ANNUAL STATEMENT	
ANNOAL OTATEMENT	
OF THE	
of	
in the state of	
TO THE	
Insurance Department	
OF THE	
STATE OF	
STATE OF	
FOR THE YEAR ENDED	
December 31, 2004	



## **ANNUAL STATEMENT**

23922200420100100

For the Year Ended December 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

Oregon Automobile Insurance Company

NAIC Group Code 0111	0111 NAIC Company Co	ode 23922 Employer'	s ID Number93-0241650
(Current Period)	(Prior Period)	Ctata of Daniella on Dant of E	
Organized under the Laws of		, State of Domicile or Port of E	ntry Oregon
Country of DomicileUnited			
Incorporated: December 28, 192		enced Business: January 1, 19	26
Statutory Home Office: One I	Liberty Centre Portland, OR 972	232-2038	
Main Administrative Office:	One Liberty Centre Portland, OR	97232-2038 503-239-5800	
Mail Address: PO Box 4555	Portland, OR 97208-4555		
Primary Location of Books and	Records: One Liberty Centre	Portland, OR 97232-2038 50	03-239-5800
Internet Website Address:ww	w.libertynorthwest.com		
Statutory Statement Contact:			503-736-7434
-	Dan.Ryan@Libertynorthwest.com		503-736-7470
,	E-Mail Address)		(Fax Number)
Policyowner Relations Contact:		·	8 503-736-7003
	OFFICE	ERS	
	Name	Title	
1. Matthew I	David Nickerson #	President and CEO	
2. James Ed	dward McKittrick, Jr.	Exec. Vice-President & Secretary	
3. David Art	hur Davidson	Exec. Vice-President, Actuary & Ass	st. Secretary_
	VICE-PRESII	DENTS	
Name	Title	Name	Title
Larry Wayne Becker #	Exec. VP & Asst. Secretary	David Arthur Davidson #	Exec. VP, Actuary & Asst. Secretary
James Edward McKittrick, Jr. # Gary Lee Kentner #	Exec. VP, CFO & Secretary Senior Vice-President & Asst. Secretary	Gary Jon Hubbard # Mark Alan Backstrom	Senior Vice-President & Asst. Secretary Vice-President & Asst. Secretary
Thomas Dean Becker	Vice-President & Asst. Secretary	Brian Christian Boe #	Vice-President & Asst. Secretary  Vice-President & Asst. Secretary
Catherine Sue Braughton-Bazant #	Vice-President & Asst. Secretary	Kristen Ann Fassenfelt #	Vice-President & Asst. Secretary
Mark Alden Fineran #	Vice-President & Asst. Secretary	David Bruce Lake #	Vice-President & Asst. Secretary
Charles Edward Lundeen #	Vice-President & Asst. Secretary	Thomas John Mortland	Vice-President & Asst. Secretary
Melanie Turvill Pennington #	Vice-President & Asst. Secretary	William Frederick Rasmussen #	Vice-President & Asst. Secretary
Richard Thomas Rusch #	Vice-President & Asst. Secretary	John Carey Shaw	Vice-President & Asst. Secretary
Elisabeth Eby Shia #	Vice-President & Asst. Secretary	James Miles Vavrek	Vice-President & Asst. Secretary
Gary Jay Ostrow #	Vice-President		
	DIRECTORS OR	TRUSTEES	
Edmund Francis Kelly Chairman #	Henry Adams Ashforth, III #	Larry Wayne Becker	Gary Lee Countryman #
David Arthur Davidson	Antonio Caldwell Ferronato	Dennis James Langwell #	James Edward McKittrick, Jr.
Matthew David Nickerson	Robert Alan Rice #	Robert Brent Shosted #	Peter Walter Stott #
State of Oregon County of Multnomah ss			
* *************************************	ly sworn, each depose and say that they are th	e described officers of said reporting entity	and that on the reporting period stated
	ere the absolute property of the said reporting e		
	hibits, schedules and explanations therein cont		
	the said reporting entity as of the reporting peri		
	ith the NAIC Annual Statement Instructions and ulations require differences in reporting not rela		
	vely. Furthermore, the scope of this attestation		
with the NAIC, when required, that is an exa	act copy (except for formatting differences due		
requested by various regulators in lieu of or	in addition to the enclosed statement.		
(Signature)	(Signa	iture)	(Signature)
Matthew David Nickerson	James Edward	,	David Arthur Davidson
(Printed Name)	(Printed		(Printed Name)
` 1. ´	2.	,	3.
President and CEO	Exec. Vice-Preside		Exec. Vice-President and Actuary
(Title)	(Title	<del>e</del> )	(Title)
Subscribed and sworn to before me this		a. Is this an original	filing? YES [ X ] NO [ ]
day of	, 2005	b. If no: 1. Stat	te the amendment number
			e filed
			nber of pages attached
		J. 1101	. •

# **ASSETS**

		Current Year			Prior Year	
		1	2	3 Net Admitted	4	
		Assets	Nonadmitted Assets	Assets (Cols. 1 - 2)	Net Admitted Assets	
Bonds (Schedule D)		6,736,268		6,736,268	6,490,395	
2. Stocks (Schedule D):						
2.1 Preferred stocks						
Mortgage loans on real estate (Schedule B):     A First lines.						
3.1 First liens 3.2 Other than first liens						
4. Real estate (Schedule A):						
	0 ongumbrancos)					
4.1 Properties occupied by the company (less \$	0 encumbrances)					
4.2 Properties held for the production of income (less \$ 4.3 Properties held for sale (less \$ 0 encum	bhrances)					
5. Cash (\$ 0 , Schedule E-Part 1), cash equivalents (	(\$ 0					
Schedule E-Part 2) and short-term investments (\$ 336,	(Ψ	336 472		336,472	(3,236,675)	
6. Contract loans (including \$ 0 premium notes)	472, Scriedule DA)			330,472	(5,250,075)	
Other invested assets (Schedule BA)						
Aggregate write-ins for invested assets						
10. Subtotals, cash and invested assets (Lines 1 to 9)		7,072,740		7.072.740	3,253,720	
11 Investment income due and accrued				1,012,140	0,200,720	
12. Premiums and considerations:						
12.1 Uncollected premiums and agents' balances in the course	e of collection					
12.2 Deferred premiums, agents' balances and installments bo not yet due (including \$ 0 earned but unl	oked but deferred and					
12.3 Accrued retrospective premiums						
13. Reinsurance:						
13.1 Amounts recoverable from reinsurers						
13.2 Funds held by or deposited with reinsured companies						
13.3 Other amounts receivable under reinsurance contracts						
Amounts receivable relating to uninsured plans						
15.1 Current federal and foreign income tax recoverable and interest t	thereon					
15.2 Net deferred tax asset						
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. Receivables from parent, subsidiaries and affiliates					3,046,280	
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	s and Protected Cell	7 070 7 10		7,070,710	0.000.000	
Accounts (Lines 10 to 23)		7,072,740		7,072,740	6,300,000	
25. From Separate Accounts, Segregated Accounts and Protected C	Jeii Accounts	7 070 740		7 070 740	6 200 000	
26. Total (Lines 24 and 25)		7,072,740		7,072,740	6,300,000	
DETAILS OF WRITE-INS						
DETAILS OF WIGHT-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)		

LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
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		
5. Other expenses (excluding taxes, licenses and fees)		
Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.2 Net deferred tax liability 8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		
\$ 17,989,152, and including warranty reserves of \$ 0 \		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
Policyholders     Ceded reinsurance premiums payable (net of ceding commissions)		
Ceded reinstrance premiums payable (net of ceding continustions)     Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (Schedule F, Part 7)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
<ul><li>19. Payable to parent, subsidiaries and affiliates</li><li>20. Payable for securities</li></ul>	772,740	
21. Liability for amounts held under uninsured accident and health plans		
21. Liability for amounts held under uninsured accident and health plans  22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	772,740	
25. Protected cell liabilities	770 740	
26. Total liabilities (Lines 24 and 25)  27. Aggregate write-ins for special surplus funds	772,740	
28. Common capital stock	1,500,000	1.500.000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	4,757,395	4,757,395
33. Unassigned funds (surplus)  34. Less treasury stock, at cost:	42,605	42,605
34.1 0 shares common (value included in Line 28 \$ 0 )		
34.2 0 shares preferred (value included in Line 29 \$ 0 )		
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 38)	6,300,000	6,300,000
36. TOTALS (Page 2, Line 26, Col. 3)	7,072,740	6,300,000
DETAILS OF WRITE-INS		
2301.		
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		
2701.		
2702. 2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

	UNDERWRITING AND INVESTMENT EXHIBIT STATEMENT OF INCOME	1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
	Premiums earned (Part 1, Line 34, Column 4)  DEDUCTIONS		
	Losses incurred (Part 2, Line 34, Column 7) Loss expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5. 6.	Aggregate write-ins for underwriting deductions  Total underwriting deductions (Lines 2 through 5)		
_			
8.	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
	INVESTMENT INCOME		
10.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains (losses) (Exhibit of Capital Gains (Losses))  Net investment gain (loss) (Lines 9 + 10)		
11.	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off		
13.	(amount recovered \$ 0 amount charged off \$ 0 ) Finance and service charges not included in premiums	* * * * * * * * * * * * * * * * * * * *	
14.	Aggregate write-ins for miscellaneous income		******
15. 16	Total other income (Lines 12 through 14)  Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)		
17.	Dividends to policyholders		
18. 19.	Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)  Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)		
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 38, Column 2)	6,300,000	6,300,000
	GAINS AND (LOSSES) IN SURPLUS		
	Net income (from Line 20)		
23. 24.	Change in net unrealized capital gains or (losses) Change in net unrealized foreign exchange capital gain (loss)	******	
25.	Change in net deferred income tax		
26. 27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)  Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
28.	Change in surplus notes		
29.	Surplus (contributed to) withdrawn from protected cells		
	Cumulative effect of changes in accounting principles Capital changes:	******	
	31.1 Paid in		
	31.2 Transferred from surplus (Stock Dividend) 31.3 Transferred to surplus		
32.	Surplus adjustments:	******	
	32.1 Paid in		
	32.2 Transferred to capital (Stock Dividend) 32.3 Transferred from capital		
	Net remittances from or (to) Home Office		
	Dividends to stockholders Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
36.	Aggregate write-ins for gains and losses in surplus		
	Change in surplus as regards policyholders for the year (Lines 22 through 36) Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 37) (Page 3, Line 35)	6,300,000	6,300,000
		3,000,000	5,555,555
0501.	DETAILS OF WRITE-INS		
0502.			
0503. 0598.	Summary of remaining write-ins for Line 5 from overflow page		
	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
1401.			
1402.		******	*****
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)		
3601.			
3602.		*****	
3603. 3698.	Summary of remaining write-ins for Line 36 from overflow page		
	Totals (Lines 3601 through 3603 plus Line 3698) (Line 36 above)		

CASH FLOW	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance		
Net investment income	(32,181)	(11,968)
3. Miscellaneous income		
4. Total (Lines 1 through 3)	(32,181)	(11,968)
5. Benefit and loss related payments		
Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions		
Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)		
10. Total (Lines 5 through 9)		
11. Net cash from operations (Line 4 minus Line 10)	(32,181)	(11,968)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	519,609	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	519,609	
13. Cost of investments acquired (long-term only):	700 004	050 400
13.1 Bonds	733,301	350,109
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)	733,301	350,109
Net increase (decrease) in policy loans and premium notes	700,001	330,103
15 Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(213,692)	(350,109)
	(210,032)	(000,100)
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		
<ul><li>16.3 Borrowed funds</li><li>16.4 Net deposits on deposit-type contracts and other insurance liabilities</li></ul>		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	3,819,020	(3,620,936)
<ul><li>17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)</li></ul>	3,819,020	(3,620,936)
	0,013,020	(0,020,000)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS	0.550.445	(0.000.040)
18. Net change in cash and short-term investments (Line 11, plus Lines 15 and 17)	3,573,147	(3,983,013)
19. Cash and short-term investments:	(0.000.075)	740.000
19.1 Beginning of year	(3,236,675)	746,338
19.2 End of year (Line 18 plus Line 19.1)	336,472	(3,236,675)
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002		
20.0003.		· · · · · · · · · · · · · · · · · · ·

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

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

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1B - PREMIUMS WRITTEN

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

	1	Reinsurand	ce Assumed	Reinsurand	Reinsurance Ceded		
	Direct	2	3 From	4	5 To	Net Premiums Written	
Line of Business	Business (a)	From Affiliates	Non- Affiliates	To Affiliates	Non- Affiliates	Cols. 1 + 2 + 3 - 4 - 5	
1. Fire	714,188			714,188			
2. Allied lines	436,284			436,284			
Farmowners multiple peril	84			84			
Homeowners multiple peril	2,318,677			2,318,677			
5. Commercial multiple peril	13,731,025			13,731,025			
6. Mortgage guaranty							
8. Ocean marine							
9. Inland marine	924,066			924,066			
10. Financial guaranty						* * * * * * * * * * * * * * * * * * * *	
11.1 Medical malpractice - occurrence						* * * * * * * * * * * * * * * * * * * *	
11.2 Medical malpractice - claims-made						* * * * * * * * * * * * * * * * * * * *	
12. Earthquake	30,145			30,145		* * * * * * * * * * * * * * * * * * * *	
13. Group accident and health						* * * * * * * * * * * * * * * * * * * *	
14. Credit accident and health (group and individual)						* * * * * * * * * * * * * * * * * * * *	
15. Other accident and health						* * * * * * * * * * * * * * * * * * * *	
16. Workers' compensation						* * * * * * * * * * * * * * * * * * * *	
17.1 Other liability - occurrence	4,141,973			4,141,973		* * * * * * * * * * * * * * * * * * * *	
17.2 Other liability - claims-made						* * * * * * * * * * * * * * * * * * * *	
18.1 Products liability - occurrence	821,154			821,154		* * * * * * * * * * * * * * * * * * * *	
18.2 Products liability - claims-made							
19.1, 19.2 Private passenger auto liability	613,708			613,708		* * * * * * * * * * * * * * * * * * * *	
19.3, 19.4 Commercial auto liability	11,290,716			11,290,716			
21. Auto physical damage	3,739,386			3,739,386			
22. Aircraft (all perils)							
23. Fidelity	11,666			11,666			
24. Surety	[			. [		* * * * * * * * * * * * * * * * * * * *	
26. Burglary and theft	672			672			
27. Boiler and machinery	[			. [			
28. Credit				. [		* * * * * * * * * * * * * * * * * * * *	
29. International				. [		* * * * * * * * * * * * * * * * * * * *	
30. Reinsurance-Nonproportional Assumed Property	XXX					* * * * * * * * * * * * * * * * * * * *	
31. Reinsurance-Nonproportional Assumed Liability	X X X			. [			
32. Reinsurance-Nonproportional Assumed Financial Lines							
33. Aggregate write-ins for other lines of business						* * * * * * * * * * * * * * * * * * * *	
34. TOTALS	38,773,744			38,773,744			

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

(a)	Does the	ioo e	mpany's direct premiums written include premiums recorded on an installment basis?  Yes [ ] No [ X ]	
	If yes:	1.	The amount of such installment premiums \$ 0	
		2	Amount at which 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 I	_ess Salvage		5	6	7	8
	1	2	3	4	Net Losses Unpaid	Net Losses	Losses	Percentage of Losses Incurred (Col. 7, Part 2)
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Current Year (Part 2A, Col. 8)	Unpaid Prior Year		to Premiums Earned (Col. 4, Part 1)
1. Fire	251,051		251,051					
2. Allied lines	71,813		71,813	*******************				
Farmowners multiple peril					* * * * * * * * * * * * * * * * * * * *			
Homeowners multiple peril	833.353		833,353		* * * * * * * * * * * * * * * * * * * *			
Commercial multiple peril	3,582,813		3,582,813					
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine	32,554		32,554					
10. Financial guaranty		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
11.1 Medical malpractice - occurrence		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
11.2 Medical malpractice - claims - made		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
12. Earthquake								
13. Group accident and health								
Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation	29,944		29,944					
17.1 Other liability - occurrence	154.283		154.283					
17.2 Other liability - claims - made	134,203		104,200					
18.1 Products liability - occurrence								
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability	744,808		744,808					
	1,537,381		1,537,381					
19.3, 19.4 Commercial auto liability	981,881		981,881					
21. Auto physical damage	901,001		901,001					
22. Aircraft (all perils) 23. Fidelity								
23. FIGERITY								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International	XXX							
30. Reinsurance-Nonproportional Assumed Property								
31. Reinsurance-Nonproportional Assumed Liability	XXX							
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX							
Aggregate write-ins for other lines of business     TOTALS	8,219,881		8,219,881					
34. TOTALS	8,219,881		8,219,881					
					l	1	I	i
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	I		

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

			Repor	ted Losses		lı lı	ncurred But Not Reported	İ	8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4  Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6  Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
	Fire	57,021		57,021	(00:0: 1 = 0)	31,661		31.661	(***** * * * * * * * * * * * * * * * *	
1.	Allied lines	8,000		8,000		12,046		12,046		
3.	Farmowners multiple peril				* * * * * * * * * * * * * * * * * * * *	39		20		
4.	Homeowners multiple peril	559,474		559,474		250,478		250,478		
5.	Commercial multiple peril	2,281,717		2,281,717		3,858,518		3,858,518		
6.	Mortgage guaranty									
8.	Ocean marine	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
9.	Inland marine	4.		4		29,699		29,699		
10										
11				* * * * * * * * * * * * * * * * * * * *						
11				* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *		
12									7-3	
13									(a)	
15									(0)	
16		119,899		119,899			* * * * * * * * * * * * * * * * * * * *		(a)	
17		63,558		63.558		2,040,504	* * * * * * * * * * * * * * * * * * * *	2,040,504		
	2 Other liability - claims - made					2,040,304	* * * * * * * * * * * * * * * * * * * *	2,040,504		
1 18		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		410,877	* * * * * * * * * * * * * * * * * * * *	410.877		
	2 Products liability - claims - made	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			
	1, 19.2 Private passenger auto liability	627,871		627,871		113,221	* * * * * * * * * * * * * * * * * * * *	113.221		
19	3, 19.4 Commercial auto liability	2,907,865		2,907,865		1,926,449	* * * * * * * * * * * * * * * * * * * *	1,926,449		
21		10,014		10,014		87,167	* * * * * * * * * * * * * * * * * * * *	87,167		
22	Aircraft (all perils)									
23						410		410		
24										
26						26		26		
27	Boiler and machinery	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		
28										
29	International					XXX				
30		[XXXX						* * * * * * * * * * * * * * * * * * * *		
31		XXX				XXX				
32	Reinsurance-Nonproportional Assumed Financial Lines Aggregate write-ins for other lines of business	XXX				XXX				
		0.005.400		0.005.400		0.704.005		0.704.005		
34	TOTALS	6,635,423		6,635,423		8,761,095		8,761,095		
	DETAIL O OF WRITE IN O									
-	DETAILS OF WRITE-INS									
33					*********					
33	02.				************		*******			****
33	03.				*******		********			*****
	98. Summary of remaining write-ins for Line 33 from overflow page									
33	99. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)									

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

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

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1	Claim adjustment services:	Ехропосо	Ехропосо	Ехропосо	Total
1.	1.1 Direct	390,588			390,588
	1.2 Reinsurance assumed		* * * * * * * * * * * * * * * * * * * *		330,300
					390,588
	1.3 Reinsurance ceded	*			390,500
•	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct excluding contingent		5,757,842		5,757,842
	2.2 Reinsurance assumed excluding contingent				
	2.3 Reinsurance ceded excluding contingent				6,202,372
	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)		(444,530)		(444,530
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations		*****		
6.	Surveys and underwriting reports				
	Audit of assureds' records				
	Salary and related items:				
٠.	8.1 Salaries				
0	8.2 Payroll taxes Employee relations and welfare				
	Insurance				
	Directors' fees				
	Travel and travel items				
13.	Rent and rent items				
	Equipment				
	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
	Legal and auditing				
19.	Totals (Lines 3 to 18)		* * * * * * * * * * * * * * * * * * * *		
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 0		444,530		444,530
	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)		444 530		444,530
21					444,550
	Real estate expenses				
23.	1				
	Aggregate write-ins for miscellaneous expenses				
25.	Total expenses incurred				(a)
	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				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)				
	DETAILS OF WRITE-INS				<u> </u>
2/01					
2402.					
2403.					
7498 1	Summary of remaining write-ins for Line 24 from overflow page				
	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

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

# **EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 293,403	328,928
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 3,109	3,109
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	(296,512	(332,037
10.	Total gross investment income	` .	
11.	Investment expenses		(g)
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		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		
	DETAILS OF WRITE-INS		
0901.	Ceded investment income	(296,512	(332,037
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	(296,512	(332,037
1501. 1502. 1503. 1598. 1599.	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		
(b) In (c) In (d) In (e) In (f) In (g) In to	cludes \$ 0 accrual of discount less \$ 0 amortization of premium and less cludes \$ 0 accrual of discount less \$ 0 amortization of premium.	s \$ 0 paid for accrued s \$ 0 paid for accrued 0 interest on encumbrances. s \$ 0 paid for accrued es, excluding federal income taxes, at	dividends on purchases. interest on purchases. interest on purchases.

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

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Increases (Decreases) by Adjustment	4 Total
1.	U.S. Government bonds				
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	Preferred stocks of affiliates Common stocks (unaffiliated) Common stocks of affiliates	N()	N. <del></del>		
2.21					
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.	NO	VE	 
0903. 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)			 

# **EXHIBIT OF NONADMITTED ASSETS**

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):	* * * * * * * * * * * * * * * * * * * *		
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First 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.	Contract loans	* * * * * * * * * * * * * * * * * * * *		
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:			
	12.1 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			
	12.3 Accrued retrospective premiums			
13.	Reinsurance:			
	13.1 Amounts recoverable from reinsurers			
	13.2 Funds held by or deposited with reinsured companies			
44	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			
15.2	Net deferred tax asset			
16.	Guaranty funds receivable or on deposit Electronic data processing equipment and software			
17.	From the product in the disc books are deliced and the second			
18. 10	Furniture and equipment, including health care delivery assets			
19. 20	Net adjustment in assets and liabilities due to foreign exchange rates	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
20.	Receivable from parent, subsidiaries and affiliates  Health care and other amounts receivable			
21. 22.	Other assets nonadmitted	* * * * * * * * * * * * * * * * * * * *		
23.	Aggregate write-ins for other than invested assets			
23. 24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
۷٦.	Accounts (Lines 10 to 23)			
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)			
	1 4 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	<u> </u>	1	
				1
	DETAILS OF WRITE-INS			

DETAILS OF WRITE-INS			
0901.			
0902.	NONE	 	
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.			
2302.	NONE	 	
2303.	IACIAL	 	
2398. Summary of remaining write-ins for Line 23 from overflow page	*****	 	
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)			

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

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

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

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

#### C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro-rata methods for direct business.

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

In addition, the company uses the following accounting policies:

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

### <u>2.</u> Accounting Changes and Corrections of Errors

None

#### 3. Business Combinations and Goodwill

None

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

None

#### 5. <u>Investments</u>

A. Mortgage Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

### E. Repurchase Agreements

#### None

#### F. Real Estate

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

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

#### Investment Income

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

#### **Derivative Instruments**

#### Income Taxes

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

Access Insurance Services, Co. 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

<sup>\*</sup>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.

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

- A, B & C. No transaction with affiliates, other than reinsurance and cost allocations, exceeded ½ of 1% of admitted assets.
- D. At December 31, 2004, the Company reported \$772,740 due to its parent company.
- E. The Company has undertaken no guarantees with respect to its parent companies or other affiliated companies with the Liberty Mutual Group.
- F. The Company has certain informal agreements with the Liberty Mutual Insurance Company wherein:
  - (1) Liberty Mutual provides to the Company investment management, payroll and other services.
- G. All of the outstanding capital stock of the Company is owned by the parent which in turn is ultimately owned by the Liberty Mutual Holding Company, Inc. The ultimate parent organization is domiciled in the Commonwealth of Massachusetts.
- H. The Company has no investment in its upstream parents.
- I. The Company has no investments in Subsidiaries, Controlled or Affiliated Companies that exceed 10% of admitted assets.
- J. The Company did not recognize any impairment write downs for it investment in Subsidiaries, Controlled or Affiliated Companies during the statement period.

#### 11. Debt

None

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

All eligible employees of the Company, along with those of certain other companies in the Liberty Mutual Group, are participants in contributory and non-contributory retirement plans. There was no material pension expense charged in 2004 or 2003.

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

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

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

- (1) The Company has 15,000 shares authorized, 15,000 shares issued and outstanding with a par value of \$100 each.
- (2) The Company has no preferred stock issued or outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Oregon, to 100% of the prior year's net income or 10% of statutory surplus at the prior year-end.
- (4) Within the limitations of (3) above there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (5) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (6) There were no advances to surplus.
- (7) There was no stock held by the Company for special purposes.
- (8) There were no special surplus funds.
- (9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

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

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

#### 14. Contingencies

A. The Company has no net contingent commitments.

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

#### 15. Leases

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

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

(2) Leverage Leases

The Company has no leveraged leases.

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

None

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

None

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

None

20. September 11 Events

None

- 21. Other Items
  - A. Extraordinary Items

None

B. Troubled Debt Restructuring Debtors

None

C. Other Disclosures

Assets in the amount of \$994,864 and \$990,143 at December 31, 2004 and 2003, respectively, were on deposit with government authorities or trustees as required by law.

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

#### 22. Events Subsequent

None

#### 23. Reinsurance

A. Unsecured Reinsurance Recoverable

None

B. Reinsurance Recoverable in Dispute

None

- C. Reinsurance Assumed and Ceded
  - (1) & (2) Cancellation of the Company's reinsurance contracts would result in no material return commissions due to or payable by the Company.
  - (3) The Company does not have any protected cells.
- D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

None

F. Retroactive Reinsurance

None

G. Reinsurance accounted for as a deposit

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

25. Change in Incurred Losses and Loss Adjustment Expenses

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

26. Inter Company Pooling Arrangements

Not applicable

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserve

None

31. High Deductibles

None

32. <u>Discounting of Liabilities for Unpaid Losses and Loss Adjustment Expenses</u>

 $The \ Company \ does \ not \ discount \ its \ liabilities \ for \ unpaid \ losses \ or \ unpaid \ loss \ adjustment \ expenses.$ 

33. Asbestos/Environmental Reserves

The Company has no known exposure to asbestos and/or environmental (Mass Tort) claims.

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

# SUMMARY INVESTMENT SCHEDULE

	Gro Investment	Holdings	Admitted Assets as Reported in the Annual Statement		
Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage	
1. Bonds:					
1.1 U.S. treasury securities	6,736,268	95.243	6,736,268	95.243	
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					
1.3 Foreign government (including Canada, excluding mortgage-backed securities)					
1.4 Securities issued by states, territories, and possessions					
and political subdivisions in the U.S.:					
1.41 States, territories and possessions general obligations					
1.42 Political subdivisions of states, territories and possessions and political					
subdivisions general obligations 1.43 Revenue and assessment obligations					
1.44 Industrial development and similar obligations					
Mortgage-backed securities (includes residential and commercial MBS):					
1.51 Pass-through securities:					
1.511 Issued or guaranteed by GNMA					
1.512 Issued or guaranteed by FNMA and FHLMC					
1.513 All other					
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA					
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-					
backed securities issued or guaranteed by agencies shown in Line 1.521					
1.523 All other					
Other debt and other fixed income securities (excluding short term):					
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)					
2.2 Unaffiliated foreign securities					
2.3 Affiliated securities 3. Equity interests:					
2.1 Investments in mutual funds					
3.2 Preferred stocks:					
3 21 Affiliated					
3.22 Unaffiliated					
3.3 Publicly traded equity securities (excluding preferred stocks):					
3.31 Affiliated					
3.32 Unaffiliated					
3.4 Other equity securities:					
3.41 Affiliated					
3.42 Unaffiliated					
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated 3.52 Unaffiliated					
Mortgage loans:     4.1 Construction and land development					
4.2 Agricultural					
4.3 Single family residential properties					
4.4 Multifamily residential properties					
4.5 Commercial loans					
4.6 Mezzanine real estate loans					
5. Real estate investments:					
5.1 Property occupied by company					
5.2 Property held for production of income					
(includes \$ 0 of property acquired in satisfaction of debt)					
5.3 Property held for sale (\$ 0 including property					
acquired in satisfaction of debt)					
6. Policy loans					
7. Receivables for securities	000.470		220.470		
Cash, cash equivalents and short-term investments     Other invested accepts.	336,472	4.757	336,472	4.757	
9. Other invested assets 10. Total invested assets.	7 070 740	100 000	7 070 740	100,000	
10. Total invested assets	7,072,740	100.000	7,072,740	100.000	

## PART 1 - COMMON INTERROGATORIES

### **GENERAL**

1.1		e reporting entity a member of an Insurance Holding C insurer?	company System consisting of	of two or more affiliated pe	ersons, one or more of which	Yes[X	(] [	No [ ]	
1.2	such provi	s, did the reporting entity register and file with its dominer regulatory official of the state of domicile of the principal ding disclosure substantially similar to the standards are linsurance Holding Company System Regulatory Act dards and disclosure requirements substantially similar	pal insurer in the Holding Condopted by the National Asso and model regulations pertagn	mpany System, a registra ciation of Insurance Com ining thereto, or is the rep	tion statement missioners (NAIC) in its	Yes[X	<b>(</b> ]	No [ ]	N/A [
1.3	State	Regulating?						OREGO	١
2.1		any change been made during the year of this statement or reporting entity?	ent in the charter, by-laws, ar	ticles of incorporation, or	deed of settlement	Yes [	] !	No [ X ]	
2.2	-	s, date of change: previously filed, furnish herewith a certified copy of the	ne instrument as amended.						
3.1	State	e as of what date the latest financial examination of the	e reporting entity was made of	or is being made.			12	2/31/2002	
3.2		the as of date that the latest financial examination reddate should be the date of the examined balance sheet					12	2/31/2002	
3.3	domi	e as of what date the latest financial examination repor cile or the reporting entity. This is the release date or nce sheet date).		·			11	/10/2003	
3.4	•	hat department or departments? INSURANCE DIVISI BUSINESS SERVICES	ON OF THE OREGON DEP	ARTMENT OF CONSUM	≣R				
4.1	com	ng the period covered by this statement, did any agent bination thereof under common control (other than sale ostantial part (more than 20 percent of any major line o	aried employees of the report	ting entity) receive credit of ect premiums) of:	or commissions for or control	V I		N. IVI	
					sales of new business? renewals?	Yes [ Yes [	•	No [ X ] No [ X ]	
4.2	affilia	ng the period covered by this statement, did any sales/ ste, receive credit or commissions for or control a subst t premiums) of:		rcent of any major line of		Yes [	1 1	No [ X ]	
					renewals?	Yes [	•	No [X]	
5.1	Has	the reporting entity been a party to a merger or consol	idation during the period cov	ered by this statement?		Yes [	] !	No [ X ]	
5.2	-	s, provide the name of the entity, NAIC company code ed to exist as a result of the merger or consolidation.	, and state of domicile (use t	wo letter state abbreviation	on) for any entity that has				
		1	2	3					
		Name of Entity	NAIC Company Code	State of Domicile	_				
					$\dashv$				
6.1	susp	the reporting entity had any Certificates of Authority, li- ended or revoked by any governmental entity during th onfidentiality clause is part of the agreement.)	-			Yes [	1	No [ X ]	
6.2		arive full information				-			
		s any foreign (non-United States) person or entity direct	etly or indirectly control 10% of	or more of the reporting e	ntity?	Yes [	] [	No [ X ]	
7.2	If yes	<ul><li>7.21 State the percentage of foreign control</li></ul>						0 %	
		7.22 State the nationality(s) of the foreign perso manager or attorney-in-fact and identify the			·	:).			
		1 Nationality	2 Type of						
					_				

1 Nationality	2 Type of Entity

1 Is	the company a subsidiary of a bank hold	ing company regulated by the Federal	Reserve Board?			Yes	;[ ] No[X]	
l If	response to 8.1 is yes, please identify the	name of the bank holding company.						
lf fir Ti	the company affiliated with one or more l response to 8.3 is yes, please provide the nancial regulatory services agency [i.e. the nrift Supervision (OTS), the Federal Depo filiate's primary federal regulator.	e names and location (city and state of e Federal Reserve Board (FRB), the O	office of the Comptroller	r of the Currency	(OCC), the Office	of	[ ] 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	
FOR WARREN DE COMMENT OF THE PROPERTY OF THE P	oes this statement contain all business tra ave there been any changes made to any answer to (11.3) is yes, has the domicilia the purchase or sale of all investments of ommittee thereof? oes the reporting entity keep a complete promittees thereof? as the reporting entity an established proof filiation on the part of any of its officers, d	02117 IY EMPLOYEE  JEN REPORTING ENTITIES ONLY: year in the United States manager or the states manager or the states manager or the states manager or the trust indentures during the year and the trust indentures during the year and the states approved the changes  BOARD Of the reporting entity passed upon either the proceedings of the proceedings of the december of the proceedings of the december of the proceedings of the december of the proceedings of the proceed	the United States trusted hits United States Brade? F DIRECTORS or by the board of directors of its board of directors or trustees of an	ees of the report  nch on risks who  ctors or a subord  and all subordin	ing entity? erever located? inate ate	Yes Yes Yes Yes	[X] No[] [] No[X] [] No[] [] No[]	N/A [
of	fficial duties of such person?	FIN	ANCIAL			Yes	[X] No[]	
To	otal amount loaned during the year (inclus	ive of Separate Accounts, exclusive o	f policy loans):					
		15.12 To stockho	rs or other officers olders not officers supreme or grand (Fra	ternal only)		\$ \$		
2 To	otal amount of loans outstanding at the er	15.21 To directo	unts, exclusive of policy rs or other officers olders not officers	/ loans):		\$\$		
		15.23 Trustees,	supreme or grand (Fra	• •		\$		
ol	Vere any assets reported in this statement obligation being reported in the statement?		ransfer to another part	y without the liab	pility for such	Yes	[ ] No[X]	
: It	yes, state the amount thereof at Decemb	er 31 of the current year: 16.21 Rented fro	om others			\$		
		16.22 Borrowed				\$		
		16.23 Leased fro	om others			\$		
ח	isclose in Notes to Financial the nature of	16.24 Other each obligation				\$		
D	oes this statement include payments for a sociation assessments?	•	al Statement Instruction	ns other than gu	aranty fund or gua		;[ ] No[X]	
	answer is yes:					. 30		
			aid as losses or risk ad	justment		\$		
		17.22 Amount pa				\$		
		17.23 Other amo	ounts paid			\$		

#### **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 [ ]	Yes [ ] No [ ]
Common	15,000	15,000	100	XXX	XXX XXX	XXX XXX

19.1	.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits?				Yes [	] No[X]	
19.2	If no, give full and complete information, relating thereto SE AGENTS OF THE COMPANY						
20.1	Were any of the stocks, bonds or other assets of the report control of the reporting entity, except as shown on Schedul any assets subject to a put option contract that is currently	e E - Part 3 - Special Depo	sits, or has the reporting en	tity sold or transferred	Yes [	] No[X]	
20.2	If yes, state the amount thereof at December 31 of the curr	ent year:					
		20.21	Loaned to others		\$		
			Subject to repurchase agree		\$		
			Subject to reverse repurch	•	\$		
			Subject to dollar repurchas	•	\$		
	20.25 Subject to reverse dollar repurchase agreements 20.26 Pledged as collateral						
	20.27 Placed under option agreements						
	20.28 Letter stock or securities restricted as to sale						
	20.29 Other				\$		
20.3	For category (20.28) provide the following:						
	1		2	3			
	Nature of Restriction	Desc	ription	Amount			
					_		
					$\dashv$		
21.1	Does the reporting entity have any hedging transactions re	ported on Schedule DB?			Yes [	] No [ X ]	
21.2	If yes, has a comprehensive description of the hedging pro	gram been made available	to the domiciliary state?		Yes [	] No[ ] I	N/A [ X ]
	If no, attach a description with this statement.						
22.1	Were any preferred stocks or bonds owned as of December	er 31 of the current year ma	ndatorily convertible into eq	uity, or, at the option of the			
	issuer, convertible into equity?				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	2
Name of Custodian(s)	Custodian's Address
JP MORGAN CHASE	3 CHASE METROTECH CENTER
	BROOKLYN, NY 11245
LIBERTY MUTUAL INVESTMENT ADVISORS	175 BERKELEY STREET
	BOSTON, MA 02117

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 Name(s)	2 Location(s)	3 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
		Date of	_
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.

1	2		3
Central Registration			
Depository Number(s)	Name	ļ ,	Address
LIBERTY MUTUAL	CERTAIN LIBERTY MUTUAL	175 BERKELEY ST.	BOSTON, MA 02117
INVESTMENT ADVISORS	INSURANCE CO. DESIGNEES		·
		1	

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

### 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 Bonds	7,072,740	7,308,370	235,630
25.2 Preferred stocks			
25.3 Totals	7,072,740	7,308,370	235,630

					-	
25.4	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.					
26.1	Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securitites Valuation Office been followed?				Yes [X] No [ ]	
26.2	If no	, list exceptions:				
		ОТНЕ	ER .			
27.1	Amo	ount of payments to Trade Associations, Service Organizations and Statistical or R	ating Bureaus, if any?		\$	
27.2		the name of the organization and the amount paid if any such payment represente ociations, Service Organizations and Statistical or Rating Bureaus during the perior	·	ayments to Trade		
		1	2			
		Name	Amount Paid			
			\$			
			\$ \$			
			\$			
			\$			
28.1	Amo	ount of payments for legal expenses, if any?			\$	
28.2		the name of the firm and the amount paid if any such payment represented 25% on ng the period covered by this statement.	r more of the total payments	for legal expenses		
		1	2			
		Name	Amount Paid			
			\$			
			\$			
			\$			
			\$			
29.1	Amo	ount of payments for expenditures in connection with matters before legislative bod	ies, officers or department o	f government, if any?	\$	
29.2		the name of the firm and the amount paid if any such payment represented 25% or matters before legislative bodies, officers or department of government during the		•		

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

# PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	1 Does the reporting entity have any direct Medicare Supplement Insurance in force?				YES[]NO[X]	
1.2	If yes, indicate premium earned on U. S. business only.			\$		
1.3	3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?				\$	
	1.31 Reason for excluding					
	Indicate amount of earned premium attributable to Canadian a		iltem (1.2) above.		\$	
	Indicate total incurred claims on all Medicare Supplement insu	rance.			\$	
1.6	Individual policies:					
		st current three years:				
	1.6	Total premium earned			\$	
	1.62	2 Total incurred claims			\$	
	1.63	Number of covered lives			\$	
	All y	rears prior to most current three	years:			
	1.64	Total premium earned			\$	
	1.65	Total incurred claims			\$	
	1.66	Number of covered lives			\$	
1.7	Group policies:					
	Mos	st current three years:				
	1.7′				\$	
	1.72				\$	
	1.73	Number of covered lives			\$	
		ears prior to most current three	vears:		<u>*</u>	
	1.74		,		\$	
	1.78				\$	
	1.76				<u>•</u>	
	1.70	number of covered lives			Ψ	
2.	Health Test:		1	2		
			'			
	2.4	December Noncontes	Current Year	Prior Year		
	2.1	Premium Numerator	\$	\$		
	2.2	Premium Denominator	\$	\$		
		, ,				
	2.4	Reserve Numerator	\$	\$		
	2.5	Reserve Denominator	\$	\$		
	2.6	Reserve Ratio (2.4/2.5)	****			
3.1	Does the reporting entity issue both participating and non-participating and non-partici	cipating policies?			YES[]NO[X]	
3.2	If yes, state the amount of calendar year premiums written on:					
	3.2	Participating policies			\$	
	3.22	Non-participating policies			\$	
4.	For Mutual Reporting Entities and Reciprocal Exchange only:					
4.1	Does the reporting entity issue assessable policies?				YES[]NO[X]	
4.2	Does the reporting entity issue non-assessable policies?				YES[]NO[X]	
	If assessable policies are issued, what is the extent of the con	tingent liability of the policyholde	ers?		% === { · · · · · · · · · · · · · · · · ·	
	Total amount of assessments paid or ordered to be paid during				\$	
	eciprocal Exchanges Only:	y 1.10 y out on appoint notice of or	go p. oao.		<u>*</u>	
	Does the exchange appoint local agents?				YES[]NO[X]	
	If yes, is the commission paid:				ITO[ ]NO[X]	
J.Z	11 yes, is the continussion paid.	Out of Attornov's in fact or	omneneation		VEQ	
	5.2 5.2	•	·		YES [ ] NO [ X ] N/A [ ]	
- 0		'	•		YES[]NO[X]N/A[]	
5.3	What expenses of the Exchange are not paid out of the compe	ensation of the Attorney-in-fact?			***	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillme	nt of certain conditions, been de	ferred?		YES[]NO[X]	
	If yes, give full information					
	***************************************					

(Continued)

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:  THE COMPANY DOES NOT WRITE WORKERS COMPENSATION	
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  GEO-CODED LOCATION LIMITS OF INSURANCE FOR ALL PROPE COVERAGES ARE MODELED BY BENFIELD REINS. BROKERS USING RMS, AIR AND EQECAT MODELING SOFTWARE. PRIMARY CONCENTRATIONS ARE THE COUNTIES OF KING AND SNOHOMISH IN WA. AND WASHINGTON, CLACKAMAS, JACKSON, KLAMATH, AND MAXIMATH, AND MA	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? PURCHASE PROPERTY CATASTROPHE INSURANCE EXCESS OF \$5,000,000 PER OCCURENCE AS FOLLOWS: 95% OF \$15 MILLION; 75% OF \$20 MILLION EXCESS OF \$20 MILLION; AND 50% OF \$10 MILLION EXCESS \$40 MILLION.	
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	YES[X]NO[ ]
0.0	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	
	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]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any	
8.2	loss that may occur on this risk, or portion thereof, reinsured?  If yes, give full information	YES[]NO[X]
9. 10.1 10.2	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	YES[]NO[]N/A[X] 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:	
	11.11 Unpaid losses	\$
	11.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$
11.2	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?	\$
11.3	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[X]N/A[
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	
11.5	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?	YES[]NO[X]
11.6	If yes, state the amount thereof at December 31 of current year:	TO[ ]NO[X]
	11.61 Letters of Credit	\$
	11.62 Collateral and other funds	\$
12.1	What amount of installment notes is owned and now held by the reporting entity?	\$
12.2	Have any of these notes been hypothecated, sold or used in any manner as security for money loaned within the past year?	YES[]NO[X]
	If yes, what amount?	\$
	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a	VECT INOTY
13 3	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.	2

(Continued)

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Is the company a cedant in a mul If yes, please describe the metho			cedants: ON POL	LICY EFFECTIVE DATE	<u> </u>	YES[X]NO[ ]
	If the answer to 14.1 is yes, are the reinsurance contracts?				ole cedant		YES[X]NO[ ]
	If the answer to 14.3 is no, are all		2 entirely contained in	written agreements?			YES[X]NO[ ]
14.5	If the answer to 14.4 is no, please	e explain:					
	Has the reporting entity guarantee						YES[]NO[X]
	Does the reporting entity own any			wise held real estate in			YES[]NO[X]
10.1	Does the reporting entity own any				unectly!		ILS[ ]NO[X]
		16.11		•			
		16.12 16.13					
16.2	If yes, provide explanation	10.13	Total book/adjuste	u carrying value		•	<u> </u>
17.1	Does the reporting entity write an						VEO ( 1110 ( ) ( )
	If yes, disclose the following infor	mation for each of the followin	ig types of warranty co	verage:			YES[]NO[X]
		1	2	3	4	5	
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premium	1
		Incurred	Unpaid	Premium	Unearned	Earned	
	17.11 Home	\$	\$	\$	\$	\$	
	17.12 Products	\$	\$	\$	\$	\$	•
	17.13 Automobile	\$	\$	\$	\$	\$	
	17.14 Other*		Φ	<b>c</b>	<b>c</b>	¢	• •

# 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
$\vdash$	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)	16,867,551	13,511,442	1,116,725	1,784,415	2,864,179
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	5,844,741	5,550,109	989,318	2,416,381	2,910,033
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	16,049,786	13,558,335	2,027,961	1,833,840	2,311,998
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	11,666	5,859			
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)	00 ==0 =44	22 22 - 4-	4 40 4 00 4	0.004.000	2 222 242
6.	Total (Line 34)	38,773,744	32,625,745	4,134,004	6,034,636	8,086,210
,	<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
′-	19.1, 19.2 & 19.3, 19.4)					(22,634,660)
8	Property lines (Lines 1, 2, 9, 12, 21 & 26)					(13,650,564)
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					(26,429,548)
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					(5,943)
11.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					
12.	Total (Line 34)					(62,720,715)
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)					
14.	Net investment gain (loss) (Line 11)				31,926,601	41,112,813
15.	Total other income (Line 15)				(53,156)	986,638
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)				1,601,999	40,000,454
18.	Net income (Line 20)  Balance Sheet Lines (Pages 2 and 3)				30,271,446	42,099,451
10	Total admitted assets excluding protected cell business					
13.	(Page 2, Line 24, Col. 3)	7,072,740	6,300,000	6,874,656	10,008,137	183,994,692
20	Premiums and considerations (Page 2, Col. 3)	1,012,140	0,500,000	0,074,000	10,000,107	100,004,002
-0.	20.1 In course of collection (Line 12.1)					
	20.2 Deferred and not yet due (Line 12.2)					
	20.3 Accrued retrospective premiums (Line 12.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 24)	772,740		574,656		1,964,659
22.	Losses (Page 3, Lines 1 and 2)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)					
25.	Capital paid up (Page 3, Lines 28 & 29)	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
26.	Surplus as regards policyholders (Page 3, Line 35)	6,300,000	6,300,000	6,300,000	10,008,137	182,030,034
27	Risk-Based Capital Analysis	6 200 000	6 300 000	6 300 000	10 000 127	100 000 004
27.	Total adjusted capital Authorized control level risk-based capital	6,300,000	6,300,000 165,210	6,300,000 51,462	10,008,137	182,030,034 3,387,800
20.	Percentage Distribution of Cash and Invested Assets	14,004	100,210	51,462	7,182	3,307,000
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29.	Bonds (Line 1)	95.2	199.5	89.1	2.1	49.6
30.	Stocks (Lines 2.1 & 2.2)				50.1	26.2
31.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
32.	Real estate (Lines 4.1, 4.2 & 4.3)					6.0
33.	Cash and short-term investments (Line 5)	4.8	(99.5)	10.9	47.9	18.2
34.	Contract loans (Line 6)			XXX	XXX	XXX
35.	Other invested assets (Line 7)					
36.	Receivable for securities (Line 8)					
37.	Aggregate write-ins for invested assets (Line 9)	400.0	400.0	400.0	100.0	400.0
38.	Cash and invested assets (Line 10)  Investments in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0	100.0	100.0
30	Affiliated hands (Cab. D. Cummary Line 25, Cal. 1)					
39. 40.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1) Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
41.	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)				5,007,257	12,058,150
I	Affiliated short-term investments (subtotals included in Schedule DA,				5,551,251	,,
	Part 2, Col. 5, Line 11)					
43.	Affiliated mortgage loans on real estate					
44.	All other affiliated					
45.	Total of above Lines 39 to 44				5,007,257	12,058,150
46.	Percentage of investments in parent, subsidiaries and affiliates					
	to surplus as regards policyholders (Line 45 above divided by					
1	Page 3, Col. 1, Line 35 x 100.0)	1			I	

# FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2004	2 2003	3 2002	4 2001	5 2000
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 23)  Dividends to stockholders (Line 34)			(5,007,258)	(15,719,595) (182,395,811)	(17,537,749)
49.	Change in surplus as regards policyholders for the year (Line 37)			(3,708,137)	(172,021,897)	26,446,637
	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)	2,466,416	1,700,703	1,578,225	2,319,164	2,579,408
51.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,337,299	1,070,771	682,144	1,045,112	1,141,749
52.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	4,416,166	1,608,635	1,215,052	2,615,857	1,822,985
53.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					
54. 55.	Nonproportional reinsurance lines (Lines 30, 31 & 32)  Total (Line 34)	8,219,881	4,380,109	3,475,421	5,980,133	5,544,142
33.	Total (Line 34)	0,213,001	4,300,103	0,770,721	0,300,100	0,077,172
	Net Losses Paid (Page 9, Part 2, Col. 4)					
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					55,054,363
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					1,007,829
50.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)  All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)					30,162,355
60.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)					86,224,547
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
62.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	Losses incurred (Line 2)					
	Loss expenses incurred (Line 3)					
	Other underwriting expenses incurred (Line 4)					
00.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)					
68.	Losses and loss expenses incurred to premiums earned					
69.	(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)  Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
70.	·					
71	to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)  Percent of development of losses and loss expenses incurred					
171.	to policyholders' surplus of prior year end (Line 70 above divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (000 omitted)					
72.	Development in estimated losses and loss expenses incurred					
	2 years before the current year and prior year (Schedule P,					
	Part 2 - Summary, Line 12, Col. 12)					
/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
	Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
United States     Canada	6,736,268		6,700,596	6,800,00
3. Other Countries				
4. Totals			6,700,596	6,800,00
5. United States 6. Canada 7. Other Countries				
8. Totals				
11. Other Countries				
12. Totals				
13. United States 14. Canada 15. Other Countries				
16. Totals				
17. United States 18. Canada 19. Other Countries				
20. Totals				
21. United States 22. Canada 23. Other Countries				
24. Totals				
25. Totals				
26. Total Bonds	6,736,268	6,971,838	6,700,596	6,800,00
30. Totals				
31. United States 32. Canada 33. Other Countries				
34. Totals				
38. Totals				
39. Totals				
40. Total Preferred Stocks				
41. United States 42. Canada 43. Other Countries				
44. Totals				
45. United States 46. Canada 47. Other Countries				
48. Totals				
50. Canada 51. Other Countries				
52. Totals				
53. Totals				
54. Total Common Stocks				
55. Total Stocks				
56. Total Bonds and Stocks	6,736,268	6,971,838	6,700,596	I
	2. Canada 3. Other Countries 4. Totals 5. United States 6. Canada 7. Other Countries 8. Totals 9. United States 10. Canada 11. Other Countries 12. Totals 13. United States 14. Canada 15. Other Countries 16. Totals 17. United States 18. Canada 19. Other Countries 20. Totals 21. United States 22. Canada 23. Other Countries 24. Totals 25. Totals 26. Total Bonds 27. United States 28. Canada 29. Other Countries 30. Totals 31. United States 32. Canada 33. Other Countries 34. Totals 35. United States 36. Canada 37. Other Countries 34. Totals 35. United States 36. Canada 37. Other Countries 34. Totals 35. United States 36. Canada 37. Other Countries 34. Totals 35. United States 36. Canada 37. Other Countries 38. Totals 39. Totals 40. Total Preferred Stocks 41. United States 42. Canada 43. Other Countries 44. Totals 45. United States 46. Canada 47. Other Countries 48. Totals 49. United States 40. Total Preferred Stocks 41. United States 42. Canada 43. Other Countries 44. Totals 45. United States 46. Canada 47. Other Countries 48. Totals 59. Totals 50. Canada 51. Other Countries 51. Totals 52. Totals 53. Totals 54. Total Common Stocks 55. Total Stocks	Book/Adjusted Carrying Value	Book/Adjusted   Carrying Value   Fair Value	Book/Adjusted   Fair Value   Actual Cost

# **SCHEDULE D - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of bonds and stocks, prior year	6,490,395	6. Foreign Exchange Adjustment: 6.1 Column 15, Part 1	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	733,301	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 14,873		6.4 Column 15, Part 4	
	3.2 Column 18, Part 2, Section 1		7. Book/adjusted carrying value at end of current period 6,736,26	8
	3.3 Column 15, Part 2, Section 2		8. Total valuation allowance	
	3.4 Column 14, Part 4 (8)	14,865	9. Subtotal (Lines 7 plus 8) 6,736,266	8
4.	Total gain (loss), Column 19, Part 4	17,316	10. Total nonadmitted amounts	_
5.	Deduct consideration for bonds and stocks		11. Statement value of bonds and stocks, current period 6,736,266	8
	disposed of Column 7, Part 4	519,609		
	disposed of Column 7, Part 4	519,609		

# SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

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

(\$000 omitted)

	Pre	emiums Earned	i			Los	ss and Loss Ex	pense Paymer	nts			12
Years in Which	1	2	3	Loss Pa	yments	Defense a		Adjus and Other	•	10	11 Tatal	Number of
Premiums Were				4	5	6	7	8	9	Salvage	Total Net Paid	Claims Reported -
Earned and	Direct		Net	Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		(Cols.	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	27	27	13	13					XXX
2. 1995	6,479	6,479		3,513	3,513	66	66	9,890	9,890			XXX
3. 1996	12,165	12,165		10,703	10,703	171	171	8,679	8,679			XXX
4. 1997	16,156	16,156		10,728	10,728	132	132	1,091	1,091			XXX
5. 1998	13,870	13,870		7,887	7,887	220	220	1,124	1,124			XXX
6. 1999	10,904	10,904		6,721	6,721	264	264	1,258	1,258	l	l	XXX
7. 2000	8,537	8,537		5,154	5,154	84	84	36	36	l		XXX
8. 2001	6,717	6,717		5,230	5,230	147	147	137	137			XXX
9. 2002	4,683	4,683		2,785	2,785	43	43	216	216	l	l	XXX
10. 2003	19,163	19,163		4,641	4,641	168	168	16	16	<b>.</b>		XXX
11. 2004	36,012	36,012		6,441	6,441	119	119	13	13			XXX
12. Totals	XXX	XXX	XXX	63,830	63,830	1,427	1,427	22,460	22,460	1		XXX

		Losses	Unpaid		Defen	se and Cost C	Containment U	Inpaid	Adjusting a		23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	21	22	1		Number of
	13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	Direct		Salvage and	Total Net Losses and	Claims Outstanding Direct
	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	Subrogation Anticipated	Expenses Unpaid	and Assumed
1. Prior	120	120							6	6			XXX
2. 1995													XXX
3. 1996													XXX
4. 1997													XXX
5. 1998													XXX
6. 1999	10	10								1			XXX
7. 2000	23	23					1	1	1	1			XXX
8. 2001	89	89	2	2			2	2	5	5			XXX
9. 2002	248	248						1	14				XXX
10. 2003	1,483	1,483	1,669	1,669			490	490	252	252			XXX
11. 2004	4,664	4,664	7,077	7,077			1,691	1,691	989	989			XXX
12. Totals	6,637	6,637	8,759	8,759			2,191	2,191	1,268	1,268		1	XXX

		otal Losses and Expenses Incur			oss Expense F ed / Premiums E		Nontabular	Discount	34	Net Balan Reserves Af	
	26 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Inter-Company Pooling Participation	Losses	36 Loss Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 1995	13,469	13,469		207.887	207.887						
3. 1996	19,553	19,553		160.732	160.732						
4. 1997	11,951	11,951		73.973	73.973						
5. 1998	9.231	9.231		66.554	66.554				* * * * * * * * * * * * * * * * * * * *		
6. 1999	8,254	8,254		75.697	75.697				* * * * * * * * * * * * * * * * * * * *		
7. 2000	5,299	5,299		62.071	62.071				* * * * * * * * * * * * * * * * * * * *		
8. 2001	5,612	5,612		83.549	83.549						
9. 2002	3,324	3,324		70.980	70.980						
10. 2003	8,719	8,719		45.499	45.499						
11. 2004	20,994	20,994		58.297	58.297						
12 Totals	YYY	YYY	YYY	YYY	YYY	YYY			YYY		

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

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

V-	:-		Incurred Net L	osses and De	ense and Cos	st Containmen	t Expenses Re	eported At Ye	ar End (\$000	OMITTED)		DEVELO	PMENT
	ars in /hich	1	2	3	4	5	6	7	8	9	10	11	12
Loss	es Were												
Ind	curred	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	One Year	Two Year
1.	Prior												
2.	1995												
3.	1996	XXX											
4.	1997	XXX	XXX										
5.	1998	XXX	XXX	XXX			* * * * * * * * * * * * * * * * * * * *						
6.	1999	XXX	XXX	XXX	XXX		* * * * * * * * * * * * * * * * * * * *						
7.	2000	XXX	XXX	XXX	XXX	XXX	* * * * * * * * * * * * * * * * * * * *						
8.	2001	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		* * * * * * * * * * * * * * * * * * * *		XXX
11.	2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	_								12 Totals				

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

V	ears in	Cum	nulative Paid N	et Losses and	Defense and	Cost Contain	ment Expense	s Reported A	t Year End (\$0	000 OMITTED	)	11 Number of	12 Number of
	hich	1	2	3	4	5	6	7	8	9	10	Claims Closed	Claims Closed
1	es Were											With Loss	Without Loss
	curred	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	Payment	Payment
1.	Prior	000										XXX	XXX
2.	1995						* * * * * * * * * * * * * *					XXX	XXX
3.	1996	XXX					* * * * * * * * * * * * * *					XXX	XXX
4.	1997	XXX	XXX				* * * * * * * * * * * * * * * * * * * *					XXX	XXX
5.	1998	XXX	XXX	XXX								XXX	XXX
6.	1999	XXX	XXX	XXX	XXX							XXX	XXX
7.	2000	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8.	2001	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9.	2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10.	2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11.	2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

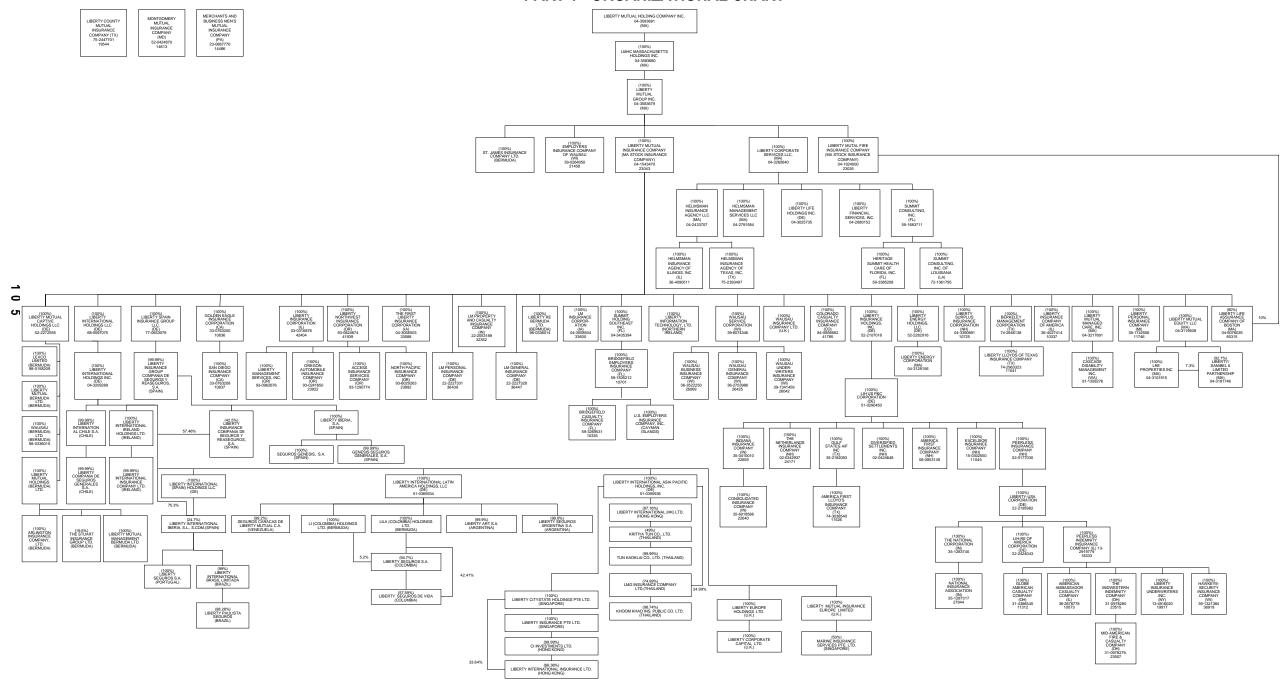
Years in	1	2	2	1	5	6	7	8	9	10
Which	'		3	4	]	0	<b>'</b>	0	9	10
Losses Were										
Incurred	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
1. Prior										
2. 1995										
3. 1996	XXX									
4. 1997	XXX	XXX								
5. 1998	XXX	XXX	XXX							
6. 1999	XXX	XXX	XXX	XXX						
7. 2000	XXX	XXX	XXX	XXX	XXX					
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2002	XXX									
10. 2003	XXX	XXX								
11. 2004	XXX	XXX	XXX							

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

		1 Is Insurer	Gross Premiums, and Membersh Return Premiums	nip Fees Less s and Premiums	4 Dividends Paid or	5 Direct	6	7	8 Finance and	9 Direct Premium Written for
		Licen- sed? (Yes or	on Policies 2 Direct Premiums	3 Direct Premiums	Credited to Policyholders on Direct	Losses Paid (Deducting	Direct Losses	Direct Losses	Service Charges Not Included in	Federal Purchasing Groups (Include
States, Etc.		No)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
1. Alabama 2. Alaska	AL AK	NO NO			* * * * * * * * * * * * * * * * * * * *					
3. Arizona	AZ	NO								
4. Arkansas	AR	NO								
5. California	CA	NO								
6. Colorado	CO	NO					*****			
7. Connecticut 8. Delaware	CT DE	NO NO					*****			
9. Dist. Columbia	DC	NO								
0. Florida	FL	NO								
1. Georgia	GA	NO								
2. Hawaii	HI	NO	0.405.400							
3. Idaho 4. Illinois	ID IL	YES NO	2,105,183	2,084,643		605,681	526,970	641,356	1,930	
5. Indiana	!∟ IN	NO								
6. lowa	ΪΑ	NO								
7. Kansas	KS	NO								
8. Kentucky	KY	NO								
9. Louisiana 0. Maine	LA ME	NO NO								
u. Maryland	ME MD	NO NO			* * * * * * * * * * * * * * * * * *					
2. Massachusetts	MA	NO			* * * * * * * * * * * * * * * * * *					
3. Michigan	MI	NO			******					
4. Minnesota	MN	NO			*****					
5. Mississippi	MS	NO			* * * * * * * * * * * * * * * * * * *					
6. Missouri 7. Montana	MO MT	NO NO			* * * * * * * * * * * * * * * * * * * *					
7. Montana 8. Nebraska	MI	NO NO			* * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
9. Nevada	NV	NO			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
0. New Hampshire	NH	NO								
1. New Jersey	NJ	NO								
2. New Mexico	NM	NO								
New York     No. Carolina	NY NC	NO NO					*****			
5. No. Dakota	ND	NO					* * * * * * * * * * * * * * * * * * * *			
6. Ohio	ОН	NO			* * * * * * * * * * * * * * * * * * * *					
7. Oklahoma	OK	NO								
8. Oregon	OR	YES	19,734,924	18,281,114		3,404,383	8,332,779	7,877,763	9,081	
9. Pennsylvania 0. Rhode Island	. PA RI	NO NO					* * * * * * * * * * * * * * * * * *			
1. So. Carolina	SC	NO					* * * * * * * * * * * * * * * * * * *			
2. So. Dakota	SD	NO			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
3. Tennessee	TN	NO								
4. Texas	TX	NO				*********	******			
5. Utah 6. Vermont	UT VT	YES				(6,244)	(7,505)	10,000		
7. Virginia	VI VA	NO NO								
8. Washington	WA	YES	16,933,637	15,646,627		4,216,063	7,795,167	6,867,396	7,674	
9. West Virginia	WV	NO								
0. Wisconsin	WI	NO			*****					
1. Wyoming	WY	NO								
2. American Samoa	AS GU	NO NO			* * * * * * * * * * * * * * * * * *					
4. Puerto Rico	PR	NO			* * * * * * * * * * * * * * * * * *					
5. U.S. Virgin Islands	VI	NO			******					
6. Canada	CN	NO			*****					
7. Aggregate other	<b>Ω</b> Τ	V V V								
alien	OT	XXX								
3. Totals		(a) 4	38,773,744	36,012,384		8,219,883	16,647,411	15,396,515	18,685	
DETAILS OF WRITE-	-INS									
701.		XXX								
701. 702.		XXX			* * * * * * * * * * * * * * * * * *					
703.		XXX			* * * * * * * * * * * * * * * * * *					
798. Summary of rema	inina				* * * * * * * * * * * * * * * * * *					
write-ins for Line 5	-									
from overflow pag		XXX								
rrom overnow pag 799. Totals (Lines 5701		^^^					+			
through 5703 + 57	30)	,,,								
(Line 57 above)		XXX								
			Evalenation	of basis of all-	nation of nuc	niumo by stat	tae ata			
AUTOMOBILE PREMIL	IM RV	DI ACE DD		of basis of allo						
AU I OIVIOBILE PREMI	NINI RY	PLACE PR	INCIPALLY GARAG	ED ALL UTHER F	KEMIUM BY LO	JATION OF RISK	•			

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

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



# **OVERFLOW PAGE FOR WRITE-INS**