# **ANNUAL STATEMENT**

OF THE

	LM GENERAL INSURANCE COMPANY						
of	HOFFMAN ESTATES						
in the state of	ILLINOIS						

**TO THE** 

**Insurance Department** 

**OF THE** 

**ILLINOIS** 

FOR THE YEAR ENDED

**December 31, 2009** 

**PROPERTY AND CASUALTY** 

2009

# **ANNUAL STATEMENT**

For the Year Ended December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

LM General Insurance Company

|--|

NAIC Group Code	0111 0111 rent Period) (Prior Period)	NAIC Company C	ode36447	Emp	loyer's ID Number	22-2227328
Organized under the Laws of	Illinois		State of Do	micile or Port of Entry	Illinois	
Country of Domicile	United States of America	,	Otate of Do		IIIIIOIS	
Incorporated/Organized:		ber 17, 1978	Com	menced Business:	December 29,	1078
· · -	2815 Forbs Avenue, Suite 200	Jei 17, 1970		-	192	1970
Statutory Home Office:		et and Number)	,		own, State and Zip Code)	
Main Administrative Office:	175 Berkeley Street	,		,	. ,	
			(Street and Number	r)		
	Boston, MA 02116			617-357-9500		
	(City or Tov	wn, State and Zip Code)	(Area	a Code) (Telephone Nu	umber)	
Mail Address: 175 B	Serkeley Street	or or D.O. Doy)	,,	Boston, MA 02116	our Ctate and 7in Code	
Drimon, Location of Dooles and	(Street and Number	,	Deeter	, ,	own, State and Zip Code)	F00
Primary Location of Books and	I Records: 175 Berkel	(Street and Number)		, MA 02116 n, State and Zip Code)	617-357-9 (Area Code) (Telep	
Internet Web Site Address:	www.LibertyMutualGroup.com	,	(Oity of Town	n, otate and zip oddej	(riida dodd) (reiep	none rumber)
Statutory Statement Contact:	Joanne Connolly			617-357-9500 x44393		
Statutory Statement Contact.		(Name)	(Area	a Code) (Telephone Nu	umber) (Extension)	
	Statutory.Compliance@Lib	pertyMutual.com	•	, , ,	617-574-5955	
		(E-Mail Address)			(Fax Number)	
		OFFIC	FRS			
	Name	01110	LINO	Title		
1.	Timothy Michael Sweeney #		Chairman of the F	Board, President & CEO		
2.	Dexter Robert Legg		Vice President &			
 3.	Laurance Henry Soyer Yahia		Vice President &	•		
· -						
		VICE-PRES	SIDENTS			
Name		Title	N	Name	Т	itle
Margaret Dillon	Vice President & CF	FO	John Derek Doyle		Vice President & Comp	otroller
Anthony Alexander Fontanes	Vice President & As	ssistant Treasurer	Gary Jay Ostrow		Vice President	
Stephen Joseph McAnena	Vice President		Melanie Marie Foley #		Vice President	
Edward Joseph Gramer, III	Vice President		Elizabeth Julia Moraha	n	Vice President & Gene	ral Counsel
		DIRECTORS OF	R TRUSTEES			
Melanie Marie Foley #	Margaret Dillon		Stephen Joseph McAne	ena	Timothy Michael Swee	ney
Edward Joseph Gramer, III	Elizabeth Julia Mora	ahan	Stephen Douglas Hylka	a#	Deborah Lucille Miche	#
Mary Ann Thaman #						
State of Massachusetts						
0 1 1 0 11						
County of Suffolk	SS SS					
The officers of this reporting entity	being duly sworn, each depose and say	that they are the described off	ficers of said reporting entit	ty, and that on the reporting	period stated above, all of	f the herein described
assets were the absolute property	of the said reporting entity, free and cle	ear from any liens or claims the	ereon, except as herein sta	ated, and that this statemen	t, together with related ex	hibits, schedules and
explanations therein contained, ann	nexed or referred to, is a full and true stat	tement of all the assets and liab	pilities and of the condition a	and affairs of the said reporti	ng entity as of the reportin	g period stated above,
and of its income and deductions th	nerefrom for the period ended, and have	been completed in accordance	with the NAIC Annual State	ement Instructions and Acco	unting Practices and Proc	edures manual except
to the extent that: (1) state law ma	y differ; or, (2) that state rules or regula	ations require differences in re-	porting not related to accor	unting practices and proced	lures, according to the be	st of their information,
knowledge and belief, respectively.	Furthermore, the scope of this attestation	on by the described officers also	includes the related corres	sponding electronic filing with	n the NAIC, when required	, that is an exact copy
(except for formatting differences de	ue to electronic filing) of the enclosed sta	atement. The electronic filing ma	ay be requested by various	regulators in lieu of or in add	dition to the enclosed state	ement.
(Signatu	ure)	(Sign	ature)		(Signature)	
Timothy Michael	·	, •	bbert Legg		Laurance Henry Soyer	Yahia
(Printed Na			d Name)		(Printed Name)	Tania
(Fillited No.	anie)		2.		(Fillited Name)	
Chairman of the Board,	President & CEO		nt & Secretary		Vice President & Treas	surer
(Title)			tle)		(Title)	DUI CI
(Title)		(11	1		(1106)	
Outside to the first						
Subscribed and sworn to (or affirme	,					
1st day ofFebruary	, 2010, by					
				a. Is this an original fi	iling?	[X]Yes []No
		_		b. If no: 1. State t	he amendment number	
				2. Date fil	led	
					er of pages attached	
					, 5	

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

### **ASSETS**

	ASSETS				
			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
	Bonds (Schedule D) Stocks (Schedule D):	4,291,385		4,291,385	7,411,964
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 0, Schedule E - Part 1), cash equivalents (\$ 0,				
	Schedule E - Part 2), and short-term investments (\$ 3,627,866, Schedule DA)			3,627,866	1,606,662
	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	7,919,251		7,919,251	9,018,626
11.	Title plants less \$ 0 charged off (for Title insurers only)				
12.	Investment income due and accrued	31,837		31,837	68,750
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$ 0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers	195,841		195,841	497,441
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
-	Net deferred tax asset				
	Current, funda respirable or an densait				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$ 0)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Pagaiyahlas from parant subsidiaries and efficience	1,940		1,940	
22.	Health care (\$ 0) and other amounts receivable			1,040	
23.	Aggregate write-ins for other than invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	8,148,869		8,148,869	9,584,817
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	3,170,000		3,170,000	, , , , , , , , , , , , , , , , , , , ,
26.	Total (Lines 24 and 25)	8,148,869		8,148,869	9,584,817
۷٠.	TOWN (LINEO AT WING AC)	0,140,009		0,140,009	5,504,017
	DETAILS OF WRITE-IN LINES				
0901.					
0902.					I
0903.					
	Summary of remaining write-ins for Line 09 from overflow page				
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.					
2302.					
2020		1	t	t	1

# LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	517,294	751,967
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	164,374	95,184
7.2	Net deferred tax liability		80,000
8.	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded		
	reinsurance of \$ 0 and including warranty reserves of \$ 0)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		(3,850)
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		41,141
14.	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.	Drafta autotandina		
19.	Payable to parent, subsidiaries and affiliates	189,219	495,597
20.	Payable for securities		
21.	Liability for amounts held under uninsured plans		
22.			
23.	Aggregate write-ins for liabilities		1,252,097
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	892,897	2,712,136
25.	Protected cell liabilities		
26.	Total liabilities (Lines 24 and 25)	892,897	2,712,136
27.	Aggregate write-ins for special surplus funds		
28.	Common capital stock		3,500,000
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds		
31.	Cumhua mataa		
32.	Gross paid in and contributed surplus		3,211,632
33.	Unassigned funds (surplus)	E44.040	161,049
34.	Less treasury stock, at cost:		
	34.1 0 shares common (value included in Line 28 \$ 0)		
	34.2 0 shares preferred (value included in Line 29 \$ 0)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)	7,255,972	6,872,681
36.	Totals (Page 2, Line 26, Col. 3)	8,148,869	9,584,817
	DETAILS OF WRITE-IN LINES		
2301.	Collateral held for securities loaned		1,202,823
2302.			49,274
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page		
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		1,252,097
2701.			
2702.			
£1 UZ.			

# STATEMENT OF INCOME

			•
		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
	Premiums earned (Part 1, Line 35, Column 4)  DEDUCTIONS:		
	Losses incurred (Part 2, Line 35, Column 7)	(233,764)	20,555
4.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)	(4,404)	
6.	Aggregate write-ins for underwriting deductions  Total underwriting deductions (Lines 2 through 5)	(238,168)	20,555
7. °	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	238,168	(20 555)
0.	INVESTMENT INCOME	238,108	(20,555)
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	245,345	310,868
10.	Net realized capital gains (losses) less capital gains tax of \$ 2,748 (Exhibit of Capital Gains (Losses))	5,104	
11.	Net investment gain (loss) (Lines 9 + 10)	250,449	310,868
	OTHER INCOME		
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered  \$ 0 amount charged off \$ 0)		
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income	(64)	
	Total other income (Lines 12 through 14)	(64)	
	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	488,553	290,313
	Dividends to policyholders  Net income, after dividends to policyholders, after capital gains tax and before		
	all other federal and foreign income taxes (Line 16 minus Line 17)		290,313
	Federal and foreign income taxes incurred	00=004	111,450
20.	Net income (Line 18 minus Line 19) (to Line 22)	325,301	178,863
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		6,747,818
22. 23.	Net income (from Line 20)  Net transfers (to) from Protected Cell accounts	325,301	178,863
23. 24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
2 <del>4</del> . 25.	Change in net unrealized capital gains of (losses) less capital gains tax of \$\phi\$  Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax	F7 000	(54,000)
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)		
29.	Change in surplus notes		
30. 31.	Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles		
	Cumulative effect of changes in accounting principles  Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments: 33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
24	33.3 Transferred from capital	1	
34. 35.	Net remittances from or (to) Home Office Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus		
	Ohana 'an ada an and ad'a haldan fa tha an (1 'an 00 than ab 27)	383,291	124,863
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	****,=**	,

	DETAILS OF WRITE-IN LINES		
0501.			
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 05 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.	Other income/(expense)	(64)	
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	(64)	
3701.			
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page	1	
3799.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

### **CASH FLOW**

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	3,850	(6,440
2.	Net investment income	279,269	305,64
3.	Miscellaneous income		(471,158
4.	Total (Lines 1 through 3)		(171,95
5.		(300,691)	(193,05
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Dividende meid te melierkelden	(4,404)	
8. 9.		96,810	
9. 10.			83,88 (109,17
	Total (Lines 5 through 9) Net cash from operations (Line 4 minus Line 10)	450,201	(62,78
11.		430,201	(02,70
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	0.0== 0.40	
	12.1 Bonds	6,357,646	
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate 12.5 Other invested assets		
	40.7 Missell Property Property		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	6 257 646	
13	Cost of investments acquired (long-term only):	0,357,040	
	13.1 Bonds	3,226,228	
	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)	3,226,228	
14.	Net increase (decrease) in contract loans and premium notes		
15.		3,131,418	
	Cash from Financing and Miscellaneous Sources		
16	Cash provided (applied):		
	16.1 Surplus notes capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(1,560,415)	(58,35
17.			
	plus Line 16.6)	(1,560,415)	(58,35
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.		2,021,204	(121,14
19.		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	19.1 Beginning of year	1,606,662	1,727,80
	19.2 End of year (Line 18 plus Line 19.1)	3,627,866	1,606,66

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

# NONE Underwriting and Investment Exhibit - Part 1B

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

		Losses Paid	Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4  Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire								
2. Allied lines								
Farmowners multiple peril								
Homeowners multiple peril								
Commercial multiple peril								
Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence					1			
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess Workers' Compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1,19.2 Private passenger auto liability	1,456,134		1,455,225	909	517,294	751,967	(233,764)	
19.3,19.4 Commercial auto liability								
21. Auto physical damage	(2,399)		(2,399)					
22. Aircraft (all perils)								
23. Fidelity	[							
24. Surety					1			
26. Burglary and theft					1			
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-Nonproportional Assumed Property	XXX							
32. Reinsurance-Nonproportional Assumed Liability	XXX							
	XXX							
33. Reinsurance-Nonproportional Assumed Financial Lines	<u>^                    </u>							
34. Aggregate write-ins for other lines of business	4 450 705		4.450.000	000	E47.004	754.007	(000 704)	
35. TOTALS	1,453,735		1,452,826	909	517,294	751,967	(233,764)	
DETAILS OF WRITE-IN LINES								

DETAILS OF WRITE-IN LINES				
3401. 3402.	 	 	 	
3403.	 	 	 	
3498. Sum. of remaining write-ins for Line 34 from overflow page 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				+

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

		Reporte	ed Losses			Incurred But Not Reported	d	8	9
	1	2 Reinsurance	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized	4 Net Losses Excl. Incurred But Not Reported	5	6 Reinsurance	7 Reinsurance	Net Losses Unpaid	Net Unpaid Loss Adjustment
Line of Business	Direct	Assumed	Companies	(Cols. 1 + 2 - 3)	Direct	Assumed	Ceded	(Cols. 4 + 5 + 6 - 7)	Expenses
Fire     Allied lines									
2. Allied lines									
Farmowners multiple peril     Homeowners multiple peril									
Homeowners multiple peril     Commercial multiple peril	685,000		685,000		37,037		37,037		
Commercial multiple peril     Mortgage guaranty			000,000		31,031				
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liablity—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)								(4)	
15. Other accident and health								(a)	
16. Workers' compensation								(4)	
17.1 Other liability—occurrence									
17.2 Other liability—claims-made			1						
17.3 Excess Workers' Compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability	3.316.932		2,799,637	517,295	475.420		475.420	517.295	
19.3,19.4 Commercial auto liability			2,,00,,001					1	
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-Nonproportional Assumed Property	XXX				XXX				
32. Reinsurance-Nonproportional Assumed Liability	XXX				XXX				
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX		1		XXX			1	
34. Aggregate write-ins for other lines of business			1						
35. TÖTALS	4,001,932		3,484,637	517,295	512,457		512,457	517,295	
<u> </u>							· · · · · · · · · · · · · · · · · · ·		
DETAILS OF WRITE-IN LINES									
3401.								,	
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									
0733. Totalo (Lilies 340) (tillough 3403 plus 3430) (tille 34 above)					l .	I .	1	1	L

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

# UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	139,264			139,264
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	139,264			139,264
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent—direct				
	2.5 Contingent—reinsurance assumed				
	2.6 Contingent—reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+2.5-2.6+2.7)				
3.	Allowances to manager and agents				
	Advertising				10
	Boards, bureaus and associations				
6	Surveys and underwriting reports			10	10
	Audit of assureds' records				
	Salary and related items:				
0.	0.4.0.4.4			1,855	1,855
					400
0	8.2 Payroll taxes			106	106
	Employee relations and welfare				103
	Insurance			Z1	21
	Directors' fees				
	Travel and travel items			34	34
	Rent and rent items			34	34
	Equipment			30	30
	Cost or depreciation of EDP equipment and software			15	15
	Printing and stationery				5
	Postage, telephone and telegraph, exchange and express			61	61
	Legal and auditing			61	61
	Totals (Lines 3 to 18)			2,345	2,345
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses			333	(4,071)
25.	Total expenses incurred	(4.404)		2,678	(a) (1,726)
26.	Less unpaid expenses—current year				
	Add unpaid expenses—prior year				
	Annual transport of the selection of the				
	Amounts receivable relating to uninsured plans, current year				
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	(4,404)		2,678	(1,726
50.	1011 E 2/1 ENGLO 1711D (EIII00 20 - 20 + 21 - 20 + 20)	. (4,404)		2,070	(1,720

DETAILS OF WRITE-IN LINES			
2401. Other Expenses	(4,404)	333	(4,071)
2402.			
2403.			
2498. Sum of remaining write-ins for Line 24 from overflow page			
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	(4,404)	333	(4,071)

<sup>(</sup>a) Includes management fees of \$ 2,678 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) 273,760	237,300
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) 3,652	3,200
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	7,524	7,524
10.	Total gross investment income	284,936	248,024
11.	Investment expenses		(g) 2,679
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		2,679
17.	Net investment income (Line 10 minus Line 16)		245,345

	DETAILS OF WRITE-IN LINES		
0901.	Miscellaneous Income/(Expense)	7,524	7,524
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)	7,524	7,524
1501.			
1502.	NONE		
1503.	NUNT		
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		

(a)	Includes \$ 10,9	991 accrual of discount less \$	8,002 amortization of premium and less \$	\$ 25,528 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(c)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its own b	ouildings; and excludes \$	0 interest on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fe	ees, excluding federal income taxes,
	attributable to segregate	d and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other inves	sted assets.

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

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	7,852		7,852		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	7,852		7,852		

DETAILS OF WRITE-IN LINES			
0901. 0902.	NO	 	 
0903.			 
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 09 above)			

### NONE Exhibit of Nonadmitted Assets

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

#### A. Accounting Practices

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

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

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

#### C. Accounting Policies

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

In addition, the Company uses the following accounting policies:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or fair value as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 2. Bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or fair value as specified by the SVO Manual.
- 3. The Company does not own common stocks.
- 4. The Company does not own preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. The Company does not own mortgage backed/asset backed securities.
- 7. The Company does not own any subsidiaries, controlled or affiliated entities.
- 8. The Company does not own any joint ventures, partnerships, and limited liability companies.
- 9. Derivative Securities, refer to Note 8.
- 10. Refer to Note 29.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and follow current standards of practice. Any adjustments to the liability are reflected in the period that they are determined.
- 12. The Company did not change its capitalization policy in 2009.
- 13. The Company has no pharmaceutical rebate receivables.

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

A. There were no material changes in accounting principle or correction of errors during the year.

#### Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

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

The Company has no discontinued operations to report.

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

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company does not invest in Mortgage Loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

D. Loan-Backed Securities

The Company does not hold investments in Loan-Backed securities.

E. Repurchase Agreements

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

The Company does not have any open reinvested collateral positions. (Refer to note 17B)

F Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

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

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

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

Not applicable

#### Note 7- Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2009.

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

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

#### Note 9 - Income Taxes

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

	December 31, 2009			December 31, 2008	Change
	Ordinary	Capital	Total	Total	
Total gross DTAs	19,060	0	19,060	27,000	(7,940)
Total gross DTLs	(28,897)	(12,173)	(41,070)	(107,000)	65,930
Net DTA (DTL)	(9,837)	(12,173)	(22,010)	(80,000)	57,990
Net DTA non-admitted			0	0	0
Net Admitted DTA (DTL)			(22,010)	(80,000)	57,990

The Company has not elected to admit additional DTAs pursuant to SSAP No. 10R, paragraph 10e. The current period election does not differ from the prior reporting period. A statutory valuation allowance adjustment, as described in SSAP No. 10R, paragraph 6e, is not required. Accordingly, total adjusted gross DTAs equal total gross DTAs.

The Company has a net DTL; therefore, all DTAs and DTLs are admitted.

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

	2009	2008
Federal	163,252	111,450
Foreign	0	0
Realized capital gains	2,748	0
Federal and foreign income taxes incurred	166,000	111,450

The Company's DTAs and DTLs result primarily from deferred intercompany transactions and accrual of market discount.

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

	2009
Change in net deferred income tax (without unrealized gain or loss)	57,990
Change in tax effect of unrealized (gains) losses	0
Total change in net deferred income tax	57,990

- D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of accrual of market discount and discounting of unpaid loss and LAE reserves.
- E. The amount of Federal income taxes incurred and available for recoupment in the event of future losses is \$161,000 from the current year and \$98,350 from the preceding year.

At December, 31 2009, the Company did not have any unused net operating loss carryforwards available to offset against future net income.

The Company does not have deposits admitted under Section 6603 of the Internal Revenue Services Code.

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

Access Insurance Services, Co. AMBCO Capital Corporation America First Insurance Company America First Lloyds Insurance Company American Ambassador Casualty Company

(merged 10/21/2009) American Economy Insurance Company American Fire & Casualty Company

American States Insurance Company American States Insurance Company of Texas American States Lloyds Insurance Company

American States Preferred Insurance Company

Avomark Insurance Company

Barrier Ridge LLC

Berkeley Holding Company Associates, Inc.

Berkeley Management Corporation Bridgefield Casualty Insurance Company Bridgefield Employers Insurance Company

Capitol Court Corporation

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

Cascade Disability Management, Inc.
Colorado Casualty Insurance Company
Commercial Aviation Insurance, Inc.
Companies Agency of New York, Inc.
Companies Agency of Pennsylvania, Inc.
Consolidated Insurance Company
Copley Venture Capital, Inc.

Diversified Settlements, Inc. Emerald City Insurance Agency, Inc. Employers Insurance Company of Wausau

Excelsior Insurance Company F.B. Beattie & Company, Inc.

First National Insurance Company of America

First State Agency Inc. Florida State Agency, Inc.

Liberty Insurance Holdings, Inc. Liberty Insurance Underwriters, Inc. Liberty International Europe 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 Fire Insurance Company

Liberty Mutual Group Inc.

Liberty Mutual Holding Company Inc. Liberty Mutual Insurance Company Liberty Mutual Personal Insurance Company

Liberty Northwest Insurance Corporation
Liberty Personal Insurance Company
Liberty RE (Bermuda) Limited

Liberty Sponsored Insurance (Vermont) Inc. Liberty Surplus Insurance Corporation

LIH U.S. P&C Corporation
LIH-RE of America Corporation
LIU Specialty Insurance Agency Inc.
LM General Insurance Company
LM Insurance Corporation

LM Property & Casualty Insurance Company

LMHC Massachusetts Holdings Inc.

LM Personal Insurance Company

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

Mid-American Fire & Casualty Company

North Pacific Insurance Company

OCASCO Budget, Inc. OCI Printing, Inc. Ohio Casualty Corporation

Ohio Casualty of New Jersey, Inc. (merged 9/30/2009)

Ohio Security Insurance Company

Open Seas Solutions, Inc.

General America Corporation General America Corporation of Texas General Insurance Company of America

Globe American Casualty Company (merged 12/30/2009)

Golden Eagle Insurance Corporation

Gulf States AIF, Inc.

Hawkeye-Security Insurance Company Heritage-Summit HealthCare, Inc. Indiana Insurance Company Insurance Company of Illinois

LEXCO Limited

Liberty - USA Corporation Liberty Assignment Corporation Liberty Energy Canada, Inc. Liberty Financial Services, Inc. Liberty Hospitality Group, Inc.

Liberty Insurance Company of America (merged 9/17/2009)

Liberty Insurance Corporation

SCIT, Inc.

St. James Insurance Company Ltd. State Agency, Inc. (Indiana corporation) State Agency, Inc. (Wisconsin corporation)

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

Oregon Automobile Insurance Company Peerless Indemnity Insurance Company

Peerless Insurance Company Pilot Insurance Services, Inc.

Rianoc Research Corporation

S.C. Bellevue, Inc. Safecare Company, Inc.

Safeco Corporation Safeco General Agency, Inc.

Safeco Insurance Company of America Safeco Insurance Company of Illinois Safeco Insurance Company of Indiana Safeco Insurance Company of Oregon Safeco Lloyds Insurance Company Safeco National Insurance Company

Safeco Properties, Inc.

Safeco Surplus Lines Insurance Company

San Diego Insurance Company

The Ohio Casualty Insurance Company The Ohio Life Brokerage Services, Inc. Wausau Business Insurance Company Wausau General Insurance Company Wausau Service Corporation

(dissolved 10/21/2009)

Wausau Underwriters Insurance Company

West American Insurance Company

Winmar Company, Inc. Winmar of the Desert, Inc. Winmar Oregon, Inc. Winmar-Metro, Inc

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

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

- All of the outstanding shares of capital stock of the Company are held by Liberty Mutual Insurance Company ("LMIC"), a Massachusetts insurance company. The ultimate parent of LMIC is Liberty Mutual Holding Company, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Notes 10F, 22 and 25.
- D. At December 31, 2009 the company reported \$187,280 due to affiliates. In general the terms of the intercompany arrangements require settlement at least quarterly.
- The Company has made no guarantee or initiated an undertaking for the benefit of affiliates which result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. Refer to Note 25 for information regarding inter-company reinsurance.

There is a management services agreement between the Company and LMIC, under which LMIC provides the Company with services of personnel employed by LMIC, office space, supplies, equipment, telephone and wire services, the use of computers and similar machines to the extent necessary or appropriate.

The Company is a party to an investment management agreement with LMIC. Under the agreement, LMIC provides services to the Company.

There is an "Agent-Company Agreement" between the Company and Helmsman Insurance Agency, Inc. ("Helmsman") whereby Helmsman provides agent commission payments, accounting, office services and other services under the terms of

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

- G. The Company is part of a holding company structure, as illustrated in Schedule Y Part 1.
- The Company does not own shares of any upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- The Company does not own investments in subsidiary, controlled or affiliated companies.

<sup>\*</sup> This company joined the consolidated group in 2009 and its activity from the date it joined the group is included in the consolidated return.

J. Impairment of subsidiaries

Refer to 10 I

K. Investment in foreign insurance subsidiaries.

Refer to 10 I

L. Investment in downstream noninsurance holding companies.

Refer to 10 I

#### Note 11- Debt

- A. The Company has no capital notes.
- B. The Company has not entered into Federal Home Loan Bank Agreements.

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

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

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

1. Common Stock

The Company has 5,000 shares authorized, and 2,000 shares issued and outstanding as of December 31, 2009. All shares have a stated par value of \$1,750.

Preferred Stock

Not applicable

3. Dividend Restrictions

Not applicable

- 4. The Company did not pay a dividend to its parent during 2009.
- 5. The maximum amount of dividends which can be paid by Illinois-domiciled insurance companies to shareholders without the prior approval of the Insurance Director is 10% of surplus, subject to the availability of accumulated undistributed earnings. The maximum dividend payout which may be made without prior approval in 2010 is \$544,340.
- 6. The Company does not have restricted unassigned surplus.
- 7. The Company had no advances to surplus.
- 8. The Company does not hold stock for special purposes.
- 9. The Company does not hold special surplus funds.
- 10. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$0.
- 11. Surplus Notes

Not applicable

12. Quasi re-organization (dollar impact)

Not applicable

13. Quasi re-organization (effective date)

Not applicable

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

#### A. Contingent Commitments

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

#### B. Assessments

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

As a result of an inter-company reinsurance arrangement (see Note 25), all guaranty fund and other assessments liabilities are ceded to LM Property and Casualty Insurance Company.

#### C. Gain Contingencies

Not applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

The Company did not have claims related extras contractual obligation losses and bad faith losses stemming from lawsuits in the current period

#### E. All other Contingencies

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

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

#### Note 15- Leases

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

Not applicable

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

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

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

A. Transfers of Receivables reported as sales:

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

B. Transfers and servicing of financial assets:

The Company participates in a Securities Lending Program to generate additional income, whereby certain fixed income and mortgage backed securities are loaned for a period of time from the Company's portfolio to qualifying third parties, via a lending agent. The Company does not participate in term loans; therefore, the company does not have contractual collateral transactions that extend beyond one year from the reporting date. Borrowers of these securities provide collateral equal to or in excess of 102% of the market value of the loaned securities. Acceptable collateral may be in the form of cash or U.S. Government securities, such as Treasuries and Agency Bonds. The market value of the loaned securities is monitored and additional collateral is obtained if the market value of the collateral falls below 102% of the market value of the loaned securities. Additionally, the lending agent indemnifies the Company against borrower defaults. Cash collateral is carried as an asset with an offsetting liability on the balance sheet, as the Company can exercise discretion as to how the collateral is invested. The loaned securities remain a recorded asset of the Company.

At December 31, 2009 the total fair value of securities on loan was \$426,581 with corresponding collateral value of \$441,166 of which \$0 represents cash collateral.

C. Wash Sales

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

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

A. Administrative Services Only (ASO) Plans

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

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

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

#### Note 20- Other Items

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

Not applicable

- C. Other Disclosures
  - 1) Assets in the amount of \$3,702,519 and \$3,856,434 as of December 31, 2009 and 2008, respectively, were on deposit with government authorities or trustees as required by law.
  - 2) Effective September 2, 2009 the Company re-domesticated from Delaware to Illinois.
  - 3) Interrogatory 6.1

In 2009, the Company ceded 100% of its business to the LM Property and Casualty Company, which in turn ceded 100% of its business to Liberty Mutual Insurance Company, the lead company in the intercompany pool. The Company had the benefit of Worker's Compensation Catastrophe reinsurance with limits of \$400,000,000 part of \$500,000,000 xs of \$700,000,000 purchased by Liberty Mutual Insurance Company, the lead company of the intercompany reinsurance pool.

Interrogatory 6.3

In 2009, the Company ceded 100% of its business to the LM Property and Casualty Company, which in turn ceded 100% of its business to Liberty Mutual Insurance Company, the lead company in the intercompany pool. The Company had the benefit \$1,662,000,000 part of \$2,350,000,000 xs \$650,000,000 of catastrophe XOL reinsurance plus \$1,107,000,000 of ILW reinsurance for peak zones, mainly through Catastrophe Bonds covering its business ceded to the pool through LM Property and Casualty. In December 2008, Liberty Mutual Insurance Company purchased a 31.725% QS treaty for its direct and assumed from affiliates US Homeowners portfolio through 2009, which included business assumed from LM Property and Casualty.

- D. As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMPAC (see Note 25), the Company has no exposure to uncollectible premium receivable balances.
- E. Business Interruption Insurance Recoveries

The Company does not purchase Business Interruption coverage.

F. State Transferable Tax Credits

The Company does not hold state transferable tax credits.

G. Sub-Prime Lending

The Company does not have exposure to sub-prime mortgage related risk.

#### Note 21- Events Subsequent

A. The Company evaluated subsequent events through February 24, 2010, the date the financial statements were available to be issued.

There were no events subsequent to December 31, 2009 that would require disclosure.

#### Note 22- Reinsurance

A. Excluding amounts arising pursuant to 100% Quota Share Reinsurance Agreement, as described in Note 25, the unsecured reinsurance recoverables with an individual reinsurer that exceed 3% of the Company's policyholder's surplus are listed below.

<u>Reinsurer</u>	<u>Naic</u> <u>No.</u>	Federal ID No.	Recoverable Amount
Everest Re Co.	26921	22-2005057	\$747,037

- B. There is no reinsurance recoverables in dispute from an individual reinsurer which exceeds 5% of the Company's surplus. In addition, the aggregate reinsurance recoverable in dispute does not exceed 10% of the Company's surplus.
- C. Reinsurance Assumed & Ceded
  - 1. The Company has no maximum return premium and commission equity due to the reinsurer or to the Company if all of
    - the Company's assumed and ceded reinsurance were canceled as of December 31, 2009. The Company has no unearned premium reserves for direct, assumed, and ceded business.
  - 2. There are no sliding scale adjustments, or other profit sharing commissions for direct, assumed or ceded business.
  - 3. The Company does not use protected cells as an alternative to traditional reinsurance.
- D. The Company did not write off any uncollectible balances in 2009
- E. The Company has not recorded any commutations in the current year.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2009.

#### Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have net accrued retrospective premiums.

#### Note 24 - Changes in Incurred Losses and Loss Adjustment Expenses

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMPAC (see Note 25), the Company has no net exposure to changes in incurred losses and loss adjustment expenses.

#### Note 25- Intercompany Pooling Arrangements

The Company participates in a 100% Quota Share Reinsurance Agreement with LMIC, the Lead Company in the Liberty Mutual Insurance Company Pool. Pursuant to the Agreement, after external reinsurance, the Company cedes its net underwriting activity to LMIC.

Effective January 1, 2010, LM Personal Insurance Company canceled its 100% Quota Share Agreement with LMPAC and became a participant in the Liberty Mutual Inter-Company Reinsurance Agreement with a 0.10% Pool Participation Percentage.

#### **Note 26- Structured Settlements**

- A. As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMPAC (see Note 25), the Company has no exposure to contingent liabilities from the purchase of annuities.
- B. Not applicable

#### Note 27 - Health Care Receivables

Not applicable

#### Note 28 - Participating Policies

Not applicable

#### Note 29 - Premium Deficiency Reserves

As of December 31, 2009, the Company had no liabilities related to premium deficiency reserves.

#### Note 30- High Dollar Deductible Policies

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMPAC (see Note 25), the Company does not have any net high dollar deductible policy liabilities.

#### Note 31- Discounting of Liabilities for Unpaid Losses and Unpaid Loss Adjustment Expenses

The Company does not write Worker's Compensation business.

#### Note 32 - Asbestos/Environmental Reserves

As a result of the Inter-company 100% Quota Share Reinsurance Agreement with LMPAC (see Note 25), the Company has no net exposure to asbestos and environmental claims.

#### Note 33- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

#### Note 34 - Multiple Peril Crop Insurance

Not applicable

#### Note 35 - Financial Guarantee Insurance Contracts

Not applicable

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

	Is the reporting entity a member of an Insurance Holding Company System consisting persons, one or more of which is an insurer?	Yes [X]	No [ ]	
	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?			No[] N/A[]
1.3	State Regulating?			Illinois
2.1	Has any change been made during the year of this statement in the charter, by-laws,			
	settlement of the reporting entity?		Yes [X]	No [ ]
2.2	If yes, date of change:			09/02/2009
3.1	State as of what date the latest financial examination of the reporting entity was made	e or is being made.		12/31/2006
	State the as of date that the latest financial examination report became available from the reporting entity. This date should be the date of the examined balance sheet and completed or released.			12/31/2006
	State as of what date the latest financial examination report became available to other the state of domicile or the reporting entity. This is the release date or completion date not the date of the examination (balance sheet date).			06/13/2008
3.4	By what department or departments? State of Delaware Insurance Department			
	Have all financial statement adjustments within the latest financial examination report	been accounted for in a		
	subsequent financial statement filed with departments?			No[] N/A [X]
3.6	Have all of the recommendations within the latest financial examination report been c	omplied with?	Yes [X]	No[] N/A[]
	During the period covered by this statement, did any agent, broker, sales representat sales/service organization or any combination thereof under common control (other the reporting entity) receive credit or commissions for or control a substantial part (more the of business measured on direct premiums) of:  4.11 sales of ne 4.12 renewals?	nan salaried employees of the chan 20 percent of any major line	Yes[]	
	During the period covered by this statement, did any sales/service organization owne reporting entity or an affiliate, receive credit or commissions for or control a substantial any major line of business measured on direct premiums) of:			
	4.21 sales of ne 4.22 renewals?	w business?	Yes[]	
E 1		overed by this statement?		
5.2	Has the reporting entity been a party to a merger or consolidation during the period or If yes, provide the name of the entity, NAIC Company Code, and state of domicile (us any entity that has ceased to exist as a result of the merger or consolidation.		Yes[] !	NO [ A ]
	1	2	3	
	Name of Entity	NAIC Company Code 00000	State of Domicile	_
		00000		

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[]No[X]

i.2 I	If yes, give full info	ormation:						
1 !	Does any foreign	(non-United States) person or entity directly or in	directly control 10% or more of the rep	orting entity?		Yes	[ ] No[X]	
2 1	7.21 State the percentage of foreign control. 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).							
		1 Nationality	Туре	2 e of Entity				
	Is the company a	subsidiary of a bank holding company regulated	by the Federal Reserve Board?			Yes	[ ] No[X]	
ſ	If response to 8.1	is yes, please identify the name of the bank hold	ing company.					
3	Is the company af	ffiliated with one or more banks, thrifts or securitie	es firms?			Yes	[ ] No[X]	
(	of the Comptroller	r of the Currency (OCC), the Office of Thrift Supe C) and the Securities Exchange Commission (SE		urance				
(	of the Comptroller Corporation (FDIC	r of the Currency (OCC), the Office of Thrift Supe	rvision (OTS), the Federal Deposit Insu	urance	4	5	6	7
(	of the Comptroller Corporation (FDIC	r of the Currency (OCC), the Office of Thrift Supe C) and the Securities Exchange Commission (SE	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe	urance ederal	4 OCC	5 OTS	6 FDIC	7 SEC
(	of the Comptroller Corporation (FDIC	r of the Currency (OCC), the Office of Thrift Supe C) and the Securities Exchange Commission (SE 1 Affiliate	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe 2 Location	urance ederal	·			
). \(\frac{1}{2}\)	of the Comptroller Corporation (FDIC regulator.	of the Currency (OCC), the Office of Thrift Supercomposition (SE) and the Securities Exchange Commission (SE) and the Securities Exchange Commission (SE) and Affiliate  Name  and address of the independent certified public and audit?  LP reet	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe 2 Location (City, State)	aderal 3	·			
	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, Lt 200 Clarendon St Boston, MA 02116  What is the name associated with ar opinion/certificatio Roy K, Morell 175 Berkeley Stre	of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI)  1 Affiliate Name  and address of the independent certified public and audit?  LP reet 6 , address and affiliation (officer/employee of the reactuarial consulting firm) of the individual provides	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2  Location (City, State)  accountant or accounting firm retained	aderal 3	·			
	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, Lt 200 Clarendon St Boston, MA 02116  What is the name associated with an opinion/certification Roy K. Morell 175 Berkeley Stre Officer of Liberty March 1988 (1988)	or of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI Affiliate Name  and address of the independent certified public and audit?  LP reet 6  , address and affiliation (officer/employee of the representation) and actuarial consulting firm) of the individual providence.	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2  Location (City, State)  accountant or accounting firm retained reporting entity or actuary/consultant ding the statement of actuarial	arance ederal 3 FRB	·	OTS		SEC
9. V	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, Lt 200 Clarendon St Boston, MA 02116  What is the name associated with an opinion/certification Roy K. Morell 175 Berkeley Stre Officer of Liberty March 1988 (1988)	or of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI Affiliate Name  and address of the independent certified public and audit?  Preet 6.  address and affiliation (officer/employee of the representation) of the individual providual providual consulting firm) of the individual providual pr	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2 Location (City, State)  accountant or accounting firm retained reporting entity or actuary/consultant ding the statement of actuarial  g company or otherwise hold real estat  11.11 Name of real estate holding co	arance ederal 3 FRB to to to to te indirectly?	·	OTS	FDIC	SEC
9. V	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, Lt 200 Clarendon St Boston, MA 02116  What is the name associated with an opinion/certification Roy K. Morell 175 Berkeley Stre Officer of Liberty March 1988 (1988)	or of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI Affiliate Name  and address of the independent certified public and audit?  Preet 6.  address and affiliation (officer/employee of the representation) of the individual providual providual consulting firm) of the individual providual pr	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2  Location (City, State)  accountant or accounting firm retained reporting entity or actuary/consultant ding the statement of actuarial	arance ederal 3 FRB to be detail store the indirectly?	·	OTS	FDIC	SEC
	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, LL 200 Clarendon St Boston, MA 02110  What is the name associated with ar opinion/certification Roy K, Morell 175 Berkeley Stre Officer of Liberty N  Does the reporting	of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI Affiliate Name  and address of the independent certified public and audit?  LP reet 6.  , address and affiliation (officer/employee of the representation) of the individual providual providual consulting firm) of the individual providual providual providual insurance Company  gentity own any securities of a real estate holding	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2 Location (City, State)  accountant or accounting firm retained reporting entity or actuary/consultant ding the statement of actuarial  g company or otherwise hold real estat  11.11 Name of real estate holding co 11.12 Number of parcels involved	arance ederal 3 FRB to be detail store the indirectly?	·	OTS	FDIC	SEC
	of the Comptroller Corporation (FDIC regulator.  What is the name conduct the annua Ernst & Young, Lt 200 Clarendon St Boston, MA 02116  What is the name associated with an opinion/certification Roy K. Morell 175 Berkeley Stre Officer of Liberty March 1988 (1988)	of the Currency (OCC), the Office of Thrift Super C) and the Securities Exchange Commission (SEI Affiliate Name  and address of the independent certified public and audit?  LP reet 6.  , address and affiliation (officer/employee of the representation) of the individual providual providual consulting firm) of the individual providual providual providual insurance Company  gentity own any securities of a real estate holding	rvision (OTS), the Federal Deposit Inst C)] and identify the affiliate's primary fe  2 Location (City, State)  accountant or accounting firm retained reporting entity or actuary/consultant ding the statement of actuarial  g company or otherwise hold real estat  11.11 Name of real estate holding co 11.12 Number of parcels involved	arance ederal 3 FRB to be detail store the indirectly?	·	OTS	FDIC	SEC

12.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
12.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
	risks wherever located?	Yes [ ] No [X]
12.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[] N/A [X]
13.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	
	<ul> <li>Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;</li> </ul>	
	<ul> <li>Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li> </ul>	
	c. Compliance with applicable governmental laws, rules, and regulations;	
	d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	e. Accountability for adherence to the code.	Yes[X] No[]
3 11	If the response to 13.1 is no, please explain:	
0.11		
12.0	Lies the ends of athics for anxier managers have amended?	Vec [ ] Ne [ V ]
13.2	Has the code of ethics for senior managers been amended?	Yes[] No[X]
3.21	If the response to 13.2 is yes, provide information related to amendment(s).	
13.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes[] No[X]
3 31	If the response to 13.3 is yes, provide the nature of any waiver(s).	
0.01	in the responde to 16.0 to yee, provide the nature of they waven(g).	
	BOARD OF DIRECTORS	
14.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a	
	subordinate committee thereof?	Yes[X] No[]
15.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all	VertVI Net 1
	subordinate committees thereof?	Yes [X] No []
16.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material	
	interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or	
	is likely to conflict with the official duties of such person?	Yes[X] No[]
	FINANCIAL	
17	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	
11.	Generally Accepted Accounting Principles)?	Yes[] No[X]
18.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	
	18.11 To directors or other officers	\$
	18.12 To stockholders not officers 18.13 Trustees, supreme or grand (Fraternal only)	\$ \$
	10.10 Trustees, supreme or grand (Fraterial Only)	¥

18.2	Total amount of loans outstanding at the end of year (inclusive of Se	eparate Accounts, exclusive of policy loans):	
		18.21 To directors or other officers	\$0
		18.22 To stockholders not officers	\$0 \$0
		18.23 Trustees, supreme or grand (Fraternal only)	\$0
19.1	Were any assets reported in this statement subject to a contractual liability for such obligation being reported in the statement?	obligation to transfer to another party without the	Yes[] No[X]
19.2	If yes, state the amount thereof at December 31 of the current year:		
		19.21 Rented from others	\$0
		19.22 Borrowed from others	\$0
		19.23 Leased from others	\$0
		19.24 Other	\$0
20.1	Does this statement include payments for assessments as describe	d in the Annual Statement Instructions other than	
	guaranty fund or guaranty association assessments?		Yes[] No[X]
20.2	If answer is yes:		
		20.21 Amount paid as losses or risk adjustment	\$0
		20.22 Amount paid as expenses	\$0
	:	20.23 Other amounts paid	\$0
21.1	Does the reporting entity report any amounts due from parent, subsistatement?	idiaries or affiliates on Page 2 of this	Yes[X] No[]
04.0			
21.2	If yes, indicate any amounts receivable from parent included in the F	Page 2 amount:	\$0
		INVESTMENT	
22.1	Were all the stocks, bonds and other securities owned December 3 exclusive control, in the actual possession of the reporting entity on addressed in 22.3)		Yes[X] No[]
22.2	If no, give full and complete information relating thereto:		
22.3	For security lending programs, provide a description of the program securities, and whether collateral is carried on or off-balance sheet. information is also provided) Please reference Note 17B	(an alternative is to reference Note 16 where this	
22.4	Does the company's security lending program meet the requirement Risk-Based Capital Instructions?	ts for a conforming program as outlined in the	Yes[X] No[] N/A[]
22.5	If answer to 22.4 is yes, report amount of collateral.		\$441,166
22.6	If answer to 22.4 is no, report amount of collateral.		\$0
23.1	Were any of the stocks, bonds or other assets of the reporting entity exclusively under the control of the reporting entity or has the report a put option contract that is currently in force? (Exclude securities s	ing entity sold or transferred any assets subject to	Yes[X] No[]
23.2	If yes, state the amount thereof at December 31 of the current year:		
	23.2	1 Subject to repurchase agreements	\$0
	23.2		\$0
	23.2		\$0
	23.2		\$0
	23.2		\$0
	23.2		\$0
	23.2	7 Letter stock or securities restricted as to sale	\$0
	23.2	8 On deposit with state or other regulatory body	\$ 3,702,519
	23.2	9 Other	\$ 0

23.3 For category (23.27) provide the following:

	1	2	3
Nature of Restriction		Description	Amount
			0
			0
			0

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[]No[X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[] N/A [X]

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year.

0

26. Excluding items in Schedule E-Part 3-Special Deposits, 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 Section 3, III Conducting Examinations, F – Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

26.01 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 Metro Tech Center, Brooklyn, NY 11245

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

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current

Yes[]No[X]

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

	1	2	3	4
	Old Custodian	New Custodian	Date of Change	Reason
Ī				
ł				
-				

26.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/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(s)	Address
N/A	Liberty Mutual Insurance Company	175 Berkeley St., Boston, MA 02116

27.1 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]

27.2 If yes, complete the following schedule:

1	2	3
CUSIP # Name of Mutual Fund		Book/Adjusted Carrying Value
		0
		0
		0
27.2999 TOTAL		0

27.3 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	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
		0	
		0	
		0	

28. 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 over
	Value	Fair Value	Statement (+)
28.1 Bonds	7,919,251	8,033,970	114,719
28.2 Preferred stocks	0		0
28.3 Totals	7,919,251	8,033,970	114,719

1,010,201	
Describe the sources or methods utilized in determining the fair values: The primary source is published unit prices from the NAIC Securities Valuation Office. The secondary source is the pricing vendor, Interactive Data Corporation, followed by backfill from Bloomberg. Lastly, management determines fair value based on quoted market prices of similar financial instruments or by using industry recognized valuation techniques.	
Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes[]No[X]
for all brokers or custodians used as a pricing source?	Yes[] No[X
If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of	
fair value for Schedule D:	
The Company reviews the pricing methodology of its vendors on an annual basis. The company has also established acceptable price change and tolerance guidelines. Vendor prices falling outside the guidelines are furthered reviewed by management on a monthly basis. All prices determined internally by the insurer are reviewed and signed off by the Chief Investment Officer.	
followed?	Yes[X] No[]
If no, list exceptions:	
OTHER	
Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any?	\$
	Interactive Data Corporation, followed by backfill from Bloomberg. Lastly, management determines fair value based on quoted market prices of similar financial instruments or by using industry recognized valuation techniques.  Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?  If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?  If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  The Company reviews the pricing methodology of its vendors on an annual basis. The company has also established acceptable price change and tolerance guidelines. Vendor prices falling outside the guidelines are furthered reviewed by management on a monthly basis. All prices determined internally by the insurer are reviewed and signed off by the Chief Investment Officer.  Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?  If no, list exceptions:

0

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

1	2
Name	Amount Paid
	0
	0
	0

22 1	Amount o	of payments	for local a	avnancac	if any?

\$ 0

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	0
	0
	0

33.1	Amount of payments for expen	nditures in connection	on with matters	s before legislativ	ve bodies, office	ers or dep	artments
	of government, if any?						

\$	0

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

1	2
Name	Amount Paid
	0
	0
	0

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medical	re Supp	plement Insurance in force?	Yes[]No[X]
1.2	If yes, indicate premium earned on U.S. business	s only.		\$0
	What portion of Item (1.2) is not reported on the I 1.31 Reason for excluding	Medica	re Supplement Insurance Experience Exhibit?	\$0
1.5	Indicate amount of earned premium attributable t Indicate total incurred claims on all Medicare Sup Individual policies:		dian and/or Other Alien not included in Item (1.2) above. nt insurance.	\$0 \$
	•	Most	current three years:	
		1.61	Total premium earned	\$ <u>0</u>
		1.62 1.63	Total incurred claims  Number of covered lives	\$0
		1.00	Transor of octored into	
		All yea	ars prior to most current three years:	
		1.64	Total premium earned	\$0
		1.65 1.66	Total incurred claims  Number of covered lives	\$0
1.7	Group policies:	1.00	Number of covered lives	
		Most	current three years:	
		1.71	Total premium earned	\$0
		1.72 1.73	Total incurred claims Number of covered lives	\$0
		1.73	Nulliber of covered lives	
		All yea	ars prior to most current three years:	
		1.74	Total premium earned	\$0
		1.75 1.76	Total incurred claims  Number of covered lives	\$0
2.	Health Test:	1.70	1 2	
			Current Year Prior Year	
		2.1	Premium Numerator         \$	
		2.2	Premium Denominator \$ 0 \$ 0	
		2.3 2.4	Premium Ratio (2.1/2.2)         0.00         0.00           Reserve Numerator         \$ 0         \$ 0	
		2.5	Reserve Denominator \$ 517,294 \$ 751,967	
		2.6	Reserve Ratio (2.4/2.5) 0.00 0.00	
	Does the reporting entity issue both participating			Yes[]No[X]
3.2	If yes, state the amount of calendar year premiur	ns writt	en on:	
		3.21	Participating policies	\$0
		3.22	Non-participating policies	\$0_
4.	For Mutual reporting entities and Reciprocal Excl	nanges	only:	
4.1	Does the reporting entity issue assessable policies	es?		Yes[]No[X]
4.2	Does the reporting entity issue non-assessable p	olicies	?	Yes[]No[X]
4.3	If assessable policies are issued, what is the exte	ent of th	ne contingent liability of the policyholders?	0
4.4	Total amount of assessments paid or ordered to	be paid	during the year on deposit notes or contingent premiums.	\$0
5.	For Reciprocal Exchanges Only:			
5.1	Does the exchange appoint local agents?			Yes[]No[X]
5.2	If yes, is the commission paid:			
		5.21	Out of Attorney's-in-fact compensation	Yes [ ] No [ ] N/A [ X ]
		5.22	As a direct expense of the exchange	Yes[]No[]N/A[X]
5.3	What expenses of the Exchange are not paid out	of the	compensation of the Attorney-in-fact?	
5.4	Has any Attorney-in-fact compensation, continge	nt on fu	Iffillment of certain conditions, been deferred?	Yes[]No[X]
5.5	If yes, give full information			
6.1	compensation contract issued without limit loss: See Note 20C		itself from an excessive loss in the event of a catastrophe under a workers'	

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  The Company employs industry recognized catastrophe modeling software to estimate the Probable Maximum Loss. For property exposures, we employ RiskLink v9.0 from RMS and AIR Clasic/2 v11.0. For WC, Liberty Mutual utilizes RiskLink v9.0 from RMS.  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?  See Note 20C			
6.4	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[]	
6.5	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			
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [	] No [ X ]	
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	•		0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [	] No [ X ]	
	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?		] No [X]	
8.2	If yes, give full information	•		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes [	] No [X]	
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes[	] No [X]	
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.			
9.4	Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes [	] No [ X ]	
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.			
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:			
	<ul><li>(a) The entity does not utilize reinsurance; or,</li><li>(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or</li></ul>		] No [X]	
	supplement; or  (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an	res [	] No [ X ]	
	attestation supplement.	Yes [	] No [ X ]	

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

]

10.			entity would have been required to charge had it retained the risks. Has this been done?	Yes [ X ] No [ ] N/A [ ]
		e reporting entity of	guaranteed policies issued by any other entity and now in force:	Yes[]No[X]
12.1		eporting entity rec	orded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the	
	amoun	it of corresponding	g liabilities recorded for: 12.11 Unpaid losses \$	0
			12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$	0
12.2	Of the	amount on Line 1	3.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	0
12.3			derwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes ds covering unpaid premiums and/or unpaid losses?	Yes[]No[]N/A[X]
12.4	If yes,	provide the range	of interest rates charged under such notes during the period covered by this statement:	0.00
			12.41 From 12.42 To	0.00
12.5	promis	sory notes taken l	ollateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or by a reporting or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses atures of commercial policies?	Yes[]No[X]
12.6	If yes,	state the amount	thereof at December 31 of current year:	
			12.61 Letters of Credit \$ 12.62 Collateral and other funds \$	0
			·	
	-		mount insured in any one risk (excluding workers' compensation):	0
13.2		any reinsurance co tement provision?	ontract considered in the calculation of this amount include an aggregate limit of recovery without also including a	Yes[]No[X]
13.3			surance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic ligatory contracts) considered in the calculation of the amount.	1
14.1	Is the o	company a cedant	t in a multiple cedant reinsurance contract?	Yes[]No[X]
14.2	If yes,	please describe th	ne method of allocating and recording reinsurance among the cedants:	
14.3	If the a		es, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance	Yes[]No[X]
14.4	If the a	enewer to 14 3 is n	io, are all the methods described in 14.2 entirely contained in written agreements?	Yes [X] No []
			io, please explain:	res[X]No[]
17.0	a		o, proces expedit.	
45.4				V 7 1N 7V1
			guaranteed any financed premium accounts?	Yes[]No[X]
15.2	If yes,	give full information	on	
16 1	Door H	ho roporting optitu	currite any warranty hydinaca?	Voc I INc IVI
10.1			write any warranty business?  ving information for each of the following types of warranty coverage:  1 2 3 4 5	Yes[]No[X]
			Direct Losses Direct Written Direct Premium Direct Premium Incurred Unpaid Premium Unearned Earned	
	16.11	Home	\$ 0 \$ 0 \$ 0 \$ 0	
	16.12 16.13 16.14	Products Automobile Other*	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	
	* Disc	close type of cover	rage:	

#### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.	.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.	Yes [ ] No [X]
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in	
	Schedule F – Part 5. Provide the following information for this exemption:	
	17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3	
	excluded from Schedule F - Part 5	\$0_
	17.12 Unfunded portion of Interrogatory 17.11	\$0
	17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$0
	17.14 Case reserves portion of Interrogatory 17.11	\$0
	17.15 Incurred but not reported portion of Interrogatory 17.11	\$0_
	17.16 Unearned premium portion of Interrogatory 17.11	\$0_
	17.17 Contingent commission portion of Interrogatory 17.11	\$0
	Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included	d above.
	17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3	
	excluded from Schedule F – Part 5	\$ 0
	17.19 Unfunded portion of Interrogatory 17.18	\$ 0
	17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$ 0
	17.21 Case reserves portion of Interrogatory 17.18	\$ 0
	17.22 Incurred but not reported portion of Interrogatory 17.18	\$ 0
	17.23 Unearned premium portion of Interrogatory 17.18	\$ 0
	17.24 Contingent commission portion of Interrogatory 17.18	\$0
18.1	Do you act as a custodian for health savings accounts?	Yes [ ] No [ X ]
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0
18.3	Do you act as an administrator for health savings accounts?	Yes [ ] No [ X ]
18.4	If yes, please provide the balance of the funds adminstered as of the reporting date.	\$ 0

# FIVE - YEAR HISTORICAL DATA

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

	1 2 3 4					5
		2009	2008	2007	2006	2005
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3,			(400)	(4,566)	(302,064)
	Property lines (Lines 1, 2, 9, 12, 21 & 26)			(598)	(4,859)	(199,867)
3.	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, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)			(998)	(9,425)	(501,931)
-	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3,					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	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, 30 & 34)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)					
	Statement of Income (Page 4)					
13	Net underwriting gain (loss) (Line 8)	238,168	(20,555)	9,471	(8,805)	(406,202)
	Net investment gain (loss) (Line 11)	250,449	310,868	375,299	603,510	951,963
	Total other income (Line 15)	(64)		(3,048)		(652)
16.	* * * * * * * * * * * * * * * * * * * *			(0,0 !0)		
	Federal and foreign income taxes incurred (Line 19)	163,252	111,450	208,905	193.578	89,527
	Net income (Line 20)	325,301	178,863	172,817	401,127	455,582
10.	Balance Sheet Lines (Pages 2 and 3)	020,001	1,			100,002
10	Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)	8,148,869	9,584,817	9,917,009	15,508,853	21,591,181
	Premiums and considerations (Page 2, Col. 3)	0,140,000	0,004,011	, , , , , , , , , , , , , , , , , , , ,	10,000,000	21,001,101
20.	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21	Total liabilities excluding protected cell business (Page 3, Line 24)	892,897	2,712,136	3,169,191	10,107,503	6,765,308
22.	, , , , , , , , , , , , , , , , , , , ,	517,294	751,967	754,636	754,868	757,213
23.	Land distance (Page 2 Line 2)	017,254	101,501	7,000	10,000	101,210
24.					10,000	
25.	0 11 11 (D 0 11 00 0 00)	3.500.000	3,500,000	3,500,000	3,500,000	3,500,000
	O and a second and in helding (December 2011) a 25%	7,255,972	6,872,681	6,747,818	5,401,350	14,825,873
20.	Cash Flow (Page 5)	1,255,912	0,072,001	0,747,010	3,401,330	14,025,075
27	Net cash from operations (Line 11)	450,201	(62,787)	1,319,013	(2,729,844)	5,027,648
21.	Risk-Based Capital Analysis	7,00,201	(02,101)	1,010,010	(2,720,044)	3,021,040
28.	Total adjusted capital	7,255,972	6,872,681	6,747,818	5,401,350	14,825,873
	Authorized control level risk-based capital	72,289	86,300	102,862	95,817	196,759
25.	Percentage Distribution of Cash, Cash Equivalents and Invested Assets	12,200		102,002		150,755
	(Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
30	Danda (Line 1)	54.2	82.2	81.1	68.8	79.1
31.	01-1-(1104-0-0)	1				
32.						
33.	Deal astate (12 as 4.4. 4.0.0.4.0)					
34.	Cash, cash equivalents and short-term investments (Line 5)			12.0	31.2	20.9
35.	0 ( () () ()					
36.	Others's sorted asserts (L'12-7)				1	
37.						
38.	Aggregate write-ins for invested assets (Line 9)	100.0	100.0	100.0	100.0	100.0
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0		100.0	100.0
40	Investments in Parent, Subsidiaries and Affiliates					
40.	, , , , , , , , , , , , , , , , , , , ,					
41.	Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1)					
42.						
43.	0.1.5.1140					
4.4	Col. 5, Line 10)					
	Affiliated mortgage loans on real estate					
45.	All other affiliated					
46.	Total of above Lines 40 to 45					
4/.	Percentage of investments in parent, subsidiaries and affiliates to surplus as					
	regards policyholders (Line 46 above divided by Page 3, Col. 1, Line 35 x 100.0)					<u> </u>

# FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2009	2008	2007	2006	2005
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 24)					
49. 50.	Dividends to stockholders (Line 35)  Change in surplus as regards policyholders for the year (Line 38)	383,291	124,863	1,346,468	(7,337,632) (9,424,523)	1
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
52. 53. 54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, Property lines (Lines 1, 2, 9, 12, 21 & 26) 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, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 33)	(2,399)	4,971,731 (16,647)	8,259,098 (27,130) 3,934	19,911,580 (116,807) 36,500	24,446,087 1,055,321 3,997
	Total (Line 35)	1,453,735	4,955,084	8,235,902	19,831,273	25,505,405
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57. 58.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, Property lines (Lines 1, 2, 9, 12, 21 & 26)	1	23,224	232	1,123	7,040
59. 60.	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, 30 & 34)					
61.	Nonproportional reinsurance lines (Lines 31, 32 & 33) Total (Line 35)	909	23,224	232	1,123	7,040
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
64. 65. 66.	Premiums earned (Line 1) Losses incurred (Line 2) Loss expenses incurred (Line 3) Other underwriting expenses incurred (Line 4) Net underwriting gain (loss) (Line 8)	100.0		100.0	100.0	100.0
	Other Percentages					
69.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0  Losses and loss expenses incurred to premiums earned (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 35 divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
71.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(235)	20			405
72.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 71 above divided by Page 4, Line 21, Col. 1 x 100.0)	(3.4)				2.8
	Two Year Loss Development (000 omitted)					
	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)  Percent of development of losses and loss expenses incurred to reported	(215)	20		405	763
	policyholders' surplus of second prior year end (Line 73 above divided by Page 4, Line 21, Col. 2 x 100.0)	(3.2)			2.8	5.4

NOTE:	If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure of the compliance with the compliance with the compliance of th	sure Yes	[ ] No[X]
Ī	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?		
	If no, please explain: Not applicable.		

# SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

	Pr	emiums Earne	d			Lo	ss and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported -
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX					4	9		(5)	XXX
2. 2000	28,318	28,318		21,754	21,754	400	400	3,725	3,725			XXX
3. 2001	63,402	63,402		44,601	44,590	884	884	8,891	8,891			XXX
4. 2002	115,667	115,667		90,157	90,157	2,415	2,415	15,909	15,909			XXX
5. 2003	171,222	171,222		120,162	120,162	4,008	4,008	13,067	13,067			XXX
6. 2004	104,247	104,247		60,882	60,882	3,044	3,044	240	240			XXX
7. 2005	5,937	5,937		2,708	2,708	177	177	118	118			XXX
8. 2006	(8)	(8)		142	142	3	3	74	74			XXX
9. 2007	(1)	(1)						44	44			XXX
10. 2008								40	40			XXX
11. 2009								45	45			XXX
12. Totals	XXX	XXX	XXX	340,406	340,395	10,931	10,931	42,157	42,162		6	XXX

		Losses	Unpaid	'	Defen	se and Cost	Containment L	Jnpaid	Adjust	ing and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	697	697	38	38	25	25			325	325			xxx
2. 2000													XXX
3. 2001	1,285	768	1	1			29	29				517	XXX
4. 2002	118	118	33	33			38	38					XXX
5. 2003	984	984	96	96			95	95					XXX
6. 2004	542	542	270	270			74	74					XXX
7. 2005	376	376	74	74			13	13	8	8			XXX
8. 2006									12	12			XXX
9. 2007									21	21			XXX
10. 2008									46	46			XXX
11. 2009									239	239			XXX
12. Totals	4,002	3,485	512	512	25	25	260	260	651	651		517	XXX

		Т	otal Losses and	I	Loss and	Loss Expense P	ercentage			34	Net Balar	nce Sheet
		Loss	Expenses Incu	rred	(Incuri	red/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves At	ter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2000	25,890	25,890		91.426	91.426						
3.	2001	55,691	55,163	528	87.838	87.005					517	
4.	2002	108,670	108,670		93.951	93.951						
5.	2003	138,412	138,412		80.838	80.838						
6.	2004	65,052	65,052		62.402	62.402						
7.	2005	3,474	3,474		58.514	58.514						
8.	2006	231	231		(2887.500)	(2887.500)						
9.	2007	65	65		(6500.000)	(6500.000)						
10.	2008	86	86									
11.	2009	284	284									
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	517	

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

		Incurred I	Net Losses and	Defense and	Cost Containm	ent Expenses I	Reported At Ye	ar End (\$000 C	OMITTED)		DEVEL	OPMENT
Years in	1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Year	Year
1. Prior					358	235	234	234	254	20	(234)	(214
2. 2000												
3. 2001	XXX					528	529	529	529	528	(1)	(1
4. 2002	XXX	XXX										
5. 2003	XXX	XXX	XXX									
6. 2004	XXX	XXX	XXX	XXX								
7. 2005	XXX	XXX	XXX	XXX	XXX							
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

# SCHEDULE P - PART 3 - SUMMARY

		Cumulative Pa	aid Net Losses	and Defense a	and Cost Conta	inment Expens	ses Reported A	t Year End (\$0	00 OMITTED)		11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Payment	Payment
1. Prior	000					1		(1)	20	20	XXX	XXX
2. 2000											XXX	XXX
3. 2001	XXX					5		9	10		XXX	XXX
4. 2002	XXX	XXX									XXX	XXX
5. 2003	XXX	XXX	XXX								XXX	XXX
6. 2004	XXX	XXX	XXX	XXX							XXX	XXX
7. 2005	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

# SCHEDULE P - PART 4 - SUMMARY

		Bulk and IE	NR Reserves Or	Net Losses and	Defense and Cost	Containment Exp	enses Reported A	At Year End (\$000	OMITTED)	
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. Prior										
2. 2000										
3. 2001	XXX									
4. 2002	XXX	XXX								
5. 2003	XXX	XXX	XXX		MA					
6. 2004	XXX	XXX	XXX	XXX	NO	NE				
7. 2005	XXX	XXX	XXX	XXX	XXX					
8. 2006	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

# SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

**Allocated By States and Territories** 

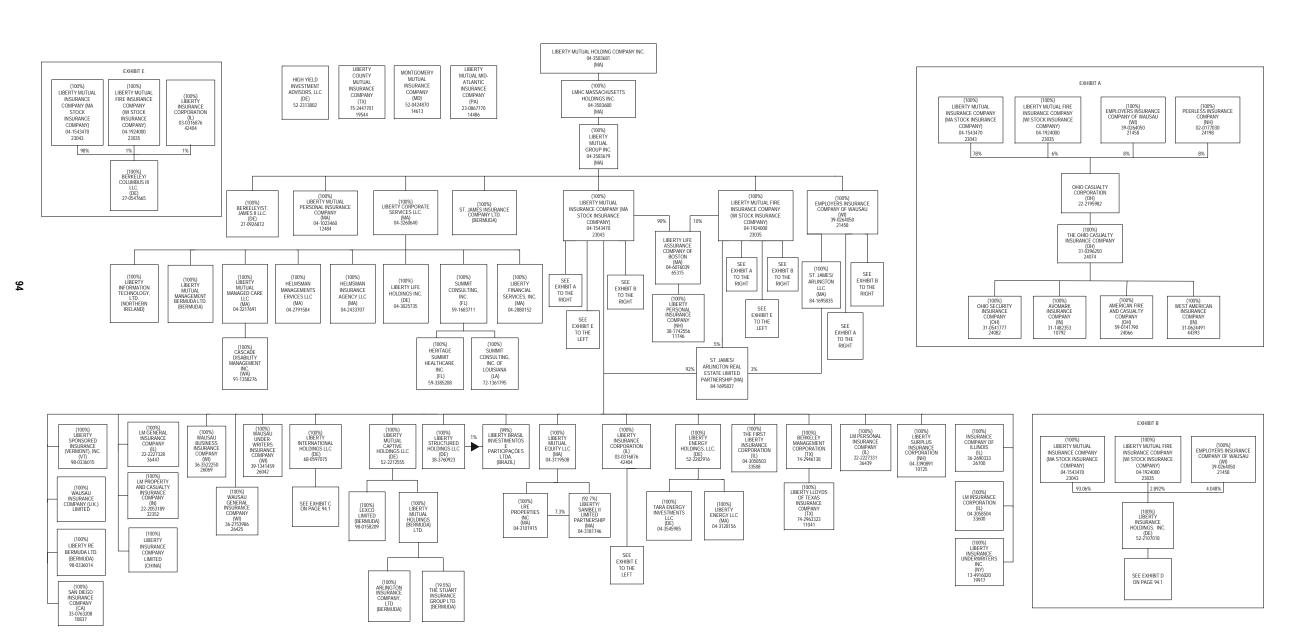
-		1	and Members Return Premium	s, Including Policy ship Fees Less as and Premiums s Not Taken	4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
	States, Etc.	Active Status	2 Direct Premiums Written	3 Direct Premiums Earned	Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL	<u>L</u>								
2. 3.	Alaska AK Arizona AZ	<sup>N</sup>				34,500	16,221	14,280		
3. 4.	Arkansas AR	<u>-</u> 					66	66		
5.	California CA	<del></del> .					3	4		
6.	Colorado CO	L					(147)	129		
	Connecticut CT	L					(231,078)	5,306		
8.	Delaware DE	<mark>L</mark>					(530)			
9.	District of Columbia DC	<mark>L</mark>				475.504	404.000	70.440		
10. 11.	Florida FL Georgia GA	<u>L</u>				175,504 (9,907)	101,306 (1,130)	76,149 8,777		
	Hawaii HI	<del>-</del>				(3,307)	[ (1,150)			
13.	Idaho ID						256	296		
14.	Illinois IL	L				(274)	108,698	226,010		
15.	Indiana IN	L				85,902	14,231	530,995		
16.	lowa IA	<mark>L</mark>					98	98		
17. 18.	Kansas KS Kentucky KY	<u>L</u>				31,590	(12) 28,778	13,736		
		<del> .</del> .				175,000	132,776	18,135		
	Maine ME					170,000	2	44		
21.	Maryland MD	L					6	6		
22.	Massachusetts MA	L								
23.	Michigan MI	L					(387,450)	940		
	Minnesota MN	<mark>L</mark>				8,325	11,593	32,086		
25. 26.	Mississippi MS Missouri MO	<mark>L</mark>					92	110		
	Montana MT	<del> .</del> . 					(3)			
28.	Nebraska NE									
29.	Nevada NV	L				122,000	(56,529)			
30.	New Hampshire NH	L					1,853	2,041		
31.	New Jersey NJ	. N								
	New Mexico NM	<mark>Ļ</mark>				240.205	(56)	4 000 550		
33. 34.	New York NY North Carolina NC	<mark>L</mark>				316,365	690,249	1,009,550		
35.	North Dakota ND									
36.	Ohio OH	L				(1,138)	(30,751)	(6,296)		
37.	Oklahoma OK	L				125,201	108,518	3,043		
38.	Oregon OR	L					(374)			
	Pennsylvania PA	<mark>-</mark>				390,637	322,857	2,533,094		
	Rhode Island RI South Carolina SC						1,406	1,591 770		
	South Dakota SD						9	11		
	Tennessee TN	L			1	1	· · · · · · · · · · · · · · · · · · ·	[		
	Texas TX	L								
	Utah UT	L .L.								
	Vermont VT	<mark>-</mark>								
	Virginia VA Washington WA						(1,048)			
	West Virginia WV	<u>-</u> 					317	385		
	Wisconsin WI	L			1	30	2,941	43,032		
51.	Wyoming WY	L								
	American Samoa AS	. N								
	Guam GU	N.								
	Puerto Rico PR U.S. Virgin Islands VI	. N								
	Northern Mariana Islands MP	N								
	Canada CN	N								
	Aggregate Other Alien OT	XXX								
	Totals	(a) 48				1,453,735	833,191	4,514,388		
					1	1				
_	DETAILS OF WRITE-INS									
5801.		XXX								

	DETAILS OF WRITE-INS						
5801. 5802.		XXX	 	 	 		
5803.		XXX	 	 	 		
5898.	Summary of remaining		 	I	 	I	
	write-ins for Line 58						
	from overflow page	XXX					
5899.	Totals (Lines 5801						
	through 5803 plus 5898) (Line 58 above)						
	(Line 58 above)	XXX					

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

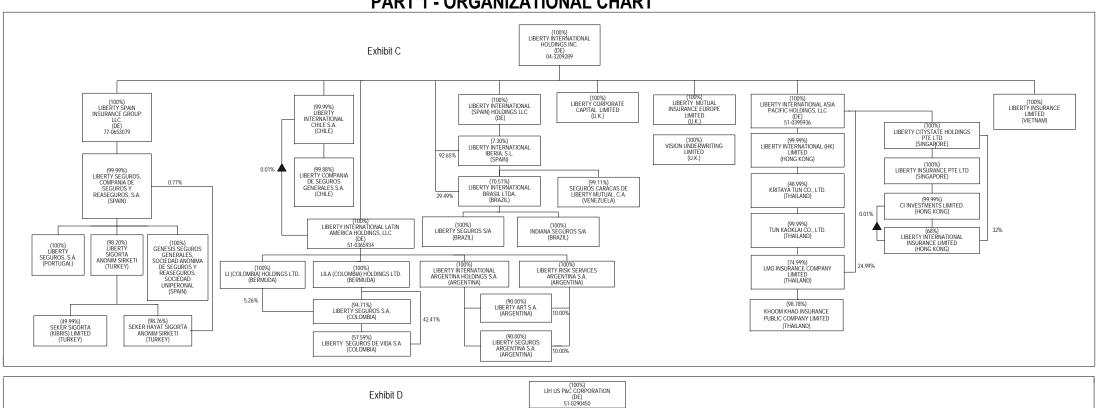
#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

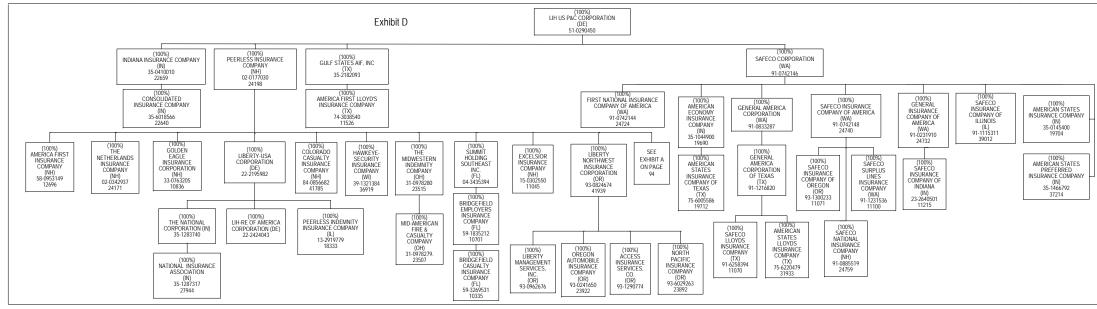
#### PART 1 - ORGANIZATIONAL CHART



#### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART





# **OVERFLOW PAGE FOR WRITE-INS**

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