	ANNUAL STATEMENT
	OF THE
	AMERICA FIRST LLOYDS INSURANCE COMPANY
	DALLAS
in the state of	TEXAS
	TO THE
	Insurance Department
	OF THE
	STATE OF
	STATE OF
	FOR THE YEAR ENDED December 31, 2004

PROPERTY AND CASUALTY



### **ANNUAL STATEMENT**

	For the Year Ended I	•	
	America First Lloyds I		
NAIC Group Code 0111	0111 NAIC Company (		's ID Number 74-3038540
(Current Period)	(Prior Period)		
Organized under the Laws of		, State of Domicile or Port of E	ntry Texas
Country of Domicile United			
Incorporated: November 20, 200		nenced Business: November 21	1, 2002
	North Central Expwy Dallas, TX	75206	
Main Administrative Office:5	5910 North Central Expwy Dallas, T	X 75206 800-443-2534	
Mail Address: 175 Berkeley Stree			
	Records: 5910 North Central Expwy	Dallas, TX 75206 80	0-443-2534
Internet Website Address:ww	w.libertyram.com		
Statutory Statement Contact:s	Steven W. Latham		617-357-9500 43660
	Steven.Latham@LibertyMutual.com E-Mail Address)		617-574-5955 (Fax Number)
Policyowner Relations Contact:	,	ıllas, TX 75206 800-443-2534	,
	OFFIC	ERS	
	Chairman of	the Board	
	Roger Luc	ien Jean Title	
1. Philip Jos	eph Broughton	President & Chief Executive Officer	
2Jeri Evely	n Brown	Secretary	
3. Stephen I	Douglas Powell	Treasurer	
	Vice-Pres	sidents	
Name	Title	Name	Title
Michael Ray Christiansen Geoffrey Eugene Hunt	Executive Vice President  Executive Vice President	Bob David Effinger, Jr.	Executive Vice President
Occincy Eugene Hunt	Excoditive vice i resident		
			_
			_
			_
Departuries less	DIRECTORS OF		John Dorok Dovido
Roger Lucien Jean Amy Johnston Leddy	Philip Joseph Broughton Christopher Charles Mansfield	Kenneth Paul Blackwood William George Mersch	John Derek Doyle James Francis Dore
Michael Ray Christiansen	Bob David Effinger, Jr.	Geoffrey Eugene Hunt	
			-
State of Massachusetts			_
County of Suffolk ss			
above, all of the herein described assets we that this statement, together with related ex liabilities and of the condition and affairs of and have been completed in accordance wi law may differ; or, (2) that state rules or reg information, knowledge and belief, respective.	ore the absolute property of the said reporting hibits, schedules and explanations therein of the said reporting entity as of the reporting point the NAIC Annual Statement Instructions a ulations require differences in reporting not revely. Furthermore, the scope of this attestatic act copy (except for formatting differences di	the described officers of said reporting entity gentity, free and clear from any liens or clair ontained, annexed or referred to, is a full and eriod stated above, and of its income and de and Accounting Practices and Procedures made lated to accounting practices and procedures on by the described officers also includes the use to electronic filing) of the enclosed statem	ins thereon, except as herein stated, and true statement of all the assets and eductions therefrom for the period ended, anual except to the extent that: (1) state es, according to the best of their related corresponding electronic filing
(Cianatura)		unaturo)	(Cignoture)
(Signature) Philip Joseph Broughton	, ,	nature) elyn Brown	(Signature) Stephen Douglas Powell
(Printed Name)		ed Name)	(Printed Name)

(Signature)		(Signature)		(Signature)	
Philip Joseph Broughton	Je	ri Evelyn Brown		Stephen Douglas	Powell
(Printed Name)	(F	Printed Name)		(Printed Name	e)
1.		2.		3.	
President & Chief Executive Officer		Secretary		Treasurer	
(Title)		(Title)		(Title)	
Subscribed and sworn to before me this			a. Is this a	n original filing?	YES[X]NO[ ]
day of <u>February</u>	, 2005		b. If no:	1. State the amendment numbe	r
				2. Date filed	
				3. Number of pages attached	

### **ASSETS**

	Current Year			Prior Year	
	1	2	3 Net Admitted	4	
	Assets	Nonadmitted Assets	Assets (Cols. 1 - 2)	Net Admitted Assets	
Bonds (Schedule D)	2,023,258		2,023,258	4,526,721	
2. Stocks (Schedule D):					
2.1 Preferred stocks					
2.2 Common stocks					
3. Mortgage loans on real estate (Schedule B):					
3.1 First liens					
3.2 Other than first liens					
4. Real estate (Schedule A):					
4.1 Properties occupied by the company (less \$ 0 encumbrances)					
4.2 Properties held for the production of income (less \$ 0 encumbrances)					
4.3 Properties held for sale (less \$ 0 encumbrances)					
5. Cash (\$ 0, Schedule E-Part 1), cash equivalents (\$ 0,					
Schedule E-Part 2) and short-term investments (\$ 3,022,277, Schedule DA)	3,022,277		3,022,277	642,889	
6. Contract loans (including \$ 0 premium notes)		* * * * * * * * * * * * * * * * * * * *			
7. Other invested assets (Schedule BA)		* * * * * * * * * * * * * * * * * * * *			
Receivable for securities					
O Agreemts units in for invested agests					
Aggregate white-his for invested assets     Subtotals, cash and invested assets (Lines 1 to 9)	5,045,535		5,045,535	5,169,610	
11. Investment income due and accrued	37,772		37,772	49,68	
12. Premiums and considerations:					
12.1 Uncollected premiums and agents' balances in the course of collection					
12.2 Deferred premiums, agents' balances and installments booked but deferred and					
not yet due (including \$ 0 earned but unbilled premiums)					
12.3 Accrued retrospective premiums					
13. Reinsurance:					
13.1 Amounts recoverable from reinsurers	827,582		827,582	241,52	
13.2 Funds held by or deposited with reinsured companies					
13.3 Other amounts receivable under reinsurance contracts					
14. Amounts receivable relating to uninsured plans					
15.1 Current federal and foreign income tax recoverable and interest thereon	1,334		1,334	24:	
15.2 Net deferred tax asset	21,000	21,000			
16. Guaranty funds receivable or on deposit					
17. Electronic data processing equipment and software					
18. Furniture and equipment, including health care delivery assets (\$ 0 )					
19. Net adjustment in assets and liabilities due to foreign exchange rates					
20. Receivables from parent, subsidiaries and affiliates	3,754,798		3,754,798	3,266,946	
21. Health care (\$ 0 ) and other amounts receivable					
22. Other assets nonadmitted					
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)	9,688,021	21,000	9,667,021	8,728,00	
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
26. Total (Lines 24 and 25)	9,688,021	21,000	9,667,021	8,728,005	
		<u> </u>			
DETAILS OF WRITE-INS					
0901.	. [				
0902.					

DETAILS OF WRITE-INS		
0901.		
0902.	 	 
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 through 0903 + 0998) (Line 9 above)		
2301.	 	 
2302.	 	 
2303.	 	 
2398. Summary of remaining write-ins for Line 23 from overflow page 2399. Totals (Lines 2301 through 2303 + 2398) (Line 23 above)		
2399. Totals (Lines 2301 through 2303 + 2398) (Line 23 above)		

	LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
1. 2. 3. 4. 5.	Losses (Part 2A, Line 34, Column 8)  Reinsurance payable on paid loss and loss adjustment expenses (Schedule F, Part 1, Column 6)  Loss adjustment expenses (Part 2A, Line 34, Column 9)  Commissions payable, contingent commissions and other similar charges  Other expenses (excluding taxes, licenses and fees)  Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 7.2	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))  Net deferred tax liability		
	Borrowed money \$ 0 and interest thereon \$ 0 Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 20,859,951 and including warranty reserves of \$ 0 ) Advance premium		
	Dividends declared and unpaid: 11.1 Stockholders 11.2 Policyholders		
12. 13. 14.		4,432,314	3,587,058
15. 16.	Remittances and items not allocated Provision for reinsurance (Schedule F, Part 7)		
18. 19.	Net adjustments in assets and liabilities due to foreign exchange rates  Drafts outstanding  Payable to parent, subsidiaries and affiliates		
	Payable for securities  Liability for amounts held under uninsured accident and health plans  Capital notes \$ 0 and interest thereon \$ 0		
24.	Aggregate write-ins for liabilities  Total liabilities excluding protected cell liabilities (Lines 1 through 23)  Protected cell liabilities	4,432,544	3,587,089
	Total liabilities (Lines 24 and 25)	4,432,544	3,587,089
28. 29.	Common capital stock Preferred capital stock Aggregate write-ins for other than special surplus funds	100,000	100,000
31.	Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus)	4,900,000 234,477	4,900,000 140,916
34.	Less treasury stock, at cost:  34.1 0 shares common (value included in Line 28 \$ 0 )	204,411	140,310
	34.2 0 shares preferred (value included in Line 29 \$ 0 ) Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 38) TOTALS (Page 2, Line 26, Col. 3)	5,234,477 9,667,021	5,140,916 8,728,005
	DETAILS OF WRITE-INS		
2301			
2302 2303 2398 2399	. Summary of remaining write-ins for Line 23 from overflow page		
2701 2702 2703			
2798	. Summary of remaining write-ins for Line 27 from overflow page . Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001 3002	·		
	. Summary of remaining write-ins for Line 30 from overflow page . Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

	UNDERWRITING AND INVESTMENT EXHIBIT STATEMENT OF INCOME UNDERWRITING INCOME	1 Current Year	2 Prior Year
1			
l	Premiums earned (Part 1, Line 34, Column 4)  DEDUCTIONS  Losses incurred (Part 2, Line 34, Column 7)		• • • • • • • • • • • • • • • • • • • •
3.	Loss expenses incurred (Part 3, Line 25, Column 1)		
4. 5.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
6.	Aggregate write-ins for underwriting deductions  Total underwriting deductions (Lines 2 through 5)		
7.	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
8.			
	INVESTMENT INCOME		
9. 10.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains (losses) (Exhibit of Capital Gains (Losses))		146,356
	Net realized capital gains (losses) (Exhibit of Capital Gains (Losses))  Net investment gain (loss) (Lines 9 + 10)	111 005	146,356
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
40	(amount recovered \$ 0 amount charged off \$ 0 )		
14.	Finance and service charges not included in premiums Aggregate write-ins for miscellaneous income		
15	Total other income (Lines 12 through 14)		
	Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)  Dividends to policyholders	144,085	146,356
18.	Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)		146,356
19.	Federal and foreign income taxes incurred	50,525	51,186
20.	Net income (Line 18 minus Line 19) (to Line 22)	93,560	95,170
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 38, Column 2)	5,140,916	5,045,746
	GAINS AND (LOSSES) IN SURPLUS		
22.	Net income (from Line 20)	93,560	95,170
23.	Change in net unrealized capital gains or (losses)		
25.	Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax	04 000	
26.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)	(21,000)	
27.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes		
29.	Surplus (contributed to) withdrawn from protected cells		
30.	Control of changes in accounting principles		
31.	Capital changes: 31.1 Paid in		
	31.2 Transferred from surplus (Stock Dividend)		
32	31.3 Transferred to surplus Surplus adjustments:		
02.	32.1 Paid in		
	32.2 Transferred to capital (Stock Dividend)		
33.	32.3 Transferred from capital  Net remittances from or (to) Home Office		
34.	Dividends to stockholders		
35. 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		
37.	Change in surplus as regards policyholders for the year (Lines 22 through 36)	93,560	95,170
38.	Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 37) (Page 3, Line 35)	5,234,476	5,140,916
	DETAILS OF WRITE-INS		
0501.			
0502. 0503.			
	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401.			
1402. 1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3601.			
3602. 3603.			
3698.	Summary of remaining write-ins for Line 36 from overflow page		
3600	Latela II man 3504 through 3503 plus Line 3500\ II inc 35 abouts\		

CASH FLOW	1	2
Cash from Operations	Current Year	Prior Year
1. Drawiuma callected not of reincurous	845,256	3,587,058
Premiums collected net of reinsurance     Net investment income	159,459	149,914
Net investment income     Miscellaneous income	200	
	1,004,915	31 3,737,003
Total (Lines 1 through 3)     Benefit and loss related payments	744,488	227,293
Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7 Commissions sympasses and and appropriate symite ins for deductions	(450 420)	14,231
Commissions, expenses paid and aggregate write-ins for deductions     Dividends paid to policyholders	(136,430)	14,231
Strice has paid to policyholders     Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)	51,617	75,928
10 Total /Lines 5 through 0\	627.675	317,452
14. Not such from a monthly (line A minus Line 40)	367,240	3,419,551
	307,240	0,410,001
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	2,500,000	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Redi 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)	2,500,000	
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in policy loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	2,500,000	
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(487,852)	(3,266,947)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(487,852)	(3,266,947)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
	2,379,388	152,604
	2,319,300	152,004
<ul><li>19. Cash and short-term investments:</li><li>19.1 Beginning of year</li></ul>	642,889	490,285
19.2 End of year (Line 18 plus Line 19.1)	3,022,277	642,889
Note: Supplemental disclosures of cash flow information for non-cash transactions:	1 0,022,211	042,009
20.0001.		
20.0002.		
20.0003.		

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

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1B - PREMIUMS WRITTEN

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

	1	Reinsuranc	e Assumed	Reinsuran	6	
		2	3	4	5	Net Premiums
	Direct		From		To	Written
	Business	From	Non-	To	Non-	Cols. 1 + 2 + 3 -
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	515,216			515,216		
2. Allied lines	999,832			999,832		
3. Farmowners multiple peril						
4. Homeowners multiple peril	3,281,526			3,281,526		
5. Commercial multiple peril	27,251,523			27,251,523		
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine	115,331			115,331		
10. Financial guaranty						
11.1 Medical malpractice - occurrence						
11.2 Medical malpractice - claims-made						
12 Farthquaka	6,890			6,890		
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation	4,604,456			4,604,456		
17.1 Other liability - occurrence	1,295,090			1,295,090		
17.2 Other liability - claims-made						
18.1 Products liability - occurrence	219,334			219,334		
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability						
19.3, 19.4 Commercial auto liability	3,083,366	* * * * * * * * * * * * * * * * * * * *		3,083,366		
21 Auto physical damage	977,347			977,347		
		* * * * * * * * * * * * * * * * * * * *				
22. Aircraft (all perils) 23. Fidelity						
24 Suraty						
26 Rurglary and theft	1.280			1,280		
27. Boiler and machinery				1,200		
28. Credit						
29. International						
30. Reinsurance-Nonproportional Assumed Property	·   · · · · · · · · ·   ·					
31. Reinsurance-Nonproportional Assumed Liability	× XXX					
32. Reinsurance-Nonproportional Assumed Financial Lines	×   · · · · · · · · · ·					
******						
Aggregate write-ins for other lines of business     TOTALS	42,351,191			42,351,191		
στ. ΙΟΙΛ <b>Ι</b> Ο	42,001,101			42,331,131		

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

8

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

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

		Losses Paid	Less Salvage		5	6	7	8
	1 Direct	2	3	4	Net Losses Unpaid	Net Losses	Losses Incurred	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Current Year (Part 2A, Col. 8)	Unpaid Prior Year	Current Year (Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1. Fire	21,161		21,161					
2. Allied lines	301,419		301,419					
Farmowners multiple peril		* * * * * * * * * * * * * * * * * * * *						
Homeowners multiple peril	492.401	* * * * * * * * * * * * * * * * * * * *	492.401					
Commercial multiple peril	3,843,963	* * * * * * * * * * * * * * * * * * * *	3,843,963					
6. Mortgage guaranty		* * * * * * * * * * * * * * * * * * * *						
8. Ocean marine		* * * * * * * * * * * * * * * * * * * *						
9. Inland marine	12.543		12,543					
10. Financial guaranty	12,040	* * * * * * * * * * * * * * * * * * * *	[	* * * * * * * * * * * * * * * * * * * *				
11.1 Medical malpractice - occurrence		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	
11.2 Medical malpractice - occurrence		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
12. Earthquake								
13. Group accident and health								
Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation	433,399	* * * * * * * * * * * * * * * * * * * *	433,399					
17.1 Other liability - occurrence	14.597		14,597					
			14,597					
17.2 Other liability - claims - made 18.1 Products liability - occurrence								
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability								
19.3, 19.4 Commercial auto liability	281,069		281,069					
21. Auto physical damage	172,832		172,832					
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Reinsurance-Nonproportional Assumed Property	XXX							
31. Reinsurance-Nonproportional Assumed Liability	XXX			* * * * * * * * * * * * * * * * * * * *				
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX			* * * * * * * * * * * * * * * * * * * *				
Aggregate write-ins for other lines of business     TOTALS								
34. TOTALS	5,573,384		5,573,384					
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)						1	l	

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

			Repor	ted Losses		ı	ncurred But Not Reported	d	8	9
		1	2	3	4	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
1.	Fire					26,620		26,620		
2.	Allied lines	104,400		104,400	*******	48,292	* * * * * * * * * * * * * * * * * * * *	48,292		
3.	Farmowners multiple peril	59,470						137,143		
4.	Homeowners multiple peril	59,470		59,470		137,143				
5.	Commercial multiple peril	3,655,881		3,655,881		4,619,825		4,619,825		
6.	Mortgage guaranty Ocean marine									
9	Inland marine			* * * * * * * * * * * * * * * * * * * *		5,319		5,319		
1 10			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			
	.1 Medical malpractice - occurrence			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
1	.2 Medical malpractice - claims - made		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
1:						262		262		
13									(a)	
14	(3. orb mile mile mile mile mile mile mile mile			*****	*******	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
1:									(a)	
10		489,998		489,998		1,047,283		1,047,283		
	7.1 Other liability - occurrence	73,749		73,749		1,963,215		1,963,215		
	7.2 Other liability - claims - made					73,971		73,971		
	2.2 Products liability - claims - made			* * * * * * * * * * * * * * * * * * * *						
10	1.1, 19.2 Private passenger auto liability				* * * * * * * * * * * * * * * * * * * *					
1 1	1.3, 19.4 Commercial auto liability	593,861		593,861		756,421	* * * * * * * * * * * * * * * * * * * *	756,421		* * * * * * * * * * * * * * * * * * * *
2		38,774		38.774		2.906		2,906		
2			* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *			
2										
24	. Surety								I	
20	. Burglary and theft			* * * * * * * * * * * * * * * * * * * *		45		45		
2						63		63		
20										
29	Deinesses Neumannetismal Assumed Description	XXX				XXX				
3	Deine manner Manner autienel Assumed Liebilit.					XXX				
32		X X X		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	XXX				
33		[·····]	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		
34		5,016,133		5,016,133		8,681,365		8,681,365		
	. 1017120	1 0,010,100		3,010,100		1 0,001,000	<u> </u>	1 0,001,000	<u> </u>	<u> </u>
	DETAILS OF WRITE-INS									
$\vdash$										
	01				********	* * * * * * * * * * * * * * * * * * * *				
	02.				*******					
	03.									
	98. Summary of remaining write-ins for Line 33 from overflow page									
33	99. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)	1		1				1	1	l

<sup>......0</sup> for present value of life indemnity claims. (a) Including \$ ...

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

		1 4			1 4
		1	2	3	4
		Laca Adimatmont	Other	la va atmant	
		Loss Adjustment Expenses	Underwriting Expenses	Investment Expenses	Total
4	Claim adjustment services:	Ехропосо	Ехропосо	Ехропосо	Total
'.	·	0.075.000			0.075.000
	1.1 Direct	2,975,939			2,975,939
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				2,975,939
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct excluding contingent		5,899,055		5,899,055
	2.2 Reinsurance assumed excluding contingent				
	2.3 Reinsurance ceded excluding contingent				5,899,055
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed				
	2.6 Contingent-reinsurance ceded				
	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.					
1	•				
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries			347	347
	8.2 Payroll taxes			65	
۱۵	Employee relations and welfare				
ı					
	Insurance				
	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
	Equipment				
1	Cost or depreciation of EDP equipment and software				
	Printing and stationery				
1					
1	Postage, telephone and telegraph, exchange and express				
1	Legal and auditing			1,314	
19.	Totals (Lines 3 to 18)			1,928	1,928
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
				* * * * * * * * * * * * * * * * * * * *	
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured accident and health plans				
24.	Aggregate write-ins for miscellaneous expenses				
25.	Total expenses incurred			1 928	(a) 1 928
26.	Less unpaid expenses-current year				
27.	Add unpaid expenses-prior year				
28.	Amounts receivable relating to uninsured accident and health				
	plans, prior year				
29.	Amounts receivable relating to uninsured accident and health				
	plans, current year				
				4 000	4 000
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		<u> </u>	1,928	1,928
	DETAILS OF WRITE-INS				
2401					
1	Summary of remaining write-ins for Line 24 from overflow page				
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of \$ 1,928 to affiliates and \$ 0 to non-affiliates.

1 1

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

		1 Collected During Year	2 Earned During Year
1 1.	U.S. Government bonds	(a) 143,412	131,501
	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
	Preferred stocks (unaffiliated)	(b)	
	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	· · · · · · · · · · · · · · · · · · ·	
	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 14,512	14,512
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	157,924	146,013
11.	Investment expenses		(g) 1,928
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expanse	• • • • • • • • • • • • • • • • • • • •	(h)
14.	Depreciation on real estate and other invested assets	• • • • • • • • • • • • • • • • • • • •	(i)
15.	Aggregate write-ins for deductions from investment income		(0
16.	Total deductions (Lines 11 through 15)		1,928
10. 17.	Net investment income (Line 10 minus Line 16)		144,085
	DETAILS OF WRITE-INS		144,000
0901	Miscellaneous Income/(Expenses)		
0902.	mioonariodo monto (Exportoso)		
0903.			
	Summary of remaining write-ins for Line 9 from overflow page		
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)		
	Totalo (Enico con tinoagn coo) piac coo (Enico; abovo)		
1501.			
1502.			
1503.			
	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		I
(b) In (c) In (d) In (e) In (f) In (g) In to	cludes \$ 0 accrual of discount less \$ 3,463 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 for company's occupancy of its own buildings; and excludes \$ cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium. cludes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fee segregated and Separate Accounts.  Itsborsoaptibal mottes and \$ cludes \$ 0 depreciation on real estate and \$ 0 depreciation on other investments.	9 9 paid for accrued 1 paid for accrued 2 paid for accrued 3 paid for accrued 4 paid for accrued 5 paid for accrued 6 paid for accrued 7 paid for accrued 8 paid for accrued 9 paid for	interest on purchases. dividends on purchases. interest on purchases. interest on purchases. tributable

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

		1	2	3	4
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Total
1.	U.S. Government bonds				
1.1	Bonds exempt from U.S. tax	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
1.2	Other bonds (unaffiliated)	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
1.3	Bonds of affiliates	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)	NO	N <b>—</b>		
2.21	Common stocks of affiliates	1101	<b>4</b> .		
3.	Mortgage loans				
4.	Real estate				
5.	Contract loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for capital gains (losses)				
10.	Total capital gains (losses)				
	DETAILS OF WRITE-INS				
0901.					
0902.					
0903.					
	Summary of remaining write-ins for Line 9 from overflow page				
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)				
UJJJ.	rotais (Lines 0301 tillough 0303) plus 0330 (Line 3, above)		l		

### **EXHIBIT OF NONADMITTED ASSETS**

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	* * * * * * * * * * * * * * * * * * * *		
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
3.	2.2 Common stocks  Mortgage loans on real estate (Schedule B):			
J.	0.4. First Pro-			
	3.1 First liens 3.2 Other than first liens			
4.	Real estate (Schedule A):	* * * * * * * * * * * * * * * * * * * *		
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Outsetles			
7.	Other invested assets (Schedule BA)			
8.	Receivable for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Investment income due and accrued			
12.	Premiums and considerations:			
	12.2 Deferred premiums, agents' balances and installments booked but deferred and			
	not yet due			
122	12.3 Accrued retrospective premiums			
13.	Reinsurance:			
	<ul> <li>13.1 Amounts recoverable from reinsurers</li> <li>13.2 Funds held by or deposited with reinsured companies</li> </ul>			
	13.2 Funds held by or deposited with reinsured companies     Other amounts receivable under reinsurance contracts	* * * * * * * * * * * * * * * * * * * *		
14.	Amounts receivable relating to uninsured plans			
15.1	Current federal and foreign income tax recoverable and interest thereon			
15.2	Net deferred tax asset	24 000		(21,000
16.	Guaranty funds receivable or on deposit			
17.	Electronic data processing equipment and software			
18.	Furniture and equipment, including health care delivery assets			
19.	Net adjustment in assets and liabilities due to foreign exchange rates			
20.	Receivable from parent, subsidiaries and affiliates			
21.	Health care and other amounts receivable  Other assets nonadmitted			
22. 23.	Aggregate write-ins for other than invested assets			
23. 24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
27.	Accounts (Lines 10 to 23)	21,000		(21,000
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	21,000		(21,000
	DETAILS OF WRITE-INS			
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.				
2302.				
2303.				
	Summary of remaining write-ins for Line 23 from overflow page			
2399.	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 Texas Insurance Commissioner, the accompanying financial statements of America First Lloyd's 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 for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- Investment grade short-term investments are carried at cost adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 2. Investment grade bonds are carried at cost adjusted where appropriate for amortization of premium or discount, or market as specified by the SVO Manual.
- 3. The Company does not own common stocks...
- 4. The Company does not own preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. The Company has no mortgage-backed or loan-backed securities.
- 7. The Company has no subsidiary investments.
- 8. The Company has no investments in joint ventures, partnerships or limited liability companies.
- 9. The Company has no derivative instruments
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, *Property-Casualty Contracts Premiums*.
- 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 2004.

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

- A. There were no material changes in accounting principles or corrections of errors during the year.
- B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Texas. Effective January 1, 2001, the Texas Department of Insurance required that insurance companies domiciled in Texas prepare their statutory-basis financial statements in accordance with the NAIC APP Manual, effective January 1, 2001, subject to any deviations prescribed or permitted by the Texas Insurance Commissioner.

#### Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

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

The Company has no discontinued operations to report.

#### **Note 5- Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not hold any mortgage loans as investments.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

D. Loan-Backed Securities

The Company has no mortgage-backed or 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.

#### 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, 2004.

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

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

#### Note 9 - Income Taxes

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

	December 31, 2004	December 31, 2003	Change
Total of gross deferred tax assets	21,000	0	21,000
Total of deferred tax liabilities	0	0	0
Net deferred tax asset	21,000	0	21,000
Net deferred tax asset non-admitted	(21,000)	0	(21,000)
Net admitted deferred tax asset	0	0	0

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

	2004	2003
Federal	50,525	51,186
Net operating loss benefit	0	0
Foreign	0	0
Federal and foreign income tax incurred	50,525	51,186

The Company's deferred tax assets result primarily from deferred compensation deductions and statutory non-admitted assets.

- D. The effective tax rate differs from the statutory rate of 35% principally due to the effects of revisions to prior year estimates and changes in deferred taxes related to statutory non-admitted assets.
- E. The amount of Federal income taxes incurred and available for recoupment in the event of future losses is none from the current year 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:

Access Insurance Services, Co.
ALM Services, Inc.
Ambco Capital Corporation
America First Insurance Company
America First Lloyds Insurance Company
American Ambassador Casualty Company
Berkeley Management Corporation
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company
Capitol Agency, Inc. (Arizona corporation)
Capitol Agency, Inc. (Ohio corporation)
Capitol Agency, Inc. (Tennessee corporation)
Cascade Disability Management, Inc.

Colorado Casualty Insurance Company Companies Agency Insurance Services of California

Companies Agency of Alabama, Inc.
Companies Agency of Georgia, Inc.
Companies Agency of Kentucky, Inc.
Companies Agency of Massachusetts, Inc.
Companies Agency of Michigan, Inc.
Companies Agency of New York, Inc.
Companies Agency of Pennsylvania, Inc.
Companies Agency of Phoenix, Inc.

Companies Agency, Inc.

Companies Annuity Agency of Texas, Inc. Consolidated Insurance Company Copley Venture Capital, Inc. Countrywide Services Corporation Diversified Settlements, Inc.

Employers Insurance Company of Wausau

Excelsior Insurance Company First State Agency, Inc. Florida State Agency, Inc.

Globe American Casualty Company Golden Eagle Insurance Corporation

Gulf States AIF, Inc.

Hawkeye-Security Insurance Company Helmsman Insurance Agency of Illinois, Inc. Helmsman Insurance Agency of Texas, Inc. Heritage-Summit Healthcare of Florida, Inc.

Indiana Insurance Company

LEXCO Limited

Liberty Assignment Corporation Liberty Corporate Services, Inc. Liberty Energy Corporation Liberty Financial Services, Inc. Liberty Hospitality Group, Inc.

Liberty Insurance Company of America Liberty Insurance Corporation

Liberty Insurance Holdings, Inc. Liberty Insurance Underwriters, Inc. Liberty International Aberdeen, Inc.

Liberty International Asia Pacific Holdings, Inc.

Liberty International Holdings, Inc.

Liberty Life Assurance Company of Boston

Liberty Life Holdings, Inc.

Liberty Lloyds of Texas Insurance Company

Liberty Management Services, Inc. Liberty Mexico Holdings, Inc.

Liberty Mutual Capital Corporation (Boston) Liberty Mutual Fire Insurance Company

Liberty Mutual Group Inc.

Liberty Mutual Holding Company, Inc. Liberty Mutual Insurance Company Liberty Mutual Managed Care, Inc. Liberty Northwest Insurance Corporation Liberty Personal Insurance Company

Liberty RE (Bermuda) Limited
Liberty Real Estate Corporation
Liberty Surplus Insurance Corporation

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

LLS Insurance Agency of Nevada, Inc.

LM Insurance Corporation LMHC Massachusetts Holding, Inc.

LRE Properties, Inc. Mid-American Agency, Inc.

Mid-American Fire and Casualty Company

Missouri Agency, Inc.

North Pacific Insurance Company Oregon Automobile Insurance Company Peerless Indemnity Insurance Company

Peerless Insurance Company LM Personal Insurance Company LM General Insurance Company

LM Property and Casualty Insurance Company

San Diego Insurance Company

State Agency, Inc. (Indiana corporation) State Agency, Inc. (Wisconsin corporation)

St. James Insurance Company Summit Consulting, Inc.

Summit Consulting, Inc. of Louisiana Summit Holding Southeast, Inc. The First Liberty Insurance Corporation The Midwestern Indemnity Company

The National Corporation

The Netherlands Insurance Company

Wausau (Bermuda) Ltd.

Wausau Business Insurance Company Wausau General Insurance Company

Wausau Holdings, Inc.
Wausau Service Corporation

Wausau Underwriters Insurance Company

\* This company joined the consolidated group in 2004 and its activity from the date it joined the group is included in the consolidated return.

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. The Company is controlled through the use of Trust Agreements between each of the underwriters and LIH US P&C Corporation. Gulf States AIF, Inc., which was founded in 2002 as a Texas Corporation, will serve as the Attorney-in-Fact for America First Lloyd's. Gulf States AIF, Inc. is a wholly owned subsidiary of LIH US P&C Corporation, an insurance holding company incorporated in the state of Delaware. All outstanding shares of LIH US P&C Corporation are owned by Liberty Insurance Holdings, Inc., an insurance holding company incorporated in the state of Delaware. All the outstanding

shares of Liberty Insurance Holdings, Inc., are owned by Liberty Mutual Insurance Company, a Massachusetts insurance company. The ultimate parent of Liberty Mutual Insurance Company is Liberty Mutual Holding Company, Inc., a Massachusetts company.

- B. All non-insurance transactions which the Company had with its affiliates involved less than ½ of 1% of the total admitted assets of the largest affiliate.
- C. There have been no material changes in the terms of any intercompany arrangements.
- D. At December 31, 2004, the Company reported \$3,754,798 due from affiliates. In general, the terms of the intercompany arrangements require settlement at least quarterly.
- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates which result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. The Company entered into an investment management agreement, effective in November 2002, with Liberty Mutual Insurance Group (LMIG). Under this agreement, LMIG provides investment management services to the Company.
- G. The Company is part of a holding company structure as illustrated in Schedule Y Part 1.
- H. The Company does not own shares of an upstream company, either directly or indirectly.
- I. The Company has no investments in subsidiary, controlled or affiliated companies.
- J. Not applicable

#### Note 11- Debt

- A. The Company has no capital notes.
- B. The Company has no outstanding borrowed money.

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

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

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

- 1. The Company has 1,000,000 shares authorized, issued, and outstanding as of December 31, 2004. All shares have a stated par value of \$0.10. All outstanding shares are held by LIH US P&C.
- 2. Preferred Stock

Not applicable

Dividend Restrictions

There are no dividend restrictions

- 4. The maximum amount of dividends which can be paid by Texas-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 2005 is \$523,448.
- 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 or reduced by each item below is as follows:

		Cumulative Increase	Current Year Increase
		(Decrease) in Surplus	(Decrease) in Surplus
<ul> <li>a. Unrealized gains/(losses)</li> </ul>		0	0
b. Nonadmitted asset values		(\$21,000)	(\$21,000)
c. Provision for reinsurance		0	0
	Total	(\$21,000)	(\$21,000)
	_	•	

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 10E, 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 reinsurance arrangement with Peerless Insurance Company (see note 26), all balances are ceded to the Peerless pool.

C. Gain Contingencies

Not applicable

D. All other Contingencies

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

#### Note 15- Leases

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

Not applicable

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

The Company is not exposed to financial instruments with off-balance sheet risk or with concentrations 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

Not applicable

#### Note 21- Other Items

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

Not applicable

- C. Other Disclosures
  - 1) Assets in the amount of \$2,023,258 and \$2,026,179 as of December 31, 2004 and 2003, respectively, were on deposit with government authorities or trustees as required by law.
- D. As a result of the inter-company reinsurance agreement with Peerless Insurance Company, see Note 26, the Company has no exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

There were no reported losses that exceeded the policy deductible.

#### Note 22- Events Subsequent

There were no events subsequent to December 31, 2004 which would require disclosure.

#### Note 23- Reinsurance

- A. Excluding amounts arising pursuant to the intercompany pooling agreement, as described in Note 26, there are no unsecured reinsurance recoverables with an individual reinsurer which exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer which 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, 2004.

Assumed R	<u>leinsurance</u>	Ceded Rein	surance	Net Reinsurance		
	Commission		Commission		Commission	
UEP	Equity	UEP	Equity	UEP	Equity	
\$0	\$0	\$20,859,951	\$2,905,562	\$(20,859,951)	\$(2,905,562)	
\$0	\$0	\$0	\$0	\$0	\$0	
Total \$0		\$20,859,951	\$2,905,562	\$(20,859,951)	\$(2,905,562)	
	UEP \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	Commission         UEP           \$0         \$0         \$20,859,951           \$0         \$0         \$0	UEP         Commission Equity         UEP         Commission Equity           \$0         \$0         \$20,859,951         \$2,905,562           \$0         \$0         \$0         \$0	UEP         Commission Equity         Commission UEP         Commission Equity         UEP           \$0         \$0         \$20,859,951         \$2,905,562         \$(20,859,951)           \$0         \$0         \$0         \$0         \$0	

Direct unearned premium reserve of \$20,859,951

- There are no sliding scale adjustments, contingent commissions, or other profit sharing commissions for direct, assumed or ceded business.
- D. The Company did not write off any uncollectible balances in 2004.
- 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, 2004.

#### 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 reinsurance agreement with Peerless Insurance Company, see Note 26, the Company has no exposure to changes in incurred losses and loss adjustment expenses.

#### Note 26- Intercompany Pooling Arrangements

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

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

- A. The Company has not purchased annuities.
- B. Not applicable

#### Note 28 - Health Care Receivables

Not applicable

#### Note 29 - Participating Policies

Not applicable

#### <u>Note 30 – Premium Deficiency Reserves</u>

As a result of the inter-company reinsurance agreement with Peerless Insurance Company, see Note 26, the Company has no 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 reinsurance arrangement with Peerless Insurance Company, see Note 26, the Company has no exposure to asbestos and environmental claims.

#### **Note 34- Subscriber Savings Accounts**

The Company is not a reciprocal insurance company.

#### Note 35 - Multiple Peril Crop Insurance

Not applicable

### **SUMMARY INVESTMENT SCHEDULE**

		Gro Investment	Holdings	Admitted A Reported Annual St	d in the	
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage	
   1. Bo	onds:					
1.	1 U.S. treasury securities	2,023,258	40.100	2,023,258	40.100	
1.:	2 U.S. government agency and corporate obligations					
	(excluding mortgage-backed securities):					
	1.21 Issued by U.S. government agencies					
	1.22 Issued by U.S. government sponsored agencies	* * * * * * * * * * * * * * * * * * * *				
	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					
l .	1.44 Industrial development and similar obligations					
1.:	5 Mortgage-backed securities (includes residential and commercial MBS):					
	1.51 Pass-through securities:					
	1.511 Issued or guaranteed by GNMA					
	1.512 Issued or guaranteed by FNMA and FHLMC					
	1.513 All other					
	1.52 CMOs and REMICs:					
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA					
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-					
	backed securities issued or guaranteed by agencies shown in Line 1.521					
	1.523 All other					
	her 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					
	3 Affiliated securities					
	uity interests:					
	1 Investments in mutual funds					
3.	2 Preferred stocks:					
	3.21 Affiliated					
9	3.22 Unaffiliated					
J 3.	Publicly traded equity securities (excluding preferred stocks):     3.31 Affiliated					
	3.32 Unaffiliated					
,	Other equity securities:					
J 3.	3.41 Affiliated					
	3.42 Unaffiliated					
2	5 Other equity interests including tangible personal property under lease:					
] 3.	3.51 Affiliated					
	3.52 Unaffiliated					
<sub>4 M</sub>	ortgage loans:					
I	1. Construction and land development					
I	2 Agricultural					
4.						
4.	1 Multifamily recidential proporties					
4.	F. Commonial loops		* * * * * * * * * * * * * * * * * * * *			
4.	***************************************					
	eal estate investments:					
l	1 Property occupied by company					
I	2 Property held for production of income					
	(includes \$ 0 of property acquired in satisfaction of debt)					
5.	3 Property held for sale (\$ 0 including property					
	acquired in satisfaction of debt)					
6. Po	olicy loans					
I	sceivables for securities					
	ash, cash equivalents and short-term investments	3,022,277	59.900	3,022,277	59.900	
1	her invested assets					
10. To	otal invested assets	5,045,535	100.000	5,045,535	100.000	
1		5,045,535	100.000	5,045,535	100.0	

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding C is an insurer?	ons, one or more of which	Yes [ X	] No[ ]			
1.2	If yes, did the reporting entity register and file with its domi such regulatory official of the state of domicile of the princi providing disclosure substantially similar to the standards a Model Insurance Holding Company System Regulatory Act standards and disclosure requirements substantially similar	pal insurer in the Holding Co adopted by the National Asso t and model regulations perta	ompany System, a registratio ociation of Insurance Commi aining thereto, or is the repor	n statement ssioners (NAIC) in its	Yes [X	] ON [	N/A [
1.3	State Regulating?					TEXAS	
2.1	Has any change been made during the year of this statement of the reporting entity?	ent in the charter, by-laws, a	rticles of incorporation, or de	ed of settlement	Yes [	] No [X]	
2.2	If yes, date of change: If not previously filed, furnish herewith a certified copy of the	ne instrument as amended.					
3.1	State as of what date the latest financial examination of the	e reporting entity was made	or is being made.			12/31/2004	
3.2	State the as of date that the latest financial examination re This date should be the date of the examined balance sheet					10/29/2002	
3.3	State as of what date the latest financial examination report domicile or the reporting entity. This is the release date or (balance sheet date).			01/10/2003			
3.4	By what department or departments? TEXAS						
4.1	During the period covered by this statement, did any agent combination thereof under common control (other than sale a substantial part (more than 20 percent of any major line of	aried employees of the repor	ting entity) receive credit or of ect premiums) of: 4.11 s.	•	Yes [	] No[X]	
4.2	During the period covered by this statement, did any sales affiliate, receive credit or commissions for or control a subsidirect premiums) of:	•	in whole or in part by the rep	orting entity or an	Yes [	] No[X]	
				ales of new business? enewals?	Yes [ Yes [	] No[X] ] No[X]	
5.1	Has the reporting entity been a party to a merger or consol	idation during the period cov	vered by this statement?		Yes [	] No [ X ]	
5.2	If yes, provide the name of the entity, NAIC company code ceased to exist as a result of the merger or consolidation.	e, and state of domicile (use	two letter state abbreviation)	for any entity that has			
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile				
		. ,					
6.1	Has the reporting entity had any Certificates of Authority, li	censes or registrations (inclu	uding corporate registration, i	f applicable)			
	suspended or revoked by any governmental entity during the if a confidentiality clause is part of the agreement.)	= -			Yes [	] No[X]	
6.2	If yes, give full information N/A						
7.1	Does any foreign (non-United States) person or entity direct	ctly or indirectly control 10%	or more of the reporting entit	y?	Yes [	] No[X]	
7.2	7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign perso	on(s) or entity(s); or if the ent	ity is a mutual or reciprocal	the nationality of its		0 %	
	manager or attorney-in-fact and identify the				t).		
	1		=				
	Nationality	Type o	T Entity				

0	2	1	2	1	1	2	0	0	5	4	. :	4	7	p	m

.1	Is the company a subsidiary of a bank ho If response to 8.1 is yes, please identify t N/A	the name of the bank holding compar	ny.				s[ ] No[X]	
	Is the company affiliated with one or more banks, thrifts or securities firms?  If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.					ce of	s[ ] No[X]	
	1	2	3	4	5	6	7	
	Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC	
			NO NO	NO NO	NO	NO	NO	
			NO NO	NO NO	NO NO	NO NO	NO NO	
			NO NO	NO NO	NO NO	NO NO	NO NO	
			NO NO	NO	NO NO	NO	NO	
			NO	NO	NO	NO	NO	
			NO	NO	NO	NO	NO	
			NO NO	NO	NO	NO NO	NO NO	
			NO NO	NO NO	NO NO	NO NO	NO NO	
	What is the name and address of the indi- Earn & Young, LLP 200 Clarendon Street, Boston, MA 0211 What is the name, address and affiliation consulting firm) of the individual providing	6.						
	62 Maple Avenue, Keene, NH03431	g the statement of actuarial opinion/co				* * *	ıry	
	FOR UNITED STATES BRANCHES OF	ALIEN REPORTING ENTITIES ONL	_Y:					
	What changes have been made during the							
	N/A							
	Does this statement contain all business					Yes	s[ ] No[X]	
	Have there been any changes made to a		=				s[ ] No[X]	
	If answer to (11.3) is yes, has the domicil	•	•				s[ ] No[ ] I	N/A [
		BOART	O OF DIRECTORS					
	Is the purchase or sale of all investments			tors or a subord	inate			
	committee thereof?  Does the reporting entity keep a complete	e permanent record of the proceeding	gs of its board of directors	and all subordina	ate		s[X] No[ ]	
	committees thereof?  Has the reporting entity an established processes the stablished processes and the stablished processes are stablished processes.	rocedure for disclosure to its board or	of directors or trustees of an	y material intere	est or	Yes	s[X] No[ ]	
	affiliation on the part of any of its officers official duties of such person?	, directors, trustees or responsible er	nployees which is in or is li	ikely to conflict v	vith the	Yes	[X] No[ ]	
		F	FINANCIAL					
1	Total amount loaned during the year (incl	lusive of Separate Accounts, exclusiv	ve of policy loans):					
			ectors or other officers			\$		
			ockholders not officers ees, supreme or grand (Frat	tornal only)		\$		—
	Total and a file and a fate of the attention		, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •		<u></u>		
-	Total amount of loans outstanding at the	end of year (inclusive of Separate At	ccounts, exclusive of policy ectors or other officers	( loans):		\$		
			ockholders not officers			\$		
		15.23 Truste	ees, supreme or grand (Frat	ternal only)		\$		
l	Were any assets reported in this stateme obligation being reported in the statemen		to transfer to another party	y without the liab	oility for such	Yes	s[ ] No[X]	
2	If yes, state the amount thereof at Decen					_		
		16.21 Rented	d from others wed from others			\$		—
		16.23 Lease				\$		_
	District in Materials Et al. 199	16.24 Other				\$		
	Disclose in Notes to Financial the nature	· ·						
	Does this statement include payments fo association assessments?	r assessments as described in the Ar	nnual Statement Instruction	ns other than gua	aranty fund or gu		s[ ] No[X]	
	If answer is yes:							
)	ii dilowor io yeo.	47 04 A	nt naid as leases as sigls = -	iuctment		¢.		
)	ii dilowor io you.		nt paid as losses or risk adj nt paid as expenses	justment		\$ \$		

#### **INVESTMENT**

18. List the following capital stock information for the reporting entity:

22.2  $\,$  If yes, state the amount thereof at December 31 of the current year.

	1	2	3	4	5	6
	Number of Shares	Number of Shares	Par Value	Redemption Price	Is Dividend Rate	Are Dividends
Class	Authorized	Outstanding	Per Share	If Callable	Limited?	Cumulative?
Preferred					Yes [ ] No [ X ]	Yes [ ] No [X]
Common	1,000,000	1,000,000		XXX	XXX XXX	XXX XXX

19.1	Were all the stocks, bonds and other securities owned Dece in the actual possession of the reporting entity on said date,		•	Yes [X]	No [ ]	
19.2	If no, give full and complete information, relating thereto					
20.1	Were any of the stocks, bonds or other assets of the reportic control of the reporting entity, except as shown on Schedule any assets subject to a put option contract that is currently i	E - Part 3 - Special Deposits, or has the reporting enti	ity sold or transferred	Yes [ ]	No [ X ]	
	If yes, state the amount thereof at December 31 of the curre	20.21 Loaned to others 20.22 Subject to repurchase agre 20.23 Subject to reverse repurcha 20.24 Subject to dollar repurchas 20.25 Subject to reverse dollar re 20.26 Pledged as collateral 20.27 Placed under option agreer 20.28 Letter stock or securities re 20.29 Other	ase agreements e agreements purchase agreements ments	\$ \$ \$ \$ \$ \$ \$		
	1 Nature of Restriction	2 Description	3 Amount			
	Does the reporting entity have any hedging transactions rep If yes, has a comprehensive description of the hedging prog If no, attach a description with this statement.				No [ X ]	N/A [ X ]
22.1	Were any preferred stocks or bonds owned as of December issuer, convertible into equity?	31 of the current year mandatorily convertible into equ	uity, or, at the option of the	Yes [ ]	No [ X ]	

#### **INVESTMENT**

23. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.H-Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No [ ]

23.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase	3 Chase Metro Tech Center, Brooklyn, NY 11245

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

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

23.03 Have there been any changes, including name changes, in the custodian(s) identified in 23.01 during the current year?

Yes [ ] No [X]

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

1	2	3	4
Old Coatedian	Navy Constadias	Date of Change	D
Old Custodian	New Custodian	Change	Reason

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

2	3
Name	Address
	2 Name

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

Yes [ ] No [X]

24.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted Carrying Value
CUSIP#	Name of Mutual Fund	Carrying Value
9999999 Total		

24.3 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
i			

#### **INVESTMENT**

25. 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 (+)
25.1 Bond	s	5,045,534	5,151,417	105,882
25.2 Prefe	erred stocks			
25.3 Total	S	5,045,534	5,151,417	105,882

4 Describe the sources or methods utilized in determining the fair values: Fair values are based on quoted market prices when available. If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or values obtained from independent pricing services.  1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?  Yes [X] No [ ]  1 In the properties of the purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?  Yes [X] No [ ]  1 In the properties of the purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?  Yes [X] No [ ]  OTHER  1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?  2 List the name of the organizations and Statistical or Rating Bureaus during the period covered by this statement.  1 2 Amount Paid  1 Name  1 Name		25.3 Totals	5,045,534	5,	151,417	105,882
OTHER  1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?  2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1 2 Amount Paid \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	If q	uoted market prices are not availat	ole, fair values are based on quoted market prices			
OTHER  1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?  2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1 2 Amount Paid  1 8 S  1 Amount of payments for legal expenses, if any?  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 Amount of payments for legal expenses during the period covered by this statement.	6.1 Ha	ve all the filing requirements of the	Purposes and Procedures manual of the NAIC Se	curitites Valuation Office	been followed?	Yes [X] No [ ]
Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?  List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1	6.2 If n	no, list exceptions:				
Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?  List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1						
2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1 2 Amount Paid \$ \$ \$ \$ Amount of payments for legal expenses, if any?  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 \$ \$ \$ \$ \$ \$ Amount Paid \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			OTHE	२		
Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.  1 2 Amount Paid \$ \$ \$ \$ Amount of payments for legal expenses, if any?  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  Name Amount Paid  \$ \$ \$ \$ \$ \$ Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7.1 Am	nount of payments to Trade Associa	ations, Service Organizations and Statistical or Rat	ting Bureaus, if any?		\$
Name  Amount Paid  \$ \$ \$ \$ Amount of payments for legal expenses, if any?  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  \$ \$  Amount Paid  \$ \$ \$  Amount Paid  \$ \$ \$ \$ \$  Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			1	2	$\neg$	
Amount of payments for legal expenses, if any?  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 \$ \$ \$ \$  Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
\$				,	-	
Amount of payments for legal expenses, if any?  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 \$ \$ \$ \$ \$  Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			9	3		
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 \$ \$ \$ \$ \$ \$ \$ Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?			9	<u> </u>	_	
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 \$ \$ \$ \$ \$ \$ \$ Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?	8.1 Am	L	es. if anv?	)		\$
Name  Amount Paid  \$ \$ \$ \$ \$ \$ \$ \$  Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				more of the total paymer	nts for legal expenses	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			1	2	$\neg$	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Name	Amount Paid		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			9	<u> </u>	_	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				3	-	
1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?				<u>,                                      </u>		
			S	3		
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	9.1 Am	nount of payments for expenditures	in connection with matters before legislative bodie	es, officers or departmer	t of government, if any?	\$
	12 lie	t the name of the firm and the amo	int paid if any such payment represented 25% or i	more of the total navmer	nt expenditures in connection	

1	2
Name	Amount Paid
	\$
	\$
	\$
	\$
	Φ.

with matters before legislative bodies, officers or department of government during the period covered by this statement.

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supple	lemer	nt Insurance in force?			YES [	] NO [ X ]
1.2	If yes, indicate premium earned on U. S. business only.					\$	
1.3	What portion of Item (1.2) is not reported on the Medicare	e Sup	pplement Insurance Experience Ex	hibit?		\$	
	1.31 Reason for excluding						
1.4	Indicate amount of earned premium attributable to Canadi	dian a	and/or Other Alien not included in It	om (1.2) abovo		\$	
	Indicate total incurred claims on all Medicare Supplement			eiii (1.2) above.		\$ \$	
	Individual policies:	10 11100	nunoc.			<u> </u>	
1.0	marvadar policies.	Mos	st current three years:				
		1.6				\$	
		1.6	·			\$	
		1.6				\$	
			years prior to most current three ye	ears:		<u> </u>	
		1.6				\$	
		1.6	·			\$	
		1.6	6 Number of covered lives			\$	
1.7	Group policies:						
		Mos	st current three years:				
		1.7	1 Total premium earned			\$	
		1.7	2 Total incurred claims			\$	
		1.7	3 Number of covered lives			\$	
		All	years prior to most current three ye	ears:			
		1.7	4 Total premium earned			\$	
		1.7	5 Total incurred claims			\$	
		1.7	6 Number of covered lives			\$	
2.	Health Test:						
				1	2		
				Current Year	Prior Year		
		2.1		\$	\$		
		2.2		\$	\$		
		2.3	\ /				
		2.4		\$	\$ 		
		2.5 2.6		\$	Φ		
				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
	Does the reporting entity issue both participating and non-		. • .			YES [	] NO [ X ]
3.2	If yes, state the amount of calendar year premiums written						
		3.2				\$	
		3.2	2 Non-participating policies			\$	
	For Mutual Reporting Entities and Reciprocal Exchange o	only:				\/F0.f	1110111
4.1	Does the reporting entity issue assessable policies?						]NO[X]
	Does the reporting entity issue non-assessable policies?		stingent lightlift, of the nellowholders	.0		YES[	] NO [ X ]
	If assessable policies are issued, what is the extent of the					\$	%
	Total amount of assessments paid or ordered to be paid or Reciprocal Exchanges Only:	uum	g the year on deposit notes or con	ungent premiums.		φ	
	Does the exchange appoint local agents?					VEG I	] NO [ X ]
	If yes, is the commission paid:					IESĮ	JNO[X]
J.Z	ii 300, io tilo commission palu.	5.2	1 Out of Attorney's-in-fact com	nensation		YEC I	] NO [ X ] N/A [
		5.2	•	•			]NO[X]N/A[ ]
5.3	What expenses of the Exchange are not paid out of the co		·	N/A		120[	INO [V] INV[ ]
J.J				**********			
	Has any Attorney-in-fact compensation, contingent on fulf	lfillme	ent of certain conditions, been defe	rred?		YES [	] NO [ X ]
5.5	If yes, give full information N/A						

(Continued)

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

0.1	compensation contract issued without limit of loss:	
	The company has a 100% quota share agreement with Peerless Insurance Company.	
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:	
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?  The company has a 100% quota share agreement with Peerless Insurance Company.	
	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  N/A	YES[X]NO[ ]
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract which includes a provision which would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?  If yes, indicate the number of reinsurance contracts containing such provisions.	YES[ ]NO[X]
	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  N/A	YES[]NO[X]
10.1	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?  Has the reporting entity guaranteed policies issued by any other entity and now in force:  If yes, give full information  N/A	YES[X]NO[ ]N/A[ ] YES[ ]NO[X]
11.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 12.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:	
	<ul><li>11.11 Unpaid losses</li><li>11.12 Unpaid underwriting expenses (including loss adjustment expenses)</li></ul>	\$ \$
	Of the amount on Line 12.3 of the asset schedule, Page 2, state the amount which is secured by letters of credit, collateral and other funds? If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	\$ YES[]NO[]N/A[X]
11.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  11.41 From  11.42 To	
	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium 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 policies?  If yes, state the amount thereof at December 31 of current year:	YES[]NO[X]
	11.61 Letters of Credit 11.62 Collateral and other funds	\$ \$
12.2 12.3	What amount of installment notes is owned and now held by the reporting entity?  Have any of these notes been hypothecated, sold or used in any manner as security for money loaned within the past year?  If yes, what amount?  Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$YES[]NO[X] \$
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?  State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic	YES[]NO[X]
10.0	facilities or facultative obligatory contracts) considered in the calculation of the amount.	3

(Continued)

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Is the company a cedant in a multiplifyes, please describe the method	•	reinsurance among the	* * * * * * * * * * * * * * * * * * * *			YES[]NO[X]
4.3	If the answer to 14.1 is yes, are the reinsurance contracts?	e methods described in item	14.2 entirely contained	d in the respective multi	ple cedant		YES[]NO[X]
4 4	If the answer to 14.3 is no, are all t	he methods described in 14	2 entirely contained in	written agreements?			YES[]NO[X]
	If the answer to 14.4 is no, please		•				[ ][]
	N/A						
5.1	Has the reporting entity guaranteed	d any financed premium acc					YES[ ]NO[X]
5.2	If yes, give full information N	/A		• • • • • • • • • • • • • • • • • • • •			
6.1	Does the reporting entity own any	securities of a real estate ho	olding company or other	rwise hold real estate in	directly?		YES[ ]NO[X]
		16.1	1 Name of real estat	te holding company			N/A
		16.12	2 Number of parcels	involved			
		16.13	3 Total book/adjuste	ed carrying value			\$
6.2	If yes, provide explanation N/A						
7.1	Does the reporting entity write any	warranty business?					
	If yes, disclose the following inform	nation for each of the following	ng types of warranty co	overage:			YES[]NO[X]
		1	2	3	4	5	
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premiur	n
		Incurred	Unpaid	Premium	Unearned	Earned	
	17.11 Home	\$	\$	\$	\$	\$	**
	17.12 Products	\$	\$	\$	\$	\$	
	17.13 Automobile	\$	\$	\$	\$	\$	**
	17.14 Other*	\$	\$	\$	\$	\$	

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

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

		1 2004	2 2003	3 2002	4 2001	5 2000
	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)	9,202,246	4,658,186			
1	Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,615,896	1,313,730			
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	30,533,049	23,688,675			
4. 5.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)  Nonproportional reinsurance lines (Lines 30, 31 & 32)					
6.	Total (Line 34)	42,351,191	29,660,591			
0.	Net Premiums Written (Page 8, Part 1B, Col. 6)	42,001,191	23,000,331			
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
12.	Total (Line 34)					
,	Statement of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)	144 005	146 256	70.046		
1	Net investment gain (loss) (Line 11)  Total other income (Line 15)	144,085	146,356	70,246		
	Dividends to policyholders (Line 17)					
	Federal and foreign income taxes incurred (Line 19)	50,525	51,186	24,500		
	Net income (Line 20)	93,560	95,170	45,746		
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business					
	(Page 2, Line 24, Col. 3)	9,667,021	8,728,005	5,070,246		* * * * * * * * * * * * * * * * * * * *
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 12.1)					
	20.2 Deferred and not yet due (Line 12.2)					
21	20.3 Accrued retrospective premiums (Line 12.3)  Total liabilities excluding protected cell business (Page 3, Line 24)	4,432,544	3,587,089	24,500		
	Losses (Page 3, Lines 1 and 2)	4,402,044	3,307,009	24,300		
	1 - 7					
1	Unearned premiums (Page 3, Line 9)					* * * * * * * * * * * * * * * * * * * *
25.	Capital paid up (Page 3, Lines 28 & 29)	100,000	100,000	100,000		
26.	Surplus as regards policyholders (Page 3, Line 35)	5,234,477	5,140,916	5,045,746		
	Risk-Based Capital Analysis					
1	Total adjusted capital	5,234,477	5,140,916	5,045,746		
28.	Authorized control level risk-based capital	94,773	101,127	1,856		
	Percentage Distribution of Cash and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
29.	Dende (Line 1)	40.1	87.6	90.2		
30.	* *************************************					
31.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
32.	Real estate (Lines 4.1, 4.2 & 4.3)					
33.	Cash and short-term investments (Line 5)	59.9	12.4	9.8		
1	Contract loans (Line 6)			XXX	XXX	XXX
1	Other invested assets (Line 7)			* * * * * * * * * * * * * * * * * * * *		
36.	Receivable for securities (Line 8) Aggregate write-ins for invested assets (Line 9)					
	Cash and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
33.	Investments in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0		100.0
39.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
40.	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 2)			*****		
42.	Affiliated short-term investments (subtotals included in Schedule DA,					
1	Part 2, Col. 5, Line 11)					
43.	Affiliated mortgage loans on real estate			* * * * * * * * * * * * * * * * * * * *		
44.	All other affiliated Total of above Lines 39 to 44	<u> </u>				
45. 46	Percentage of investments in parent, subsidiaries and affiliates			* * * * * * * * * * * * * * * * * * * *		
70.	to surplus as regards policyholders (Line 45 above divided by					
L	Page 3, Col. 1, Line 35 x 100.0)					
<u> </u>	rage 3, Col. 1, Line 33 X 100.0)					

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

(Continued)

		1 2004	2 2003	3 2002	4 2001	5 2000
	Capital and Surplus Accounts (Page 4)					
47. 48.	Net unrealized capital gains (losses) (Line 23) Dividends to stockholders (Line 34)					
49.	Change in surplus as regards policyholders for the year (Line 37)	93,560	95,170	5,045,746		
	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)	729.065	88.846			
51.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	507,955	65,223			
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	4,336,364	1,306,451			
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
54.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
55.	Total (Line 34)	5,573,384	1,460,520			
	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)					
	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)		*****			
	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
63.	Losses incurred (Line 2)					
	Loss expenses incurred (Line 3)					
	Other underwriting expenses incurred (Line 4)					
66.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
67.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)					
68.	Losses and loss expenses incurred to premiums earned					
	(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
69.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
70.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)					
71	Percent of development of losses and loss expenses incurred					
' ' '	to policyholders' surplus of prior year end (Line 70 above					
	divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
72.	Development in estimated losses and loss expenses incurred					
	2 years before the current year and prior year (Schedule P,					
72	Part 2 - Summary, Line 12, Col. 12)					
/3.	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	2,023,258		2,030,156	2,000,000
(Including all obligations guaranteed by governments)	4. Totals	2,023,258	2,129,140	2,030,156	2,000,000
States, Territories and Possessions (Direct and guaranteed)	5. United States 6. Canada 7. Other Countries				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	8. Totals     9. United States     10. Canada     11. Other Countries				
Special revenue and special assessment obligations and all non-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				
	26. Total Bonds	2,023,258	2,129,140	2,030,156	2,000,000
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries 30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States 32. Canada 33. Other Countries 34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada 37. Other Countries 38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
. a.o.n., oabolalando ana Alillado	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)	49. United States 50. Canada 51. Other Countries				
Parent, Subsidiaries and Affiliates	52. Totals 53. Totals 54. Total Common Stocks				
	55. Total Stocks				

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

1.	Book/adjusted carrying value of bonds and		Foreign Exchange Adjustment:	
	stocks, prior year	4,526,721	6.1 Column 15, Part 1	
2.	Cost of bonds and stocks acquired, Column 7, Part 3		6.2 Column 19, Part 2, Section 1	
3.	Increase (decrease) by adjustment:		6.3 Column 16, Part 2, Section 2	
	3.1 Columns 12 + 13 - 14, Part 1 (2,921)		6.4 Column 15, Part 4	
	3.2 Column 18, Part 2, Section 1		Book/adjusted carrying value at end of current period	2,023,258
	3.3 Column 15, Part 2, Section 2		Total valuation allowance	
	3.4 Column 14, Part 4 (542)	(3,463)	9. Subtotal (Lines 7 plus 8)	2,023,258
4.	Total gain (loss), Column 19, Part 4		Total nonadmitted amounts	
5.	Deduct consideration for bonds and stocks		Statement value of bonds and stocks, current period	2,023,258
	disposed of Column 7, Part 4	2,500,000		

#### SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

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

(\$000 omitted)

	Pr	remiums Earned	d			Lo	ss and Loss Ex	xpense Paymer	nts			12
Years in Which	1	2	3	Loss Pa	yments	Defense Containmer	and Cost It Payments	Adjustand Other	•	10	11 Tatal	Number of
Premiums Were	Direct.		Nat	4 Discret	5	6	7	8 Disc et	9	Salvage	Total Net Paid	Claims Reported -
Earned and Losses Were	Direct and		Net (Cols.	Direct and		Direct and		Direct and		and Subrogation	(Cols. 4 - 5 + 6	Direct and
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1995												XXX
3. 1996												XXX
4. 1997												XXX
5. 1998												XXX
6. 1999												XXX
7. 2000												XXX
8. 2001												XXX
9. 2002	[								l			XXX
10. 2003	13,188	13,188		2,849	2,849	179	179	76	76	54		XXX
11. 2004	37,963	37,963		4,187	4,187	107	107	124	124	50		XXX
12. Totals	XXX	XXX	XXX	7,036	7,036	286	286	200	200	104		XXX

		Losses	Unpaid		Defen	se and Cost C	ontainment U	Inpaid	Adjusting a		23	24	25
	Case Basis Bulk + IBNR				Case Basis Bulk + IBNR			21	22			Number of	
	13	14	15	16	17	18	19	20			Salvage	Total Net	Claims Outstanding
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	and Subrogation Anticipated	Losses and Expenses Unpaid	Direct and Assumed
1. Prior													XXX
2. 1995										* * * * * * * * * * * * *			XXX
3. 1996													XXX
4. 1997													XXX
5. 1998													X X X
6. 1999													X X X
7. 2000													XXX
8. 2001													XXX
9. 2002													XXX
10. 2003	1,495	1,495		3,678			1,993	1,993	2	2			XXX
11. 2004	3,520	3,520	5,004	5,004			1,651	1,651	579	579			XXX
12. Totals	5,015	5,015	8,682	8,682			3,644	3,644	581	581			XXX

		Total Losses and Expenses Incu		Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular	Discount	34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 1995											
3. 1996											
4. 1997											
5. 1998											
6. 1999											
7. 2000											
8. 2001											
9. 2002											
10. 2003	10,272	10,272		77.889	77.889						
11. 2004	15,172	15,172		39.965	39.965						
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

		1 Is Insurer Licen-	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
States, Etc.		sed? (Yes or No)	2 Direct Premiums Written	3 Direct Premiums Earned	Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	AL	NO								, , , , , , , , , , , , , , , , , , , ,
	AK	NO								
	AZ AR	NO NO								
	CA	NO								
	CO	NO								
	CT DE	NO NO								
	DC	NO			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
10. Florida	FL	NO								
	GA	NO								
	HI ID	NO NO			* * * * * * * * * * * * * * * * * * *					
	İL	NO								
15. Indiana	ĺΝ	NO								
	IA I	NO								
	KS KY	NO NO					* * * * * * * * * * * * * * * * *			
19. Louisiana	LA	NO								
20. Maine	ME	NO								
	MD	NO								
	MA MI	NO NO					* * * * * * * * * * * * * * * * *			
	MN	NO								
25. Mississippi	MS	NO								
	MO	NO								
	MT NE	NO NO			* * * * * * * * * * * * * * * * * * *					
	NV	NO								
30. New Hampshire	NH	NO								
	NJ	NO								
	NM NY	NO NO			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
	NC	NO								
35. No. Dakota	ND	NO								
	OH	NO								
	OK OR	NO NO								
39. Pennsylvania	PA	NO								
40. Rhode Island	RI	NO								
	SC SD	NO								
	JN J	NO NO								
	TX	YES	42,351,191	37,963,667	* * * * * * * * * * * * * * * * * * * *	5,573,384	12,837,658	13,697,497	232,133	
	UT	NO								
	VT	NO								
	VA WA	NO NO								
49. West Virginia	WV	NO								
50. Wisconsin	WI	NO			*****		*****	******		
	WY AS	NO NO			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
	GU	NO								
54. Puerto Rico	PR	NO								
	VI	NO								
56. Canada 57. Aggregate other	CN	NO								
	ОТ	XXX								
58. Totals		(a) 1	42,351,191	37,963,667		5,573,384	12,837,658	13,697,497	232,133	
DETAILS OF WRITE-IN	ıs	,								
	$\dashv$									
5701.		X X X								
5702.		XXX								
5703.		XXX								
5798. Summary of remaini										
write-ins for Line 57										
from overflow page		XXX								<del>                                     </del>
5799. Totals (Lines 5701 through 5703 + 5798	۵٬									
	(ن	Y V V								
(Line 57 above)		XXX				<u> </u>			<u> </u>	

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

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

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

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

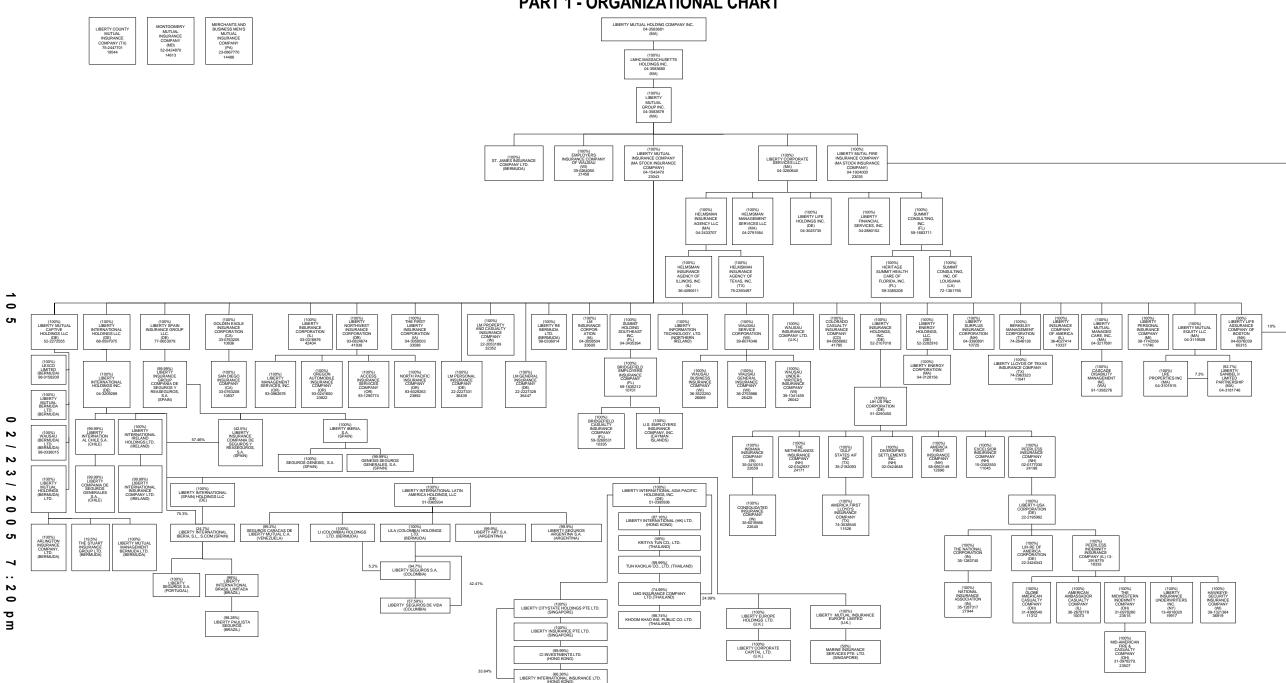
\*Principal Location of business or location of coverage - Liability other than Auto, Fidelity

\*Location of Properties covered - Burglary and Theft \*Principal Location of Assured - Ocean Marine, Credit \*Point of origin of shipment or principal location of assured - Inland Marine \*Primary residence of Assured - Aircraft (all perils) \*State in which employees regularly work - Group Accident and Health

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

 $0\ 2\ /\ 2\ 8\ /\ 2\ 0\ 0\ 5 \qquad 4\ :\ 5\ 8\ p\ m$ 

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



### **OVERFLOW PAGE FOR WRITE-INS**