \$ 2,740 to affiliates and \$ 0 to non-affiliates.

#### **EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 326,097	400,372
1.1		(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 20,276	24,347
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	(76,741)	(76,741)
10.	Total gross investment income	269,632	
11.	lance of the country	· · · · · · · · · · · · · · · · · · ·	(-) 0.740
12.	Investment expenses Investment taxes, licenses and fees, excluding federal income taxes	• • • • • • • • • • • • • • • • • • • •	(~)
	Internal company		/L\
13.	Interest expense		(n)
14.	Depreciation on real estate and other invested assets		(1)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		2,740
17.	Net investment income (Line 10 minus Line 16)		345,238
	DETAILS OF WRITE-INS		
	Miscellaneous Income/(Expense)	(76,741)	(76,741)
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)	(76,741)	(76,741)
1501. 1502. 1503. 1598. 1599.	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(b) In (c) In (d) In (e) In (f) In (g) In to		0 paid for accrued 0 paid for accrued 0 interest on encumbrances. 0 paid for accrued 0 paid for accrued es, excluding federal income taxes, att	dividends on purchases. interest on purchases. interest on purchases.

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

,						
		1	2	3	4	
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Unrealized 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				l	
2.1	Preferred stocks (unaffiliated)				l	
2.11	Preferred stocks of affiliates				l	
2.2	Preferred stocks of affiliates Common stocks (unaffiliated) Common stocks of affiliates	N()	N <del>-</del>			
2.21	Common stocks of affiliates	1101			l	
3.	Mortgage loans					
	Development of the Company of the Co					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.			* * * * * * * * * * * * * * * * * * * *			
	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, 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			
	2.1 Preferred stocks 2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
4.	3.2 Other than first liens Real estate (Schedule A):	* * * * * * * * * * * * * * * * * * * *		
4.	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
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  NONE			
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			
14.	13.3 Accrued retrospective premiums Reinsurance:			
17.	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
4-	14.3 Other amounts receivable under reinsurance contracts			
15. 16.1	Amounts receivable relating to uninsured plans  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. 20.	Furniture and equipment, including health care delivery assets			
21.	Net adjustment in assets and liabilities due to foreign exchange rates  Receivables 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 Accounts (Lines 10 to 23)			
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)			
	DETAILS OF WRITE-INS			
0001				
0901.				
0902. 0903.				
	Summary of remaining write-ins for Line 09 from overflow page			
	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.				
2301.				
2302.				
	Summary of remaining write-ins for Line 23 from overflow page			
	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)			

#### Note 1- Summary of Significant Accounting Policies

#### A. Accounting Practices

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

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

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

#### C. Accounting Policies

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

In addition, the Company uses the following accounting policies:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office ("SVO Manual").
- 2. Bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the SVO Manual.
- 3. The Company does not own unaffiliated common stocks.
- 4. The Company does not own unaffiliated preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. The Company does not own mortgage backed/asset backed securities.
- 7. The Company does not own any subsidiaries, controlled, or affiliated entities.
- 8. The Company does not own any joint ventures, partnerships or limited liability companies.
- 9. Derivative Securities, refer to Note 8.
- 10. Refer to Note 30.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and follow current standards of practice. Any adjustments to the liability are reflected in the period that they are determined.
- 12. The Company did not change its capitalization policy in 2006.
- 13. The Company has no pharmaceutical rebate receivables.

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

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

#### Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

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

The Company has no discontinued operations to report.

#### Note 5- Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no mortgage loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

D. Loan-Backed Securities

The Company has no loan-backed securities.

E. Repurchase Agreements

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

F. Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

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

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

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

Not applicable

#### Note 7- Investment Income

A. Accrued Investment Income

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

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2006.

#### Note 8- Derivative Instruments

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

#### Note 9 - Income Taxes

- A. The Company has no deferred tax asset/(liability).
- B. Not Applicable
- C. The provisions for incurred taxes on earnings for the years ended December 31 are:

	2006	2005
Federal tax on operations	125,000	0
Net operating loss benefit	0	0
Foreign tax on operations	0	0
Income tax incurred on operations	125,000	0
Tax on capital gains	0	0
Total income tax incurred	125,000	0

D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of tax-exempt interest, dividends-received deductions, goodwill, revisions to prior year estimates, and the change in non-admitted deferred tax assets.

The amount of Federal income taxes paid and available for recoupment in the event of future losses is none from the current vear and none from the preceding year.

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

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

Liberty Life Holdings, Inc. Access Insurance Services, Co. Ambco Capital Corporation Liberty Lloyds of Texas Insurance Company

America First Insurance Company Liberty Management Services, Inc.

America First Lloyds Insurance Company Liberty Mexico Holdings, Inc.

American Ambassador Casualty Company Liberty Mutual Fire Insurance Company

Berkeley Holding Company Associates, Inc. Liberty Mutual Group Inc.

Berkeley Management Corporation Liberty Mutual Holding Company, Inc. Bridgefield Casualty Insurance Company Liberty Mutual Insurance Company Bridgefield Employers Insurance Company Liberty Mutual Managed Care, Inc.

Capitol Agency, Inc. (Arizona corporation) Liberty Mutual Personal Insurance Company Capitol Agency, Inc. (Ohio corporation) Liberty Northwest Insurance Corporation Capitol Agency, Inc. (Tennessee corporation) Liberty Personal Insurance Company Cascade Disability Management, Inc. Liberty RE (Bermuda) Limited

Colorado Casualty Insurance Company Liberty Real Estate Corporation

Companies Agency Insurance Services of California Liberty Sponsored Insurance (Vermont) Inc. Liberty Surplus Insurance Corporation

Companies Agency of Alabama, Inc. Companies Agency of Georgia, Inc. Liberty-USA Corporation Companies Agency of Kentucky, Inc. LIH-Re of America Corporation LIH U.S. P&C Corporation Companies Agency of Massachusetts, Inc. Companies Agency of Michigan, Inc. LIIA Insurance Agency, Inc. Companies Agency of New York, Inc. LIU Specialty Insurance Agency, Inc.

Companies Agency of Pennsylvania, Inc. LLS Insurance Agency of Nevada, Inc. Companies Agency of Phoenix, Inc. LM Insurance Corporation

Consolidated Insurance Company LMHC Massachusetts Holding, Inc. Copley Venture Capital, Inc. LRE Properties, Inc.

Countrywide Services Corporation Mid-American Agency, Inc.

Diversified Settlements, Inc. Mid-American Fire and Casualty Company

Missouri Agency, Inc. Employers Insurance Company of Wausau **Excelsior Insurance Company** 

North Pacific Insurance Company First State Agency, Inc. Oregon Automobile Insurance Company Florida State Agency, Inc. Peerless Indemnity Insurance Company

Globe American Casualty Company Peerless Insurance Company Golden Eagle Insurance Corporation LM Personal Insurance Company

Gulf States AIF, Inc. LM General Insurance Company

Hawkeye-Security Insurance Company LM Property and Casualty Insurance Company Helmsman Insurance Agency of Illinois, Inc. San Diego Insurance Company Helmsman Insurance Agency of Texas, Inc. State Agency, Inc. (Indiana corporation) Heritage-Summit Healthcare of Florida, Inc. State Agency, Inc. (Wisconsin corporation)

St. James Insurance Company Indiana Insurance Company

LEXCO Limited Summit Consulting, Inc.

Liberty Assignment Corporation Summit Consulting, Inc. of Louisiana Liberty Energy Corporation Summit Holding Southeast, Inc. Liberty Financial Services, Inc. The First Liberty Insurance Corporation

Liberty Hospitality Group, Inc. The Midwestern Indemnity Company Liberty Insurance Company of America The National Corporation

Liberty Insurance Corporation The Netherlands Insurance Company Liberty Insurance Holdings, Inc. Wausau Business Insurance Company Liberty Insurance Underwriters, Inc. Wausau General Insurance Company

Liberty International Asia Pacific Holdings, Inc. Wausau Service Corporation Liberty International Holdings, Inc. Wausau Signature Agency, Inc.

Liberty Life Assurance Company of Boston Wausau Underwriters Insurance Company

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

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

- A. All outstanding shares of the Company are owned by Liberty Northwest Insurance Corporation ("LNW"), an insurance company incorporated in the State of Oregon. LNW is wholly owned by Liberty Mutual Insurance Company ("LMIC"), an insurance company incorporated in Massachusetts. The ultimate parent of LMIC is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Notes 10F and 26.
- D. At December 31, 2006, the Company reported \$5,333,863 due from affiliates. In general, the terms of the inter-company arrangements require settlement at least quarterly.

- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates that result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. Effective January 1, 2006, the Company entered into a Management Services Agreement with LMIC.

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

The Company entered into investment management agreements, effective February 27, 2002 with LMIC and Liberty Mutual Investment Advisors LLC (LMIA). Under these agreements, LMIC and LMIA provide investment management services to the Company. Effective January 1, 2007, the February 27, 2002 Investment Management Agreement with LMIC was terminated and a new agreement went into effect. Under these agreements LMIC and LMIA provided investment management services to the Company.

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

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

Not applicable

K. The Company does not hold investments in foreign subsidiaries.

#### Note 11- Debt

A. Capital Notes

Not applicable

B. All Other Debt

Not applicable

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

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

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

1. Common Stock

The Company has 20,000 shares authorized, 11,539 shares issued and outstanding as of December 31, 2006. All shares have a stated par value of \$260.

Preferred Stock

Not applicable

3. Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends that can be paid by Oregon-domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner is the greater of (a) 10% of surplus, or (b) net income. The maximum dividend payout that may be made without prior approval in 2007 is \$317,834.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company did not hold stock for special purposes.
- 8. The Company does not hold special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

#### **Note 14- Contingencies**

#### A. Contingent Commitments

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

#### B. Assessments

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

As a result of the inter-company 100% Quota Share Reinsurance Agreement with PIC (see Note 26), all guaranty fund and other assessments liabilities are ceded to PIC.

C. Gain Contingencies

Not applicable

D. All other Contingencies

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

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

#### Note 15- Leases

As a result of the inter-company 100% Quota Share Reinsurance Agreement with PIC (see Note 26), the Company has no net lease obligations.

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

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

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

A. Transfers of Receivables reported as sales

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

B. Transfers and servicing of financial assets

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

C. Wash Sales

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

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

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

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

#### Note 20 – September 11 Events

As a result of the inter-company Reinsurance Agreement with PIC (see Note 26), the Company has no net exposure to losses arising from the September 11, 2001 World Trade Center disaster.

#### Note 21- Other Items

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

Not applicable

- C. Other Disclosures
  - 1) Assets in the amount of \$1,265,751 and \$1,125,290 as of December 31, 2006 and 2005, respectively, were on deposit with government authorities or trustees as required by law.
- D. As a result of the inter-company 100% Quota Share Reinsurance Agreement with PIC (see Note 26), the Company has no net exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase business interruption coverage.

F. Hybrid Securities

The Company does not hold hybrid securities.

G. State Transferable Tax Credits

The Company does not hold state transferable tax credits.

H. Impact of Medicare Modification Act on Post Retirement Benefits

Not applicable. (Refer to Note 12)

#### Note 22- Events Subsequent

There were no events subsequent to December 31, 2006 that would require disclosure.

#### Note 23- Reinsurance

- A. Excluding amounts arising pursuant to the inter-company 100% Quota Share Reinsurance Agreement, as described in Note 26, there are no unsecured reinsurance recoverables with an individual reinsurer that exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer that exceed 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. Reinsurance Assumed & Ceded
  - 1. The following table sets forth the maximum return premium and commission equity due the reinsurer or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2006.

	Assumed Reinsurance		Ceded Reinsurance		Net Reinsurance			
		Commission		Commission		Commission		
	UEP	Equity	UEP	Equity	UEP	Equity		
Affiliates	\$0	\$0	\$61,755,373	\$1,655,386	(\$61,755,373)	(\$1,655,386)		
All Other	0	0	0	0	0	0		
Total	\$0	\$0	\$61,755,373	\$1,655,386	(\$61,755,373)	(\$1,655,386)		

Direct unearned premium reserve of \$61,755,373

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

Direct	\$1,116,033
Assumed	0
Ceded	(1,116,033)
Net	\$0

D. The Company did not write off any uncollectible balances in 2006.

- E. The Company does not have ceded commutations.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2006.

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

The Company does not have net accrued retrospective premiums.

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

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

#### Note 26- Intercompany Pooling Arrangements

Pursuant to the approval of the Oregon Department of Insurance, effective January 1, 2006 the Reinsurance Agreements between the Company and LNW was terminated via Cancellation Addenda to the Reinsurance Agreement.

Effective January 1, 2006 the Company entered into an inter-company 100% Quota Share Reinsurance Agreement with PIC.

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

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

#### Note 28 - Health Care Receivables

Not applicable

#### Note 29 - Participating Policies

Not applicable

#### Note 30 – Premium Deficiency Reserves

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

#### Note 31- High Dollar Deductible Policies

Not applicable.

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

Not applicable

#### Note 33 - Asbestos/Environmental Reserves

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

#### Note 34- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

#### Note 35 - Multiple Peril Crop Insurance

Not applicable

# SUMMARY INVESTMENT SCHEDULE

	Gro Investment		Admitted Assets as Reported in the Annual Statement		
	1	2	3	4	
Investment Categories	Amount	Percentage	Amount	Percentage	
1. Bonds:					
1.1 II.S treasury securities	6,372,061	193.880	6,372,061	193.880	
1.2 U.S. government agency obligations (excluding mortgage-backed securities):	0,072,001	133.000	0,572,001	133.000	
1.21 Issued by U.S. government agencies					
1.22 Issued by U.S. government sponsored agencies	1			* * * * * * * * * * * * * * * * * * * *	
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					
subdivisions general obligations					
1.43 Revenue and assessment obligations					
1.44 Industrial development and similar obligations					
<ul><li>1.5 Mortgage-backed securities (includes residential and commercial MBS):</li><li>1.51 Pass-through securities:</li></ul>					
1 F11 legisled or gueranteed by CNMA					
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					
2. 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					
3. 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					
Mortgage loans:     4.1 Construction and land development					
4.0 Agricultural					
4.2 Agricultural 4.3 Single family residential properties					
4.4 Multifamily residential properties				* * * * * * * * * * * * * * * * * * * *	
4.5 Commercial loans				* * * * * * * * * * * * * * * * * * * *	
4.6 Mezzanine real estate loans					
5. 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)					
Contract loans     Receivables for securities					
Receivables for securities     Cash, cash equivalents and short-term investments	(3,085,462)	(93.880)	(3,085,462)	(93.880)	
9. Other invested assets	(0,000,402)	(33.000)	(0,000,402)	[(99.000)	
Total invested assets  Total invested assets	3,286,599	100.000	3,286,599	100.000	
IU. TUIATHIYESIEU ASSEIS	J 3,∠80,599	100.000	J,280,599	I 100.000	

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

]

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [ X	[] No	»[ ]	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [ X	(] No	o[ ] N/A	]
1.3	State Regulating?		C	Oregon	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [ X	( ] No	»[ ]	
2.2	If yes, date of change:		07/0	7/2006	_
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/3	1/2002	
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.		12/3	1/2002	
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).		11/1	0/2003	
3.4	By what department or departments? Oregon Department of Insurance				
4.1	combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:				
	4.11 sales of new business? 4.12 renewals?	Yes [ Yes [	- I	o[X] o[X]	
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:		•		
	4.21 sales of new business? 4.22 renewals?	Yes [ Yes [	-	p[X] p[X]	
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [	] No	[X]	
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.				
	1 2 3				
	Name of Entity NAIC Company Code State of Domicile				
6 1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable)				
	Yes Exemplated or revoked by any governmental entity during the reporting period?				
6.2	If yes, give full information				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [	] No	[X]	
7.2	If yes,			201	
	<ul> <li>7.21 State the percentage of foreign control</li> <li>7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact</li> </ul>	<b></b> ;t).		<u> </u>	
	1 2				
	Nationality Type of Entity				
	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company.	Yes [	] No	[X]	
		* * * * * *			

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

	financial regulatory services agency [i.e.	re banks, thrifts or securities firms? the names and locations (city and state of the the Federal Reserve Board (FRB), the Office eposit Insurance Corporation (FDIC) and the	e of the Comptroll	er of the Currency	y (OCC), the Office	e of	[ ] No[X]	
	1	2	3	4	5	6	7	
	Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC	
9.	Ernst & Young, LLP	dependent certified public accountant or accountant						
10.	consulting firm) of the individual providin 62 Maple Avenue, Keene, NH 03431	n (officer/employee of the reporting entity or ig the statement of actuarial opinion/certifical y Mutual Agency Markets	tion? William M. Fi	nn, FCAS, MAAA	<b>.</b>			
11.1	Does the reporting entity own any securi	ities of a real estate holding company or other		•		Yes	[ ] No[X]	
		11.11 Name of real 11.12 Number of pa		mpany		_		0
11 2	If ves, provide explanation	11.13 Total book/ac	djusted carrying va	lue		\$		0
12.	FOR UNITED STATES BRANCHES OF	ALIEN REPORTING ENTITIES ONLY:						
12.1		he year in the United States manager or the						
12.2		s transacted for the reporting entity through it				Yes	[ ] No[X]	
12.3	Have there been any changes made to a	any of the trust indentures during the year?				Yes	[ ] No[X]	
12.4	If answer to (12.3) is yes, has the domic	iliary or entry state approved the changes?				Yes	[ ] No[ ]	N/A [ X ]
		BOARD OF I	DIRECTORS					
13.	Is the purchase or sale of all investment committee thereof?	s of the reporting entity passed upon either b	by the board of dire	ectors or a subord	linate	Yes	[ ] No[X]	
14.	Does the reporting entity keep a complete committees thereof?	te permanent record of the proceedings of its	s board of directors	s and all subordin	ate	Voc	[X] No[]	
15.	Has the reporting entity an established p	procedure for disclosure to its board of directs, directors, trustees or responsible employer					[X] No[ ]	
		FINAN	ICIAI					
16.1	Total amount loaned during the year (inc	clusive of Separate Accounts, exclusive of po						
	3,	16.11 To directors of	or other officers			\$		0
		16.12 To stockhold 16.13 Trustees, sup		raternal only)		\$ \$		0
16.2	Total amount of loans outstanding at the	end of year (inclusive of Separate Accounts	• .			_		
		16.21 To directors of 16.22 To stockhold 16.23 Trustees, sup	ers not officers	ratornal only)		\$ \$		0
17.1	Were any assets reported in this statemobligation being reported in the statemer	ent subject to a contractual obligation to tran	• ,	• •	bility for such	Yes	[ ] No[X]	U
17.2	If yes, state the amount thereof at Dece	mber 31 of the current year:						
		17.21 Rented from 17.22 Borrowed from				\$		0
		17.23 Leased from				\$		0
		17.24 Other				\$		0
18.1	Does this statement include payments for association assessments?	or assessments as described in the Annual S	Statement Instruction	ons other than gu	uaranty fund or gu		[ ] NotVi	
18.2	If answer is yes:					res	[ ] No[X]	
	<del>,</del>	18.21 Amount paid 18.22 Amount paid		djustment		\$		0
		18.23 Other amoun				\$		0
19.1	Does the reporting entity report any amo	ounts due from parent, subsidiaries or affiliate	es on Page 2 of thi	is statement?		Yes	[X] No[]	

#### PART 1 - COMMON INTERROGATORIES

19.2	If ye	es, indicate any amounts receivable from paren	t included in the Page 2 amount:				\$	0
			INVEST	MENT				
20.1		re all the stocks, bonds and other securities ow ne actual possession of the reporting entity on s	•		• •	sive control,	Yes [X]	No [ ]
20.2	If no	o, give full and complete information, relating th	ereto					
21.1	con	re any of the stocks, bonds or other assets of the trol of the reporting entity, except as shown on assets subject to a put option contract that is o	Schedule E - Part 3 - Special Depos	its, or has the re	porting entity sold or tra		Yes [ ]	No [ X ]
21.2	If ye	es, state the amount thereof at December 31 of	· ·	1 1 ( 1)			Φ.	•
				Loaned to other Subject to repur	chase agreements		\$ \$	0
			21.23	Subject to rever	se repurchase agreeme		\$	0
				•	r repurchase agreemen se dollar repurchase ag		\$ \$	0
				Pledged as colla		jioomonio	\$	0
					otion agreements securities restricted as t	o oolo	\$	0
			21.29		securilles restricted as t	0 Sale	\$ \$	0
21.3	For	category (21.28) provide the following:						
		1 Nature of Restriction	Descr	intion		3 Amount		
22.1	Doe	es the reporting entity have any hedging transact	ctions reported on Schedule DB?				Yes [ ]	No [ X ]
22.2	If ye	es, has a comprehensive description of the hed	ging program been made available t	o the domiciliary	state?		Yes [ ]	No [ ] N/A [ X ]
	If no	o, attach a description with this statement.						
23.1		re any preferred stocks or bonds owned as of Dier, convertible into equity?	December 31 of the current year mar	ndatorily converti	ble into equity, or, at th	e option of the	Vac I 1	No I V I
00.0		,					Yes [ ]	
	-	es, state the amount thereof at December 31 of	-				\$	0
24.	safe with	luding items in Schedule E, real estate, mortga ety deposit boxes, were all stocks, bonds and o a qualified bank or trust company in accordan ancial Condition Examiners Handbook?	ther securities owned throughout the	current year he	ld pursuant to a custod	ial agreement	Yes [X]	No [ ]
24.01	For	agreements that comply with the requirements	of the NAIC Financial Condition Exa	aminers Handbo	ok, complete the followi	ng:		
		1			2			
		Name of Custod JP MORGAN CHASE		3 Chase Metrot	Custodian's Addres ech Center, Brooklyn, N		_	
24.02		all agreements that do not comply with the req ne, location and a complete explanation:	uirements of the NAIC Financial Cor	ndition Examiner	s Handbook, provide th	е		
		1 Nomo(a)	2		3 Complete Evole	nation(a)		
		Name(s)	Location(s)		Complete Expla	nation(s)		
		te there been any changes, including name chases, give full and complete information relating the		n 24.01 during th	e current year?		Yes [ ]	No [ X ]
		1	2	3		4		
		Old Custodian	New Custodian	Date of Change	Re	ason		
		0.0 00000		- Change				
24.05		ntify all investment advisors, brokers/dealers or stment accounts, handle securities and have a						
		1	2		3			
		Central Registration Depository Number(s)	Name		Address	i		
		2 operation frameworks)	1100		71001000			

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

25.1	Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and	Yes [	]	No [ X ]
	Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?			

25.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted Carrying Value
CUSIP#	Name of Mutual Fund	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	6,372,233	6,365,821	(6,412)
26.2 Preferred stocks			
26.3 Totals	6,372,233	6,365,821	(6,412)

26.4	Describe the sources or methods utilized in determining the fair values: SVO, FTID	CORP, BLOOMBERG, BROKE	ER QUOTES, ANALYTICALLY	Y DETERMINED	
27.1	Have all the filing requirements of the Purposes and Procedures manual of the NAI	C Securities Valuation Office be	een followed?	Yes [X] No [ ]	
27.2	If no, list exceptions:				
	от	HER			
28.1	Amount of payments to trade associations, service organizations and statistical or re-	ating bureaus, if any?		\$	0
28.2	List the name of the organization and the amount paid if any such payment represe associations, service organizations and statistical or rating bureaus during the period	•	ayments to trade		
	1	2	1		
	Name	Amount Paid			
		\$	1		
		\$	<u> </u>		
29.1	Amount of payments for legal expenses, if any?		-	\$	0

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
	\$
	\$
	\$

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

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

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

# PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare S	upplement	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 Med	icare Supp	lement Insurance Experience Exh	iibit?		\$		
	1.31 Reason for excluding							
1 /	Indicate amount of earned premium attributable to Ca	anadian and	dar Other Alien not included in Its	am (1.2) ahove		¢		
	Indicate total incurred claims on all Medicare Suppler			(1.2) above.		\$		
	Individual policies:	nont moura	inioc.			Ψ		
1.0	marriada ponoios.	Most	current three years:					
		1.61	Total premium earned			\$		
		1.62	Total incurred claims			\$		
		1.63	Number of covered lives			\$		
		All ye	ars prior to most current three ye	ars:		-		
		1.64	Total premium earned			\$		
		1.65	Total incurred claims			\$		
		1.66	Number of covered lives			\$		
1.7	Group policies:							
		Most	current three years:					
		1.71	Total premium earned			\$		
		1.72	Total incurred claims			\$		
		1.73	Number of covered lives			\$		
		All ye	ars prior to most current three ye	ars:				
		1.74	Total premium earned			\$		
		1.75	Total incurred claims			\$		
		1.76	Number of covered lives			\$		
)	Health Test:							
'	realth rest.			1	2			
				Current Year	Prior Year			
			Premium Numerator	\$	\$			
			Premium Denominator	\$	\$			
			Premium Ratio (2.1/2.2)	***************************************				
			Reserve Numerator	\$	\$			
			Reserve Denominator	\$	\$			
			Reserve Ratio (2.4/2.5)	* * * * * * * * * * * * * * * * * * * *				
	Does the reporting entity issue both participating and		. • .			YES [	] NO [ X ]	
3.2	If yes, state the amount of calendar year premiums v							
		3.21	Participating policies			\$		
		3.22	Non-participating policies			\$		
	For Mutual Reporting Entities and Reciprocal Exchar	ige only:						
	Does the reporting entity issue assessable policies?	•					] NO [X]	
	Does the reporting entity issue non-assessable polici			<b>1</b>		YES[	] NO [ X ]	
	If assessable policies are issued, what is the extent of					<u>-</u>		
	Total amount of assessments paid or ordered to be p	alu uuring	uie year on deposit notes of conti	ngent premiums.		\$		
	For Reciprocal Exchanges Only:  Does the exchange appoint local agents?					VEG I	] NO [ X ]	
	If yes, is the commission paid:					IES	140[7]	
	ii 300, io tilo commission paid.	5.21	Out of Attorney's-in-fact com	pensation		YEST	] NO [ ] N/A [ X	
		5.22	As a direct expense of the ex				]NO[ ]N/A[X	
5.3	What expenses of the Exchange are not paid out of						1.10[ ]1W/[X	
	Has any Attorney-in-fact compensation, contingent o	n fulfillment	of certain conditions, been defer	red?		YES [	] NO [ X ]	
1.5	If yes, give full information							

(Continued)

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

0.1	compensation contract issued without limit of loss: In 2006 the Company purchased Workers' Compensation Catastrophe reinsurance separately and/or with the Liberty Mutual Group with limits of \$975M xs of \$25M		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  The Company tracks aggregate property and WC exposure and reviews quarterly. It uses Risklink from RMS and AIR from AIR for EQ and wind. It uses Risklink for WC. Concentrations are in the Northeas for wind and New Madrid for EQ.	t	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? In 2006 the Company purchased property catastrophe reinsurance, separately and/or with the Liberty Mutual Group with limits of \$1,650M xs \$50M. The coverage is sufficient to protect against the Company's 250 year event.		
	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[ ]
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	YES [	]NO[X]
	If yes, indicate the number of reinsurance contracts containing such provisions.  If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES [	]NO[X]
	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?  If yes, give full information	YES [	]NO[X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 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		
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	YES [	]NO[X]
9.3	<ul> <li>(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates.</li> <li>If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatroy 9:</li> <li>(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;</li> <li>(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and</li> <li>(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.</li> </ul>	YES[	] 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		
	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	YES [	]NO[X]
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force:		] NO [ ] N/A [ X ] ] NO [ X ]
11.2	If yes, give full information		

(Continued)

# PART 2 - PROPERTY & CASUALTY INTERROGATORIES

12.1	1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:						
		12.11	Unpaid losses				\$
		12.12	Unpaid underwriting	g expenses (including lo	ss adjustment expenses	i)	\$
12.2	Of the amount on Line 13.3, Page 2, sta	ite the amount that is s	ecured by letters of cre	edit, collateral and other	funds?		\$
12.3	If the reporting entity underwrites comme	ercial insurance risks, s	such as workers' comp	ensation, are premium	notes or promissory note	s accepted	
	from its insureds covering unpaid premiu	ums and/or unpaid loss	es?				YES[]NO[X]N/A[]
12.4	If yes, provide the range of interest rates	s charged under such r	notes during the period	covered by this stateme	ent:		
		12.41	From				
		12.42	. To				0
12.5	Are letters of credit or collateral and other	er funds received from	insureds being utilized	by the reporting entity t	o secure premium notes	or	
	promissory notes taken by a reporting en	ntity, or to secure any o	of the reporting entity's	reported direct unpaid I	oss reserves, including (	ınpaid	
	losses under loss deductible features of	commercial policies?					YES[]NO[X]
12.6	If yes, state the amount thereof at Dece	mber 31 of current yea	r:				
		12.61	Letters of Credit				\$
		12.62	Collateral and other	er funds			\$
13.1	Largest net aggregate amount insured in	12.61 Letters of Credit 12.62 Collateral and other funds gest net aggregate amount insured in any one risk (excluding workers' compensation): s any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a statement provision? e the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic lities or facultative obligatory contracts) considered in the calculation of the amount. e company a cedant in a multiple cedant reinsurance contract? es, please describe the method of allocating and recording reinsurance among the cedants:  Premiums and recoverables were allocated		\$			
13.2		• ,	•	•	very without also includi	ng a	-
	·			00 0	,	·	YESI INOIXI
13.3	·	ets (excluding individua	I facultative risk certific	ates, but including facu	Itative programs, automa	atic	
		, ,		<u> </u>	р9,		3
14.1							YES[X]NO[ ]
14.2			einsurance among the	cedants: Premiur	ns and recoverables we	e allocated	
	pursuant to separate intercompany agre	ements.					
14.3	If the answer to 14.1 is yes, are the met	hods described in item	14.2 entirely contained	in the respective multi	ple cedant reinsurance		
	· ·		,				YESI INOIXI
14.4	2.6 If yes, state the amount thereof at December 31 of current year:  12.61 Letters of Credit 12.62 Collateral and other funds 3.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): 3.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? 3.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.  3. If the company a cedant in a multiple cedant reinsurance contract?  4.1 If yes, please describe the method of allocating and recording reinsurance among the cedants: Premiums and recoverables were allocated pursuant to separate intercompany agreements.  4.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?  4.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?  4.5 If the answer to 14.4 is no, please explain:  4.5 If the answer to 14.4 is no, please explain:  4.6 If the answer to 14.4 is no, please explain:  4.7 YES [ ] NO [ X ]						
	12.42 To  12.42 To  12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policides?  12.61 Letters of Credit 12.62 Collateral and other funds  13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):  13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?  13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.  14.1 Is the company a cedant in a multiple cedant reinsurance contract?  14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: Premiums and recoverables were allocated pursuant to separate intercompany agreements.  14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?  14.5 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?  15.1 Has the reporting entity guaranteed any financed premium accounts?  16.1 Does the reporting entity write any warranty business?  16.1 If yes, give full information for each of the following types of warranty coverage:  17.2 3 4 4  28.3 4  29.10 Direct Losses Direct Losses Direct Written Direct Premium Direct Financer Premium Direct Financer Premium Unearmed Earling Unpaid Premium Unea			0[,/,![ ]			
14.0	in the answer to 14.4 to no, piedeo expla	* * * * * * * * * * * * * * * * * * * *					
							V=0.10.1./.
15.1		financed premium acc	ounts?				YES[ ]NO[X]
15.2	If yes, give full information						
10.1	D						VEOL INOLVI
10.1		-					YES[]NO[X]
	if yes, disclose the following information	for each of the following	ng types of warranty co	overage:			
		1	2	3	4	5	
		Direct Losses			Direct Premium	Direct Premium	1
						Earned	
	16.11 Home	\$	\$	\$	\$	\$	
	16.12 Products	\$	\$	\$	*	\$	. *
	16.13 Automobile	<b>₹</b>	۲	\$	Ť	<b>\$</b>	
	16.14 Other*	Ψ <b>¢</b>	Ψ <b>¢</b>	Ψ <b>¢</b>	Ψ	Ψ	. *
	10.14 Other	Ψ	Ψ	Ψ	Ψ	Ψ	. *
	* Disclose type of coverage:						

(Continued)

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unaut	nonzed reinsurance in Schedule F - Part 3 that it excludes nom	
	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:		
	17.11	Gross amount of unauthorized reinsurance in Schedule F - Part 3	
		excluded from Schedule F - Part 5	\$
	17.12	Unfunded portion of Interrogatory 17.11	\$
	17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$
	17.14	Case reserves portion of Interrogatory 17.11	\$
	17.15	Incurred but not reported portion of Interrogatory 17.11	\$
	17.16	Unearned premium portion of Interrogatory 17.11	\$
	17.17	Contingent commission portion of Interrogatory 17.11	\$
	Provide the following information for all other amounts included	in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.	
	17.18	Gross amount of unauthorized reinsurance in Schedule F - Part 3	
		excluded from Schedule F - Part 5	\$
	17.19	Unfunded portion of Interrogatory 17.18	\$
	17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$
	17.21	Case reserves portion of Interrogatory 17.18	\$
	17.22	Incurred but not reported portion of Interrogatory 17.18	\$
	17.23	Unearned premium portion of Interrogatory 17.18	\$

17.24 Contingent commission portion of Interrogatory 17.18

#### **FIVE-YEAR HISTORICAL DATA**

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

		1	2	3	4	5
		2006	2005	2004	2003	2002
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	53,293,775	54,810,384	54,301,208	50,299,151	50,183,039
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	30,927,624	32,981,914	33,903,227	33,224,177	32,798,162
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	60,522,233	56,344,366	55,826,029	50,195,783	46,157,584
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	(237)	14,202	35,018	24,396	17,711
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
6.	Total (Line 34)	144,743,395	144,150,866	144,065,482	133,743,507	129,156,496
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
١.	19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.						
11.	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
12.	Total (Line 34)  Statement of Income (Page 4)					
13.	Not and a maiting a point (local) (Line O)		127,343	181,540		
14.			127,545			
15.		I I	(127,343)	(181,540)		
16.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(127,010)	(101,010)		
17.		125,000				
	Net income (Line 20)	220,238				
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business					
	(Page 2, Line 24, Col. 3)	35,169,208	6,300,000	6,300,000	7,845,719	6,300,000
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21.	J J	28,648,970			1,545,719	
22.	/					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)					
25.	Capital paid up (Page 3, Lines 28 & 29)		1,500,070	1,500,070	1,500,070	1,500,070
26.	Surplus as regards policyholders (Page 3, Line 35)	6,520,238	6,300,000	6,300,000	6,300,000	6,300,000
27	Risk-Based Capital Analysis	6 500 000	6 300 000	6 300 000	6 300 000	6 300 000
27.	Total adjusted capital Authorized control level risk-based capital	6,520,238 1,604,207	6,300,000 1,226,082	6,300,000 1,668,791	6,300,000 3,053,451	6,300,000 2,915,799
20.	Percentage Distribution of Cash, Cash Equivalents and Invested Assets	1,004,207	1,220,002	1,000,791	3,055,451	2,915,799
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29.	Danda (Lina 4)	193.9	193.1	174.6	83.1	146.0
30.	Stocks (Lines 2.1 & 2.2)					
31.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
32.	Real estate (Lines 4.1, 4.2 & 4.3)	1				
33.	Cash, cash equivalents and short-term investments (Line 5)	(93.9)	(93.1)	(74.6)	16.9	(46.0)
34.	Contract loans (Line 6)	1				XXX
35.	Other invested assets (Line 7)					
36.	Receivables for securities (Line 8)				******	****
37.	Aggregate write-ins for invested assets (Line 9)					
38.	· · · · · · · · · · · · · · · · · · ·	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)					
40.	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
41.	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 2)					
42.	Affiliated short-term investments (subtotals included in Schedule DA,			l		
12	Part 2, Col. 5, Line 11)	1				
43.	Affiliated mortgage loans on real estate					
44. 45.	All other affiliated Total of above Lines 39 to 44					
46.	***************************************					
```	to surplus as regards policyholders (Line 45 above divided by			l		
	Page 3, Col. 1, Line 35 x 100.0)			l		
_						

# FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2006	2 2005	3 2004	4 2003	5 2002
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 24) Dividends to stockholders (Line 35)					
49.	Change in surplus as regards policyholders for the year (Line 38)	220,238				1,257,973
	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)	22,657,446	28,621,049	36,401,930	30,454,109	31,970,253
51	Property lines (Lines 1, 2, 9, 12, 21 & 26)	16,598,262	11,354,285	11,975,276	12,587,564	13,511,540
52.		24,232,923	20,076,538	32,037,005	21,901,639	28,688,511
	Nonproportional reinsurance lines (Lines 30, 13, 14, 15, 25, 24, 25, 25 & 35)					
55.	Total (Line 34)	63,488,631	60,051,872	80,414,211	64,943,312	74,170,304
00.	Total (Ellio OT)	00,400,001		00,414,211	04,540,012	14,170,004
	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.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
59.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
60. 61.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)	I I				
	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)					
64.	Loss expenses incurred (Line 3)					
65.	Other underwriting expenses incurred (Line 4) 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					
1.	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					
	by Page 4, Line 21, Col. 2 x 100.0)					

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

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments	United States     Canada     Other Countries	6,372,061	6,365,650	6,333,818	6,400,00
(Including all obligations guaranteed by governments)	4. Totals	6,372,061	6,365,650	6,333,818	6,400,00
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries 8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States 10. Canada 11. Other Countries				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of	12. Totals  13. United States 14. Canada 15. Other Countries				
governments and their political subdivisions  Public Utilities (unaffiliated)	16. Totals 17. United States 18. Canada 19. Other Countries				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	20. Totals 21. United States 22. Canada 23. Other Countries 24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
. a.o.i., ouboldiano and Allillatos	26. Total Bonds	6,372,061	6,365,650	6,333,818	6,400,00
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				
Banks, Trust and Insurance Companies (unaffiliated)	44. Totals 45. United States 46. Canada 47. Other Countries				
Industrial and Miscellaneous (unaffiliated)	48. Totals  49. United States 50. Canada 51. Other Countries				
Parent, Subsidiaries and Affiliates	52. Totals 53. Totals 54. Total Common Stocks				

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

#### Bonds and Stocks

		Donas and	, 010	ono	
1.	Book/adjusted carrying value of bonds and		7.	Amortization of premium	1,344
	stocks, prior year	6,972,858	8.	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	377,531		8.1 Column 15, Part 1	
3.	Accrual of discount	23,016		8.2 Column 19, Part 2 Section 1	
4.	Increase (decrease) by adjustment:			8.3 Column 16, Part 2, Section 2	
	4.1 Columns 12 - 14, Part 1			8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		9.	Book/adjusted carrying value at end of current period	6,372,061
	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)	6,372,061
5.	Total gain (loss), Column 19, Part 4		12.		
6.	Deduct consideration for bonds and stocks		13.	Statement value of bonds and stocks, current period	6,372,061
	disposed of Column 7, Part 4	1,000,000			

#### •

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

SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

(\$000 omitted)

., .	Pr	emiums Earned	d		Loss and Loss Expense Payments							
Years in Which	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total	Number of Claims
Premiums Were				4	5	6	7	8	9	Salvage	Net Paid	Reported -
Earned and	Direct		Net	Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		(Cols.	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	64	64	145	145			34		XXX
2. 1997	168,275	168,275		117,107	117,107	11,405	11,405	9,850	9,850	15		X X X
3. 1998	160,495	160,495		100,630	100,630	8,601	8,601	10,928	10,928	19		XXX
4. 1999	149,224	149,224		90,524	90,524	7,463	7,463	8,272	8,272	34		XXX
5. 2000	144,460	144,460		81,536	81,536	5,904	5,904	1,278	1,278	160		XXX
6. 2001	133,438	133,438		70,506	70,506	3,976	3,976	2,446	2,446	183		XXX
7. 2002	124,147	124,147		61,996	61,996	3,003	3,003	6,640	6,640	609		XXX
8. 2003	134,102	134,102		50,683	50,683	1,875	1,875	4,159	4,159	1,180		X X X
9. 2004	140,592	140,592		54,786	54,786	1,465	1,465	54	54	3,534		XXX
10. 2005	142,645	142,645		53,769	53,769	833	833	32	32	3,480		X X X
11. 2006	142,927	142,927		35,720	35,720	191	191	49	49	1,464		XXX
12. Totals	XXX	XXX	XXX	717,321	717,321	44,861	44,861	43,708	43,708	10,712		XXX

		Losses	Unpaid		Defen	se and Cost C	ontainment U	npaid	Adjusting and Other Unpaid		23	24	25
	Case Basis Bulk + IBNR		IBNR	Case Basis Bulk + IBNR			21	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		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	6,898	6,898	514	514			209	209	1,80	180			XXX
2. 1997	1,230	1,230	140	140			131	131	80	80			XXX
3. 1998	579	579	362	362			1.90	190	70	70			XXX
4. 1999	1,119	1,119	468	468			278	278	111				XXX
5. 2000	1,918	1,918	666	666			482	482	178	178			XXX
6. 2001	4,541	4,541	794	794			673	673	323	323			XXX
7. 2002	2,512	2,512	1,568	1,568			855	855	298	298			XXX
8. 2003	1,252	1,252	3,027	3,027			1,401	1,401	382	382			XXX
9. 2004	4,691	4,691	5,716	5,716			1,827	1,827	839	839			X X X
10. 2005	10,045	10,045	10,700	10,700			2,916	2,916	1,642	1,642			X X X
11. 2006	20,265	20,265	21,412	21,412			4,192	4,192	3,275	3,275			XXX
12. Totals	55,050	55,050	45,367	45,367			13,154	13,154	7,378	7,378			XXX

		otal Losses and Expenses Incur			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			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. 1997	139,943	139,943		83.163	83.163						
3. 1998	121,360	121,360		75.616	75.616						
4. 1999	108,235	108,235		72.532	72.532						
5. 2000	91,962	91,962		63.659	63.659						
6. 2001	83,259	83,259		62.395	62.395						
7. 2002	76.872	76.872		61.920	61.920						
8. 2003	62,779	62,779		46.814	46.814						
9. 2004	69,378	69,378		49.347	49.347						
10. 2005	79,937	79,937		56.039	56.039						
11. 2006	85,104	85,104		59.544	59.544						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

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

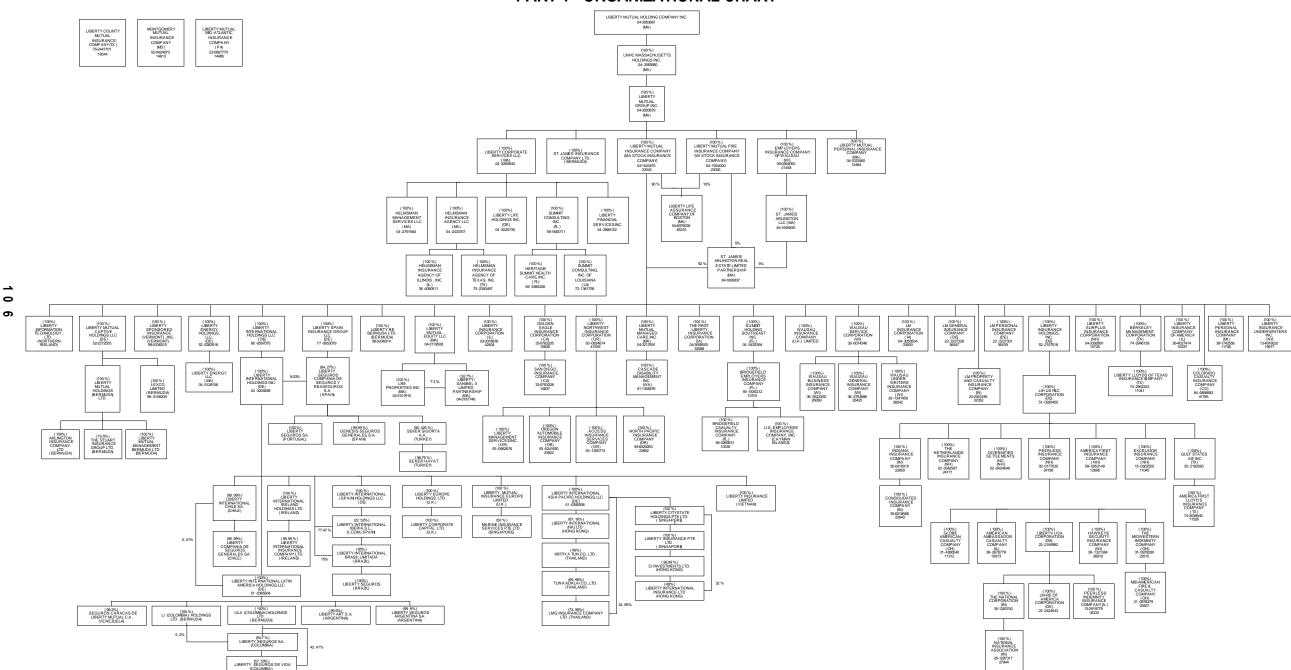
#### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

(Yes or Direct Premiums Direct Premiums on Direct (Deducting Losses Losses Included Control of the Control of t	ance Direct Premium Mritten for vice Federal es Not Purchasing
States, Etc.	ded in Groups (Included
1. Alabama	niums in Col. 2)
2. Alaska	
3. Arizona	
4. Arkansas	
5. California   CA   NO   CO   C	
6. Colorado	
7. Connecticut	
8. Delaware   DE   NO   9. Dist. Columbia   DC   NO   11. Georgia   GA   NO   11. Georgia   GA   NO   12. Hawaii   HI   NO   13.342,289   5.670,300   6,307,085   6,108,034   14. Illinois   IL   NO   15. Indiana   IN   NO   16. Iowa   IA   NO   17. Kansas   KS   NO   18. Kentucky   KY   NO   19. Louisiana   LA   NO   LA   NO   LA   NO   LA   NO   LA   NO   LA   NO   LA   LA   NO   LA   LA   NO   LA   LA   NO   LA   LA   LA   LA   LA   LA   LA   L	
9. Dist. Columbia   DC   NO   10. Florida   FL   NO   11. Georgia   GA   NO   12. Hawaii   HI   NO   NO   13. Idaho   ID   YES   13.811.550   13.342.289   5.670,300   6.307,085   6.108,034   14. Illinois   IL   NO   15. Indiana   IN   NO     16. Iowa   IA   NO   17. Kansas   KS   NO   18. Kentucky   KY   NO   19. Louisiana   LA   NO   20. Maine   ME   NO   21. Maryland   MD   NO   22. Massachusetts   MA   NO   23. Michigan   MI   NO   NO   25. Missoiri   MO   NO   25. Missoiri   MO   NO   NO   27. Montana   MT   YES   750,447   176,248   22.898   44,745   21,847   28. Nebraska   NE   NO   NO   NO   NO   NO   NO   NO	
10. Florida	
11. Georgia   GA   NO     NO	
12. Hawaii	
13. Idaho	
14. Illinois   IL	
15. Indiana	
16. lowa	
17. Kansas       KS       NO         18. Kentucky       KY       NO         19. Louisiana       LA       NO         20. Maine       ME       NO         21. Maryland       MD       NO         22. Massachusetts       MA       NO         23. Michigan       MI       NO         24. Minnesota       MN       NO         25. Mississippi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO       NO<	
18. Kentucky       KY       NO         19. Louisiana       LA       NO         20. Maine       ME       NO         21. Maryland       MD       NO         22. Massachusetts       MA       NO         23. Michigan       MI       NO         24. Minnesota       MN       NO         25. Mississippi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
19. Louisiana	
19. Louisiana	
21. Maryland       MD       NO         22. Massachusetts       MA       NO         23. Michigan       MI       NO         24. Minnesota       MN       NO         25. Mississippi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
21. Maryland	
22. Massachusetts       MA       NO         23. Michigan       MI       NO         24. Minnesota       MN       NO         25. Mississippi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
24. Minnesota       MN       NO         25. Mississippi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
24. Minnesota       MN       NO         25. Mississispipi       MS       NO         26. Missouri       MO       NO         27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
26. Missouri     MO     NO       27. Montana     MT     YES     750,447     176,248     22,898     44,745     21,847       28. Nebraska     NE     NO       29. Nevada     NV     NO       30. New Hampshire     NH     NO       31. New Jersey     NJ     NO       32. New Mexico     NM     NO       33. New York     NY     NO       34. No. Carolina     NC     NO       35. No. Dakota     ND     NO       36. Ohio     OH     NO       37. Oklahoma     OK     NO	
27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
27. Montana       MT       YES       750,447       176,248       22,898       44,745       21,847         28. Nebraska       NE       NO	
28. Nebraska       NE       NO         29. Nevada       NV       NO         30. New Hampshire       NH       NO         31. New Jersey       NJ       NO         32. New Mexico       NM       NO         33. New York       NY       NO         34. No. Carolina       NC       NO         35. No. Dakota       ND       NO         36. Ohio       OH       NO         37. Oklahoma       OK       NO	
29. Nevada       NV       NO         30. New Hampshire       NH       NO         31. New Jersey       NJ       NO         32. New Mexico       NM       NO         33. New York       NY       NO         34. No. Carolina       NC       NO         35. No. Dakota       ND       NO         36. Ohio       OH       NO         37. Oklahoma       OK       NO	
30. New Hampshire       NH       NO         31. New Jersey       NJ       NO         32. New Mexico       NM       NO         33. New York       NY       NO         34. No. Carolina       NC       NO         35. No. Dakota       ND       NO         36. Ohio       OH       NO         37. Oklahoma       OK       NO	
31. New Jersey       NJ       NO         32. New Mexico       NM       NO         33. New York       NY       NO         34. No. Carolina       NC       NO         35. No. Dakota       ND       NO         36. Ohio       OH       NO         37. Oklahoma       OK       NO	
32. New Mexico     NM     NO       33. New York     NY     NO       34. No. Carolina     NC     NO       35. No. Dakota     ND     NO       36. Ohio     OH     NO       37. Oklahoma     OK     NO	
33. New York       NY       NO         34. No. Carolina       NC       NO         35. No. Dakota       ND       NO         36. Ohio       OH       NO         37. Oklahoma       OK       NO	
34. No. Carolina         NC         NO           35. No. Dakota         ND         NO           36. Ohio         OH         NO           37. Oklahoma         OK         NO	
36. Ohio OH NO 37. Oklahoma OK NO	
36. Ohio OH NO 37. Oklahoma OK NO	
38 Oregon OR YES 69 349 144 68 373 788 25 331 945 31 932 571 45 346 990	
Too. Gregori Civit I LEG 1 00,040,1441 00,070,7001 [ 20,001,040] 01,002,071[ 40,010,009]	
39. Pennsylvania PA NO	
40. Rhode Island RI NO	
41. So. Carolina SC NO	
42. So. Dakota SD NO	
43. Tennessee TN NO	
44. Texas TX NO	
45. Utah UT YES (356) 6 (12,500) 92,015 332,362	
46. Vermont VT NO	
47. Virginia VA NO	
48. Washington WA YES 60,832,612 61,035,231 32,475,989 34,370,506 48,635,232	
49. West Virginia WV NO	
50. Wisconsin WI NO	
51. Wyoming WY NO	
52. American Samoa AS NO	
53. Guam GU NO	
54. Puerto Rico PR NO.	
55. U.S. Virgin Islands VI NO	
56. Northern Mariana Islands MP NO NO	
57. Canada CN NO	
58. Aggregate other	
alien OT XXX	
59. Totals (a) 5 144,743,397 142,927,562 63,488,632 71,846,922 100,414,364	
<u>  100.   100.00   100.000   100.400,000   100.400,000   11,040,322   100,414,304                                     </u>	
DETAILS OF WRITE-INS	
5801. XXX	
5802. X X X	
5803. XXX	
5898. Summary of remaining	
write-ins for Line 58	
from overflow page XXX	ĺ
5899. Totals (Lines 5801	
through 5803 + 5898)	
(Line 58 above) X X X	
[ (Lille 30 above)   ^^^	

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

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



Annual Statement for the year 2006 of the	North Pacific Insurance Company

# OVERFLOW PAGE FOR WRITE-INS