ANNUAL STATEMENT OF THE PEERLESS INDEMNITY INSURANCE COMPANY of____LISLE in the state of _____ ILLINOIS TO THE **Insurance Department** OF THE **STATE OF** FOR THE YEAR ENDED **December 31, 2007**



ANNUAL STATEMENT

18333200720100100

For the Year Ended December 31, 2007

OF THE CONDITION AND AFFAIRS OF THE
Peerless Indemnity Insurance Company

	111 ent Period)	0111 (Prior Period)	NAIC Company	Code	18333	Employer's	s ID Number_	13-2919779
rganized under the La	,	(Prior Period) Illinois		, State	of Domicile	or Port of En	try Illinois	
untry of Domicile	United State	es of America						
orporated/Organize	d: April 30	, 2002		Comme	nced Busin	ess: August 1	10, 2002	
tutory Home Office:		renville Road		60532				
in Administrative Of	`	et and Number) Warrenville Road	(City Lisle, IL	, State and Zip 60532	•	505-1442		
		(Street and Number)	,	(City, State and		(Area Code)(Tele	ephone Number)	
(Stree	erkeley Street t and Number)	(City, Sta	te and Zip Code)					
mary Location of Bo		((Street and Number)	Boston, M		617-357-95 e and Zip Code)	(Area Code)(Tele	phone Number)
rnet Website Addre			yMarkets.com					
tutory Statement Co	ontact:	ne Connolly (Name)				(Area C	617-357-9500 Code)(Telephone Num	44393 hber)(Extension)
		ne.Connolly@Liber Mail Address)	tyMutual.com				617-574-5955 (Fax Number)	
	(=-1	iaii Audiess)	OFFIC	ERS			(i ax ivalliber)	
			Chairman of	the Board				
	N	ame	Gary Richa	ra Gregg	Т	itle		
1	Gary Richard	Gregg		Pres	ident and Chief	Executive Officer		
2	Edmund Cam	pion Kenealy		Secr	etary			
3	James Francis	3 Dore		Trea	surer and Chief	Financial Officer		
			Vice-Pres	idente				
Name		Tit		oluents	Name	e		Title
ony Alexander Fontanes		EVP and Chief Inve		_Joseph A	nthony Gilles		Executive Vice F	President
Rhodes Goodby	<u>_</u>	EVP and Chief Ope	rating Officer	-				
				-				
			DIRECTORS OF	TRUSTE	FS.			
es Francis Dore	<u>J</u>	ohn Derek Doyle			nthony Gilles		Scott Rhodes Go	oodby
y Richard Gregg	<u>C</u>	Christopher Charles	Mansfield	Mary An	Thaman #		Robert James B	rautigam
Ardon Butler				-				
				-				
of Massachusetts								
ty of Suffolk	SS							
officers of this reporting en e, all of the herein describ								
his statement, together wi	th related exhibits	s, schedules and e	xplanations therein co	ntained, ann	exed or referred	to, is a full and true	e statement of all the	he assets and
ties and of the condition a	nd affairs of the s	said reporting entity	as of the reporting pe	eriod stated a	bove, and of its	income and deduc	tions therefrom for	the period ended,
ave been completed in ac ay differ; or, (2) that state	rules or regulation	ons require differer	nces in reporting not re	elated to acco	unting practices	s and procedures, a	according to the be	st of their
nation, knowledge and beine NAIC, when required,	lief, respectively.	Furthermore, the s	scope of this attestation	on by the desc	ribed officers al	so includes the rela	ated corresponding	electronic filing
sted by various regulators				IO EIECHOII	o ming) or trie er	noloseu statement.	THE EIECHOHIC IIII	ig iliay De
(Signature)			(Sigr	nature)			(Signatur	re)
Gary Richard				ampion Kene	aly		James Fran	
(Printed Nan 1.	ne)			ed Name) 2.			(Printed N 3.	ame)
President and Chief Exe	ecutive Officer			cretary		Tre	easurer and Chief F	inancial Officer
(Title)			(Ti	itle)			(Title)	
cribed and sworn to before						this an original filin	· ·	YES[X]NO
st day ofJanua	ary		_ , 2008		b. If			mber
						2. Date fil		
						3. Numbe	er ot pages attache	d

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	166,149,399		166,149,399	142,712,05
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks	276,703		276,703	268,64
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 \$				
	4.3 Properties held for sale (less \$ 0 encumbrances)	* * * * * * * * * * * * * * * * * * * *			
5.	Cash (\$ 2,399,844, Schedule E-Part 1), cash equivalents (\$ 7,239,717				
	Schedule E-Part 2) and short-term investments (\$ 3,657,048, Schedule DA)	13,296,609		13,296,609	47,682,16
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)	10,000,000		10,000,000	10,040,25
8.	Receivables for securities	18,315		18,315	87
9.	Aggregate write-ins for invested assets				
0.	Subtotals, cash and invested assets (Lines 1 to 9)	189,741,026		189,741,026	200,703,99
1.	Title plants less \$ 0 charged off (for Title insurers only)				
2.	Investment income due and accrued	1,787,881		1,787,881	1,615,90
3.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	547,371	22,618	524,753	724,77
	13.2 Deferred premiums, agents' balances and installments booked but deferred and				
	not yet due (including \$ 87,807 earned but unbilled premiums)	3,453,100	9,897	3,443,203	18,243,50
	13.3 Accrued retrospective premiums	33,109	4,224	28,885	34,46
4.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				12,277,58
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
5.	Amounts receivable relating to uninsured plans				
6.1	Current federal and foreign income tax recoverable and interest thereon				7,298,67
6.2	Net deferred tax asset	1,563,000	913,346	649,654	922,00
7.	Guaranty funds receivable or on deposit	13,494		13,494	16,52
8.	Electronic data processing equipment and software				
9.	Furniture and equipment, including health care delivery assets (\$0_)				
0.	Net adjustment in assets and liabilities due to foreign exchange rates				
1.	Receivables from parent, subsidiaries and affiliates	152		152	4,066,40
2.	Health care (\$ 0) and other amounts receivable				
3.	Aggregate write-ins for other than invested assets	78,483	4,090	74,393	247,44
4.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts (Lines 10 to 23)	197,217,616	954,175	196,263,441	246,151,27
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	197,217,616	954,175	196,263,441	246,151,27
	DETAILS OF WRITE-INS				
)901.					
0901. 0902.					
.552.					

DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. Other assets	6,469	4,090	2,379	208,106
2302. Equities and deposits in pools and associations	72,014		72,014	39,340
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	78,483	4,090	74,393	247,446

LIABILITIES, SURPLUS AND OTHER FUNDS	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 34, Column 8)	9,508,103	8,804,204
Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	493,801	12,729,830
2 1 1 1 1 1 1 1 1 1	0.475.000	2,020,098
Loss adjustment expenses (Part ZA, Line 34, Column 9) Commissions payable, contingent commissions and other similar charges		324,094
Cother annual (analysis to the line and form)	242.000	250,568
Other expenses (excluding taxes, licenses and rees) Taxes, licenses and fees (excluding federal and foreign income taxes)	213,676	172,124
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2. Not deferred toy liability	1,507,510	
		* * * * * * * * * * * * * * * * * * * *
Borrowed money \$ 0 and interest thereon \$ 0 Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of		* * * * * * * * * * * * * * * * * * * *
(h	5,076,012	4,743,232
40 Advance mentions	23,721	19,093
10. Advance premium 11. Dividends declared and unpaid:	23,121	19,093
'		
11.1 Stockholders		
11.2 Policyholders	2,146	4,448
12. Ceded reinsurance premiums payable (net of ceding commissions)		15,073,276
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14. Amounts withheld or retained by company for account of others		18,678
15. Remittances and items not allocated		
16. Provision for reinsurance (Schedule F, Part 7)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		163
19. Payable to parent, subsidiaries and affiliates	180,774	4,704,688
20. Payable for securities		
21. Liability for amounts held under uninsured plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities	9,425,955	29,166,718
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	29,367,800	78,031,214
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	29,367,800	78,031,214
27. Aggregate write-ins for special surplus funds		* * * * * * * * * * * * * * * * * * * *
28. Common capital stock	3,500,000	3,500,000
29. Preferred capital stock		* * * * * * * * * * * * * * * * * * * *
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	150,454,419	150,454,419
33. Unassigned funds (surplus)	12,941,222	14,165,646
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)	166,895,641	168,120,065
36. TOTALS (Page 2, Line 26, Col. 3)	196,263,441	246,151,279
DETAILS OF WRITE-INS		
	94.053	450 000
2301. Other liabilities 2302. Collateral on securities loaned	84,953	158,829
2303. Collateral on securities loaned	9,341,002	29,007,889
2398. Summary of remaining write-ins for Line 23 from overflow page		* * * * * * * * * * * * * * * * * * * *
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	9,425,955	29,166,718
	3,723,333	20,100,710
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		*****
3003.		******
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

	STATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1. [Premiums earned (Part 1, Line 34, Column 4) DEDUCTIONS	10,801,577	10,281,615
	Losses incurred (Part 2, Line 34, Column 7)	5,546,783	5,581,236
3. l	Loss expenses incurred (Part 3, Line 25, Column 1) Other underwriting expenses incurred (Part 3, Line 25, Column 2)	1,224,243 3,848,214	1,228,345 3,440,720
5.	Aggregate write-ins for underwriting deductions		5,770,720
6.	Total underwriting deductions (Lines 2 through 5)	10,619,240	10,250,301
8. 1	Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	182,337	31,314
	INVESTMENT INCOME	· · · · · · · · · · · · · · · · · · ·	
	Net investment income earned (Exhibit of Net Investment Income, Line 17)	8,528,365	18,556,628
10. 1	Net realized capital gains (losses) less capital gains tax of \$ 15,876 (Exhibit of Capital Gains (Losses)) Net investment gain (loss) (Lines 9 + 10)	29,484 8,557,849	(119,731,833) (101,175,205)
'''	OTHER INCOME	0,337,049	(101,173,203)
12 1	Net gain (loss) from agents' or premium balances charged off		
12. 1	(amount recovered \$ 186 amount charged off \$ 22,285)	(22,099)	(15,350)
13. F	Finance and service charges not included in premiums	14,555	14,295
	Aggregate write-ins for miscellaneous income	04 700	19,511
15. 16 I	Total other income (Lines 12 through 14) Vet income before dividends to policyholders, after capital gains tax	21,763	18,456
	and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	8,761,949	(101,125,435)
17. [Dividends to policyholders	25,000	29,064
18. 1	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	8,735,953	(101,154,499)
	ederal and foreign income taxes incurred		(101, 154, 499)
	Net income (Line 18 minus Line 19) (to Line 22)		(99,010,646)
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		576,357,976
	Net income (from Line 20)	(928,781)	(99,010,646)
	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ (4,668)		127,436,206
25. (Change in net unrealized septicing exchange capital gain (loss)		
26. (Change in net deferred income tax	636,332	(3,970,841)
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)	(923,305)	3,239,547
1	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes		
30. 3	Surplus (contributed to) withdrawn from protected cells		
31. (Cumulative effect of changes in accounting principles		
	Capital changes: 32.1 Paid in		
	52.1 Paid in 52.2 Transferred from surplus (Stock Dividend)	******	*********
	32.3 Transferred to surplus		
	Surplus adjustments:		
	33.1 Paid in 33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34. 1	Net remittances from or (to) Home Office		
	Dividends to stockholders Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		(435,939,572)
	Aggregate write-ins for gains and losses in surplus		7,395
38. (Change in surplus as regards policyholders for the year (Lines 22 through 37)	(1,224,424)	(408,237,911)
39. 3	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	166,895,641	168,120,065
	DETAILS OF WRITE-INS		
0501.			
0502. 0503.			
	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus Line 0598) (Line 5 above)		
	Other income/(expense)	29,307	19,511
1402.			
1403.	Summary of remaining write-ins for Line 14 from overflow page		
1	Totals (Lines 1401 through 1403 plus Line 1498) (Line 14 above)	29,307	19,511
	Other changes in surplus	25,561	,
3701. 3702.	Outer Granges III surplus		7,395
3703.			
	Summary of remaining write-ins for Line 37 from overflow page		
3798.	Totals (Lines 3701 through 3703 plus Line 3798) (Line 37 above)		7,395

CASH FLOW

	1	2
Cash from Operations		
out in the operations	Current Year	Prior Year
Premiums collected net of reinsurance	11,063,254	7,914,613
2. Not investment income	8,363,130	20,067,126
3. Miscellaneous income	159,648	319,479
4. Total (Lines 1 through 3)	19,586,032	28,301,218
5. Benefit and loss related payments	4,801,491	1,126,241
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	4,755,777	4,044,579
8. Dividends paid to policyholders		24,616
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	814,017	(28,174,809)
10. Total (Lines 5 through 9)	10,399,583	(22,979,373)
11. Net cash from operations (Line 4 minus Line 10)	9,186,449	51,280,591
Cash from Investments		
2. Proceeds from investments sold, matured or repaid:		
	36,438,801	249,413,504
		218,033,677
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		1,190,882
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		(5,279)
12.7 Miscellaneous proceeds	20,420,004	912 468.633.696
	36,438,801	408,033,090
Cost of investments acquired (long-term only): 13.1 Panda	50 707 272	110 511 176
13.1 Bonds 13.2 Stocks	21 200	110,511,176 2,369,645
		2,309,043
13.3 Mortgage loans 13.4 Real estate		
13 F. Other invested assets		
12 C. Miccellencous confications	17,441	2,426
13.0 Miscerianeous applications 13.7 Total investments acquired (Lines 13.1 to 13.6)	59,836,113	112,883,247
14. Net increase (decrease) in contract loans and premium notes	00,000,110	112,000,211
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(23,397,312)	355,750,449
	(20,001,012)	333,733,773
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		
40.4 Not 1		
405 B. Warde to all all halfs		435,939,571
16.6. Other each provided (applied)	(20,174,695)	52,442,221
Other cash provided (applied) Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(20,174,695)	(383,497,350)
	(20,114,000)	(000,401,000)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(0.4.00= ==0)	
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(34,385,558)	23,533,690
19. Cash, cash equivalents and short-term investments:	47 000 407	04 440 477
19.1 Beginning of year	47,682,167	24,148,477
19.2 End of year (Line 18 plus Line 19.1)	13,296,609	47,682,167
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.		
20.0002.		
20.0003.		

UNDERWRITING AND INVESTMENT EXHIBIT PART 1- PREMIUMS EARNED

		1	2	3	4
			Unearned	Unearned	
		Net	Premiums Dec. 31	Premiums Dec. 31	Premiums
		Premiums	Prior Year -	Current Year -	Earned
		Written per	per Col. 3, Last	per Col. 5	During Year
	Line of Business	Column 6, Part 1B	Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire	84,301	53,226	52,570	84,957
2.	Allied lines	91,080	45,927	46,551	90,456
3.	Farmowners multiple peril	110,487	48,568	56,397	102,658
4.	Homeowners multiple peril	887,536	428,600	486,519	829,617
5.	Commercial multiple peril	3,405,870	1,571,072	1,625,464	3,351,478
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	348,213	139,414	148,817	338,810
10.	Financial guaranty				*******
11.1	Medical malpractice - occurrence	(20)		(12)	(8
11.2	Medical malpractice - claims-made				
12.	Earthquake	42,421	19,611	21,278	40,754
13.	Group accident and health				
14.	Credit accident and health				
	(group and individual)				
15.	Other accident and health				
16.	Workers' compensation	2,236,536	580,700	652,099	2,165,137
17.1	Other liability - occurrence	617,390	278,460	294,879	600,97
	Other liability - claims-made				
	***************************************	16,607	7,145	8,357	15,395
	Products liability - claims-made				
	19.2 Private passenger auto liability	861,801	344,449	417,197	789,053
	19.4 Commercial auto liability	1,389,006	663,675	664,350	1,388,331
	Auto physical damage	1,044,732	459,388	508,676	995,444
	Aircraft (all perils)				
23.	Fidelity	346	495	391	450
24.	Surety	3,051	3,134	1,735	4,450
2 4 . 26.	Burglary and theft	1,336	605	608	1,333
20. 27.	Boiler and machinery	2,518	1,523	1,750	
27. 28.	Credit	2,310	1,323		2,291
	International				
29. 20					
30. 21	Reinsurance-Nonproportional Assumed Property				
31.	Reinsurance-Nonproportional Assumed Liability				
32.	Reinsurance-Nonproportional Assumed Financial Lines				
33.	Aggregate write-ins for other lines				
	of business				
34.	TOTALS	11,143,211	4,645,992	4,987,626	10,801,577
			1	1	
	DETAILS OF WRITE-INS				
3301					

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1A - RECAPITULATION OF ALL PREMIUMS

		0	2	4	-
	1	2	3	4	5
	Amount Unearned	Amount Unearned			Total Reserve
	(Running One	(Running More		Reserve for Rate	for
	Year or	Than One		Credits and	Unearned
	Less from	Year from	Earned but	Retrospective	Premiums
	Date of Policy)	Date of Policy)	Unbilled	Adjustments Based	Cols. 1 + 2 +
Line of Business	(a)	(a)	Premium	on Experience	3 + 4
1. Fire	52,570				52,570
2. Allied lines	46,551	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	46,551
Farmowners multiple peril	56,397			* * * * * * * * * * * * * * * * * * * *	56,397
Homeowners multiple peril	486,519				486,519
Commercial multiple peril	1,648,225		(22,930)	169	1,625,464
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine	148,817				148,817
10. Financial guaranty				****	
11.1 Medical malpractice - occurrence	(12)				(12)
11.2 Medical malpractice - claims-made				* * * * * * * * * * * * * * * * * * * *	
12. Earthquake	21,278			* * * * * * * * * * * * * * * * * * * *	21,278
13. Group accident and health				* * * * * * * * * * * * * * * * * * * *	
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation	701,614		(48,939)	(576)	652,099
17.1 Other liability - occurrence	310,987		(15,938)	(169)	294,880
17.2 Other liability - claims-made					
18.1 Products liability - occurrence	8,357				8,357
18.2 Products liability - claims-made					
19.1, 19.2 Private passenger auto liability	417,197				417,197
19.3, 19.4 Commercial auto liability	664,350				664,350
21. Auto physical damage	508,676				508,676
22. Aircraft (all perils)					
23. Fidelity]3	388			391
24. Surety	1,364	371			1,735
26. Burglary and theft	608				608
27. Boiler and machinery	1,750				1,750
28. Credit					
29. International					
30. Reinsurance-Nonproportional Assumed Property					
31. Reinsurance-Nonproportional Assumed Liability 32. Reinsurance-Nonproportional Assumed Financial Lines		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
Reinsurance-Nonproportional Assumed Financial Lines Aggregate write-ins for other lines of business					
	E 07E 054	750	(07.007)	(570)	4.007.007
34. TOTALS	5,075,251	759	(87,807)	(576)	4,987,627
35. Accrued retrospective premiums based on experience					576
36. Earned but unbilled premiums					87,807
37. Balance (Sum of Line 34 through 36)					5,076,010

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

⁽a) State here basis of computation used in each case

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business 1. Fire	Direct Business (a)	2	3	4	5	
1. Fire		From Affiliates	From Non- Affiliates	To Affiliates	To Non- Affiliates	Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
	427,546	(727,592)		(384,348)		84,302
2. Allied lines	712,820	(613,618)		8,122		91,080
Farmowners multiple peril		110,487				110,487
Homeowners multiple peril	7,617,125	(11,799,777)		(5,070,188)		887,536
5. Commercial multiple peril	40,499,842	(19,483,118)		17,610,854		3,405,870
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine	358,711	(346,463)		(335,965)		348,213
10. Financial guaranty						
11.1 Medical malpractice - occurrence		(20)				(20)
11.2 Medical malpractice - claims-made						
12. Earthquake	299,002	(780,069)		(523,488)		42,421
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation	3,226,208	(14,516,264)		(13,526,592)		2,236,536
17.1 Other liability - occurrence	1,605,969	(6,491,769)		(5,503,190)		617,390
17.2 Other liability - claims-made						
18.1 Products liability - occurrence	108,671	(47,296)		44,769		16,606
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	12,756,920	(15,448,598)		(3,553,479)		861,801
19.3, 19.4 Commercial auto liability	14,968,080	(6,034,505)		7,544,570		1,389,005
21. Auto physical damage	13,106,836	(11,293,723)		768,380		1,044,733
22. Aircraft (all perils)						
23. Fidelity		346				346
24. Surety		3,051				3,051
26. Burglary and theft	7,148	(4,410)		1,402		1,336
27. Boiler and machinery	1,480	2,518		1,480		2,518
28. Credit						
29. International						
30. Reinsurance-Nonproportional Assumed Property	XXX					
31. Reinsurance-Nonproportional Assumed Liability	XXX				* * * * * * * * * * * * * * * * * * * *	
32. Reinsurance-Nonproportional Assumed Financial Lines	XXX					
33. Aggregate write-ins for other lines of business						
34. TOTALS	95,696,358	(87,470,820)		(2,917,673)		11,143,211

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Le	ess Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	302.497	3,564,738	3,810,946	56,289	20.641	20.616	56,314	66.285
2. Allied lines	351.582	106,699	425.253	33.028	13.632	11.435	35,225	38.942
Farmowners multiple peril		56,286		56,286	27,132	21,622	61,796	60.196
Homeowners multiple peril	2,725,350	4,566,039	6,872,503	418,886	185,265	184,282	419,869	50.610
Commercial multiple peril	10,808,168	38,283,066	47,710,737	1,380,497	2,470,063	2,274,704	1,575,856	47.020
Mortgage guaranty					2,470,000			
8. Ocean marine		22		22		61	(39)	
9. Inland marine	273.054	268.940	442.505	99,489	28.588	33.463	94.614	27.925
		200,940	442,505	99,409	20,300	33,403	94,014	27.923
10. Financial guaranty								
11.1 Medical malpractice - occurrence								
11.2 Medical malpractice - claims - made						· · · · · · · · · · · · · · · · · · ·		
12. Earthquake		21					9.	0.022
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation	1,373,432	33,352,985	33,718,057	1,008,360	3,853,348	3,517,519	1,344,189	62.083
17.1 Other liability - occurrence	62,174	21,390,536	21,322,676	130,034	880,819	685,025	325,828	54.217
17.2 Other liability - claims - made								
18.1 Products liability - occurrence		70,726	69,342	1,384	21,967	15,531	7,820	50.796
18.2 Products liability - claims - made								
19.1, 19.2 Private passenger auto liability	2,811,648	46,638,561	48,920,225	529,984	659,527	725,831	463,680	58.764
19.3, 19.4 Commercial auto liability	1,688,141	11,943,807	13,021,888	610,060	1,245,406	1,262,826	592,640	42.687
21. Auto physical damage	5,573,252	1,459,660	6,515,897	517,015	42,546	25,924	533,637	53.608
22. Aircraft (all perils)								
23. Fidelity		(16)		(16)	253	674	(437)	(97.111
24. Surety		604.413	603.378	1.035	56.469	7.538	49.966	1,122.831
26. Burglary and theft		92	22	70	35	73	32	2.401
27. Boiler and machinery					116	481	(365)	(15.932
28. Credit								
29. International								
30. Reinsurance-Nonproportional Assumed Property	XXX					* * * * * * * * * * * * * * * * * * * *		
31. Reinsurance-Nonproportional Assumed Liability	x x x	440		440	2.291	16.582	(13.851)	
32. Reinsurance-Nonproportional Assumed Financial Lines	x x x							
33. Aggregate write-ins for other lines of business								
34. TOTALS	25,969,298	162,307,015	183,433,429	4,842,884	9,508,103	8,804,204	5,546,783	51.352
34. TOTALO	23,309,290	102,307,013	100,430,429	4,042,004	3,300,103	0,004,204	3,040,700	31.002
DETAILS OF WRITE-INS								
3301.								
3302.							* * * * * * * * * * * * * * * * * * * *	
3303.								
3398. Summary of remaining write-ins for Line 33 from overflow page								

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

			Repor	ted Losses			Incurred But Not Reported	I	8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Unpaid Loss Adjustment Expenses
-	Line of Business			Companies	(0015. 1 + 2 - 3)	Dilect		Ceded	(COIS. 4 + 3 + 0 - 1)	Lxpenses
1.	Fire	143,940	19,023	143,940	19,023	7,692	1,618	7,692	20,641	4,113
2.	Allied lines Farmowners multiple peril	110,186	13,082 23,529	110,186	13,082 23,529	13,636	550 3,603	13,636	13,632 27,132	1,910 4.477
3.	Homeowners multiple peril	769,427	149,027	769,427	149,027	289,335	36,238	289,335	185,265	39,147
5.	Commercial multiple peril	9.847.601	1.469.419	9.847.601	1,469,419	3,434,374	1.000.644	3.434.374	2.470.063	1.127.967
6.	Mortgage guaranty	0,047,001		5,077,001					2,770,000	
8.	Ocean marine		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	**********					
9.	Inland marine	38,699	23,577	38,699	23,577	4,232	5,011	4,232	28,588	5,558
10		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *						
11	•									
11					<u>.</u>					
12					5				5.	49
13 14		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *					(a)	
15									(a)	
16		2,296,494	2,268,388	2,296,494	2,268,388	1,954,384	1,584,960	1,954,384	3,853,348	482.841
1 17		363,111	296,157	363.111	296.157	1.030.291	584.662	1,030,291	880.819	151.549
	2 Other liability - claims - made									
18	1 Products liability - occurrence	2,000	8,052	2,000	8,052	104,378	13,916	104,378	21,968	4,275
18	2 Products liability - claims - made									
	1, 19.2 Private passenger auto liability	3,420,856	487,418	3,420,856	487,418	1,750,410	172,109	1,750,410	659,527	127,715
	3, 19.4 Commercial auto liability	1,767,274	731,792	1,767,274	731,792	3,376,583	513,614	3,376,583	1,245,406	219,772
21		496,832	42,489	496,832	42,489		57		42,546	6,532
22										
23 24				* * * * * * * * * * * * * * * * * * * *	51,128		253 5.341		253 56.469	20
26	D		22		ラ1,1 <u>2</u> 0 ク	13/	33	13/	35	(96) 46
27				* * * * * * * * * * * * * * * * * * * *	2		116	134	116	51
28		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					
29	International		* * * * * * * * * * * * * * * * * * * *	********			* * * * * * * * * * * * * * * * * * * *			
30	Reinsurance-Nonproportional Assumed Property	XXX				XXX				
31	Reinsurance-Nonproportional Assumed Liability	I XXX I	2,291		2,291	XXX			2,291	
32		XXX				XXX				
33										
34	TOTALS	19,256,420	5,585,379	19,256,420	5,585,379	11,965,449	3,922,725	11,965,449	9,508,104	2,175,926
<u> </u>	DETAILS OF WRITE-INS									
	01.	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	****					
	02.		******							
33										
	98. Summary of remaining write-ins for Line 33 from overflow page									
33	39. Totals (Lines 3301 through 3303 + 3398) (Line 33 above)									

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	2,945,695			2,945,695
	1.2 Reinsurance assumed	446,074			446,074
	1.3 Reinsurance ceded	2,945,695			2,945,695
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	446,074			446,074
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		15,032,118		15,032,118
	2.2 Reinsurance assumed, excluding contingent		1,359,888		1,359,888
	2.3 Reinsurance ceded, excluding contingent		14,863,878		14,863,878
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed		(341,053)		(341,053
	2.6 Contingent-reinsurance ceded		(653,307)		(653,307
	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)		1,840,382		1,840,382
3.	Allowances to manager and agents				3,179
4.	Advertising	13,568	57,882	324	71,774
5.	Boards, bureaus and associations		30,534	4	32,080
6.	Surveys and underwriting reports		22,550	64	22,614
7.	Audit of assureds' records		* * * * * * * * * * * * * * * * * * * *		
8.	Salary and related items:				
	8.1 Salaries	385,364	851,359	49,218	1,285,941
	8.2 Payroll taxes	23,918	67,080	2,304	93,302
9.	Employee relations and welfare	85,455	245,247	3,005	333,707
10.	Insurance	65,405	4,322	468	70,195
11.	Directors' fees		8.		9
12.	Travel and travel items	21,612	64,338	815	86,765
13.	Rent and rent items	32,645	99,446	688	132,779
14.	Equipment	17,514	60,873	878	79,265
15.	Cost or depreciation of EDP equipment and software	19,235	27,417	264	46,916
16.	Printing and stationery	5,268	16,677	122	22,067
17.	Postage, telephone and telegraph, exchange and express	13,284	47,262	236	60,782
18.	Legal and auditing	5,079	15,918	6,578	27,575
19.	Totals (Lines 3 to 18)	689,890	1,614,092	64,968	2,368,950
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$ 3,101		268,357		268,357
	20.2 Insurance department licenses and fees		7,217		7,217
	20.3 Gross guaranty association assessments		(2,107)	* * * * * * * * * * * * * * * * * * * *	(2,107)
	20.4 All other (excluding federal and foreign income and real estate)		12,409		12,409
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		285,876		285,876
21.	Real estate expenses		* * * * * * * * * * * * * * * * * * * *		
22.	Real estate taxes		* * * * * * * * * * * * * * * * * * * *		
23.	Reimbursements by uninsured plans		* * * * * * * * * * * * * * * * * * * *		
24.	Aggregate write-ins for miscellaneous expenses	88,279	107,863	4,596	200,738
25.	Total expenses incurred	1,224,243	3,848,213	69,564	(a) 5,142,020
26.	Less unpaid expenses-current year	2,175,926	907,636	* * * * * * * * * * * * * * * * * * * *	3,083,562
27.	Add unpaid expenses-prior year	I I	746,785	* * * * * * * * * * * * * * * * * * * *	2,766,883
28.	Amounts receivable relating to uninsured plans, prior year			* * * * * * * * * * * * * * * * * * * *	
29.	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	1,068,415	3,687,362	69,564	4,825,341
	DETAILS OF WRITE-INS				
2401	Change in unallocated expense reserves	54,806			54,806
	Other expenses		107,863	4,596	145,932
2403.					
	Summary of remaining write ins for Line 24 from overflow page			* * * * * * * * * * * * * * * * * * * *	

DETAILS OF WRITE-INS				
2401. Change in unallocated expense reserves	54,806			54,806
2402. Other expenses	33,473	107,863	4,596	145,932
2403.		* * * * * * * * * * * * * * * * * * * *		
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499 Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	88 279	107 863	4 596	200 738

⁽a) Includes management fees of \$ 69,564 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

			1 Collected uring Year	2 Earned During Year
		(a)	3,158,131	3,167,012
1.1	Bonds exempt from U.S. tax	(a)	1,228,563	1,414,299
1.2	Other bonds (unaffiliated)	(a)	3,002,244	3,133,702
1.3	Bonds of affiliates	[(a)		
2.1	Preferred stocks (unaffiliated)	(b)		
2.11	Preferred stocks of affiliates	(b)		
2.2	Common stocks (unaffiliated)		21,334	21,334
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			757,814
	Derivative instruments	(f)		
8.	Other invested assets			
	Aggregate write-ins for investment income		103,768	103,768
10.	Total gross investment income		8,425,949	8,597,929
11.	Investment expenses		(g)	69,564
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)			69,564
17.	Net investment income (Line 10 minus Line 16)			8,528,365
	DETAILS OF WRITE-INS			
	Miscellaneous Income/(Expense)		103,768	103,768
0902.				
0903.	0			
0998.	Summary of remaining write-ins for Line 9 from overflow page Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)		103.768	103,768
J999.	Totals (Lines 090 i through 0905) plus 0996 (Line 9, above)		103,700	103,700
1501.				
1502.				
1503.				
	Summary of remaining write-ins for Line 15 from overflow page			
<u> 1599.</u>	Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)			
) Ind) Ind) Ind) Ind) Ind) Ind () Ind () Ind () Ind () Ind () Ind	cludes \$ 116,244 accrual of discount less \$ 122,989 amortization of prem cludes \$ 0 accrual of discount less \$ 0 amortization of prem cludes \$ 0 accrual of discount less \$ 0 amortization of prem cludes \$ 0 for company's occupancy of its own buildings; and excludes \$ 104,334 accrual of discount less \$ 0 amortization of prem cludes \$ 0 accrual of discount less \$ 0 amortization of prem cludes \$ 0 investment expenses and \$ 0 investment taxes, lice segregated and Separate Accounts. Cludes \$ 0 interest on surplus notes and \$ 0 interest on capiculudes \$ 0 depreciation on real estate and \$ 0 depreciation	ium and less \$ ium and less \$ 0 interest on e ium and less \$ 12 ium. nses and fees, excluding fe tal notes.	0 paid for accrued divide 0 paid for accrued interes ncumbrances. 535 paid for accrued interes	nds on purchases. st on purchases. st on purchases.

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	1,550		1,550		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	84,064		84,064		
1.3	Bonds of affiliates					
2.1						
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				(13,338)	
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	(40,253)		(40,253)		
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	45,361		45,361	(13,338)	

DETAILS OF WRITE-INS			
0901.			
0902.			
0903.	 	 	
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)			

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):	* * * * * * * * * * * * * * * * * * * *		
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income	*****		
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term	*****		
	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets	* * * * * * * * * * * * * * * * * * * *		
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Investment income due and accrued			
13.	Premiums and considerations:			
	42.4. Hazallastad graniums and grantal balances in the same of callastics	22,618	15,199	(7,419)
	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			
	100 4 1 1 1 1 1	1.001	3,829	(395)
14.	13.3 Accrued retrospective premiums Reinsurance:			
17.	AAA Aaa ahaa aa aa aa ah aa aa aa aa aa aa aa			
	440 F and health and accepted the office and acceptable			
	14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts	* * * * * * * * * * * * * * * * * * * *		
15.				
16.1	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon	* * * * * * * * * * * * * * * * * * * *		
16.2		913,346		(913,346
17.	O and find and the second state of			(315,540
18.				
19.				
19. 20.	Furniture and equipment, including health care delivery assets Net adjustment in assets and liabilities due to foreign exchange rates			
20. 21.	Descively from a court subsidiaries and efficiency			
22.	Health and and although a second although a			
23.	Aggregate write-ins for other than invested assets	4,090	2,488	(1,602)
23. 24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell	4,090	۷,400	(1,002)
24.	A	054 175	30 050	(033 306
25	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	954,175	30,869	(923,306)
25. 26.	Total (Lines 24 and 25)	954,175	30,869	(923,306)
ZU.	i otal (Lines 24 aliu 23)	1 904,175	30,009	[(923,300

DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301. Other assets	4,090	2,488	(1,602)
2302.			
2303.	l		
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	4,090	2,488	(1,602)

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 Peerless Indemnity Insurance Company (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("APP Manual").

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

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

C. Accounting Policies

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

In addition, the Company uses the following accounting policies:

- Short term investments are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the Purposes and Procedures Manual of the NAIC Securities Valuation Office (SVO Manual).
- 2. Bonds are carried at cost, adjusted where appropriate for amortization of premium or discount, or market as specified by the SVO Manual.
- 3. Common stocks are carried at market value.
- 4. The Company does not own preferred stocks.
- 5. The Company does not own mortgage loans.
- 6. Mortgage backed/asset backed securities are stated at amortized cost or market based on guidance in the SVO Manual. Prepayment assumptions for mortgage backed/asset backed securities are updated monthly using the Bloomberg data service. The retrospective adjustment method is used to value all mortgage backed/asset backed securities.
- 7. The Company does not own any subsidiaries, controlled, or affiliated entities.
- 8. The Company does not own any joint ventures, partnerships or limited liability companies.
- 9. Derivative Securities refer to Note 8.
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, *Property Casualty Contracts Premiums*.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and follow current standards of practice. Any adjustments to the liability are reflected in the period that they are determined.
- 12. The Company did not change its capitalization policy in 2007.
- 13. The Company has no pharmaceutical rebate receivables.

Note 2- Accounting Changes and Correction of Errors

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

Note 3- Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Mergers

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

C. Impairment Loss

Not applicable

Note 4- Discontinued Operations

The Company has no discontinued operations to report.

Note 5- Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company has no mortgage loans.

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

The Company has no reverse mortgages.

- D. Loan-Backed Securities
 - 1. The Company elected to use the book value as of January 1, 1994 as the cost for applying the retrospective adjustment method to securities purchased prior to that date, where historical cash flows are not readily available.
 - 2. Prepayment speed assumptions are updated monthly with data sourced from the Bloomberg data service.
 - 3. The Company had no negative yield situations requiring a change from the retrospective to prospective method.
- E. Repurchase Agreements

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

F. Real Estate

The Company does not own real estate.

G. Investments in Low-Income Housing Tax Credits

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

Note 6- Joint Ventures, Partnerships & Limited Liability Companies

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

Not applicable

Note 7- Investment Income

A. Accrued Investment Income

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

B. Amounts Nonadmitted

No amounts were excluded as of December 31, 2007.

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 and liabilities recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	December 31, 2007	December 31, 2006	Change
Total of gross deferred tax assets	7,851,000	7,217,000	634,000
Total of deferred tax liabilities	(6,288,000)	(6,295,000)	7,000
Net deferred tax asset (liability)	1,563,000	922,000	641,000
Net deferred tax asset non-admitted	(913,346)	0	(913,346)
Net admitted deferred tax asset (liability)	649,654	922,000	(272,346)

B. The Company does not have any deferred tax liabilities described in SSAP No. 10, Income Taxes, paragraph 6d.

C. The provisions for incurred taxes on earnings for the years ended December 31, 2007 are:

	2007	2006
Federal tax on operations	9,664,734	(2,143,853)
Net operating loss benefit	0	0
Foreign tax on operations	0	0
Income tax incurred on operations	9,664,734	(2,143,853)
Tax on capital gains	15,876	13,168
Total income tax incurred	9,680,610	(2,130,685)

The Company's deferred tax assets and liabilities result primarily from discounting of unpaid loss and LAE reserves, limits on unearned premium reserve deductions, deferred intercompany transactions, state assessments, and the reversal of discount accretion on bonds.

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

	2007
Change in net deferred income tax (without unrealized gain or loss)	636,332
Tax effect of unrealized (gains) losses	4,668
Total change in net deferred income tax	641,000

- D. Effective tax rates differ from the current statutory rate of 35% principally due to the effects of tax-exempt interest and revisions to prior year estimates.
- E. The amount of Federal income taxes paid and available for recoupment in the event of future losses is \$2,583,000 from the current year and \$5,914,000 from the preceding year.

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

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

Access Insurance Services, Co.
Ambco Capital Corporation
America First Insurance Company
America First Lloyds Insurance Company
American Ambassador Casualty Company
American Fire & Casualty Insurance Company *

Avomark Insurance Company *

Berkeley Holding Company Associates, Inc.

Berkeley Management Corporation
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company
Capitol Agency, Inc. (Arizona corporation)
Capitol Agency, Inc. (Ohio corporation)
Capitol Agency, Inc. (Tennessee corporation)
Cascade Disability Management, Inc.

Colorado Casualty Insurance Company

Companies Agency Insurance Services of California

Companies Agency of Alabama, Inc.
Companies Agency of Georgia, Inc.
Companies Agency of Kentucky, Inc.
Companies Agency of Massachusetts, Inc.
Companies Agency of Michigan, Inc.
Companies Agency of New York, Inc.
Companies Agency of Pennsylvania, Inc.
Companies Agency of Phoenix, Inc.
Consolidated Insurance Company
Copley Venture Capital, Inc.
Countrywide Services Corporation
Diversified Settlements, Inc.

Employers Insurance Company of Wausau

Excelsior Insurance Company
Florida State Agency, Inc.
Globe American Casualty Company
Golden Eagle Insurance Corporation
Gulf States AIF, Inc.

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

Indiana Insurance Company

LEXCO Limited

Liberty Assignment Corporation Liberty Energy Canada, Inc. * Liberty Financial Services, Inc. Liberty Hospitality Group, Inc. Liberty Mutual Group Inc.

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

Liberty Mutual Personal Insurance Company
Liberty Northwest Insurance Corporation
Liberty Personal Insurance Company
Liberty RE (Bermuda) Limited
Liberty Real Estate Corporation

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

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

LIU Specialty Insurance Agency, Inc. LLS Insurance Agency of Nevada, Inc. LM General Insurance Company LM Insurance Corporation LM Personal Insurance Company

LM Property & Casualty Insurance Company

LMHC Massachusetts Holding, Inc. LRE Properties, Inc.

Mid-American Agency, Inc.

Mid-American Fire and Casualty Company

Missouri Agency, Inc.

North Pacific Insurance Company Oregon Automobile Insurance Company

OCASCO Budget, Inc *
OCI Printing, Inc.*
Ohio Casualty Corporation *
Ohio Casualty Insurance Company *
Ohio Casualty of New Jersey, Inc *
Ohio Life Brokerage Services, Inc.*
Ohio Security Insurance Company *
Peerless Indemnity Insurance Company

Peerless Insurance Company San Diego Insurance Company

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

St. James Insurance Company Summit Consulting, Inc.

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

Liberty Insurance Company of America

Liberty Insurance Corporation

Liberty Insurance Holdings, Inc.

Liberty Insurance Underwriters, 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

The Midwestern Indemnity Company

The National Corporation

The Netherlands Insurance Company

Wausau Service Corporation

Wausau Signature Agency, Inc.

Wausau Business Insurance Company Wausau General Insurance Company

Wausau Underwriters Insurance Company

West American Insurance Company *

* This company joined the consolidated group in 2007 and its activity from the date it joined the group is included in the consolidated return.

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

Note 10- Information concerning Parent, Subsidiaries and Affiliates

- A. All outstanding shares in the Company are owned by Liberty-USA Corporation, an insurance holding company incorporated in the State of Delaware. The outstanding shares of Liberty-USA are owned by Peerless Insurance Company ("PIC"), a New Hampshire company. PIC is a wholly owned subsidiary of LIH US P&C Corporation, an insurance holding company incorporated in Delaware. LIH US P&C is wholly owned by Liberty Mutual Insurance Holdings, Inc., an insurance holding company incorporated in Delaware. Liberty Mutual Insurance Holdings, Inc. is wholly owned by Liberty Mutual Insurance Company ("LMIC"), a Massachusetts company. LMIC is wholly owned by Liberty Mutual Group, Inc., a Massachusetts company.
- B. Transactions entered into by the Company with its affiliates are described on Schedule Y Part 2.
- C. Refer to Note 25.
- D. At December 31, 2007, the Company reported \$180,623 due to affiliates. In general, the terms of the inter-company arrangements require settlement at least quarterly.
- E. The Company has made no guarantee or initiated undertaking for the benefit of affiliates which result in a material contingent exposure of the Company's or affiliates' assets or liabilities.
- F. Refer to Note 25 for information regarding the Amended and Restated Reinsurance Pooling Agreement.

The Company entered into a services agreement (the "Agreement"), effective January 1, 1999, with PIC and other affiliates. The Agreement allows parties to the Agreement to provide services related to common management functions including, but not limited to, coordinating marketing and advertising, information systems support, payroll and human resources services, actuarial support, accounting and other financial services, as well as consulting and other services as the parties may request.

The Company entered into investment management agreements, effective January 1, 2007 with LMIC, and effective May 1, 2000 with Liberty Mutual Investment Advisors LLC (LMIA). Under these agreements, LMIC and LMIA provide investment management services to the Company.

The Company entered into a cash management agreement with LMIA effective January 28, 2000.

The Company is party to a Federal Tax Sharing Agreement, effective January 1, 2002, between LMIC and affiliates (see Note 9F).

The Company entered into a management services agreement, effective December 15, 2001, with LMIC. Under the agreement, LMIC may provide services related to common management functions including, but not limited to, accounting, financial, tax and auditing, information technology and support, purchasing, payroll and employee benefits, policy administration, real estate management, legal, general administration, as well as consulting and other services as the parties may request.

The Company entered into an agreement for a loan or extension of credit effective May 22, 2006; namely a revolving credit agreement under which the Company may borrow up to \$100,000,000 from LMIC. Each loan will be for six months or less. The purpose of the extension of credit is for operating liquidity to accommodate fluctuations in daily cash flow and to promote efficient management of investments. As of December 31, 2007, there have been no drawings under this agreement.

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

Refer to 10 I

K. Investment in foreign insurance subsidiaries.

Refer to 10 I

L. Investment in downstream non-insurance holding companies.

Refer to 10 I

Note 11- Debt

Not applicable.

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

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

Note 13- Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

1. Capital Stock

The Company has 10,000 shares authorized, issued, and outstanding as of December 31, 2007. All shares have a stated par value of \$350.

Preferred Stock

Not applicable

3. Dividend Restrictions

There are no dividend restrictions.

- 4. The maximum amount of dividends which can be paid by Illinois-domiciled insurance companies to shareholders without prior approval of the Insurance Commissioner is the greater of (a) 10% of policyholders' surplus, or (b) net income. The maximum dividend payout which may be made without prior approval in 2008 is \$16,689,564.
- 5. The Company does not have restricted unassigned surplus.
- 6. The Company had no advances to surplus.
- 7. The Company did not hold stock for special purposes.
- 8. The Company had no changes in special surplus funds.
- 9. The portion of unassigned funds (surplus) represented by cumulative unrealized gains and (losses) is \$(7,303).
- 10. Surplus Notes

Not applicable

11. Quasi re-organization (dollar impact)

Not applicable

12. Quasi re-organization (effective date)

Not applicable

13. The Company did not pay a dividend to its parent during 2007.

Note 14- Contingencies

A. Contingent Commitments

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

B. Assessments

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

The Company has accrued a liability for guaranty funds and other assessments of \$67,147 that is offset by future premium tax credits of \$13,494. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to factors including the Company's share of the ultimate cost of current insolvencies. Current assessments are expected to be paid out in the next five years, while premium tax offsets are expected to be realized in the next eleven years, beginning in 2007.

During 2007 there were no material insolvencies to report. The Company continues to remit payments relating to prior year insolvencies.

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 extra 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. Aside from certain sale-leaseback transactions disclosed below, the Company is not involved in material lease arrangements.

The Company's minimum lease obligations under these agreements are as follows:

Year(s)	Operating Lease Arrangements
2008	\$39,449
2009	35,333
2010	30,049
2011	23,118
2012	22,013
2013 & thereafter	54,592
Total	\$204,554

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 sell premium receivables.

B. Transfers and servicing of financial assets:

The Company participates in a Securities Lending Program to generate additional income, whereby certain fixed income 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. 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 a 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, 2007 the total market value of fixed maturities on loan was \$32,854,037 with corresponding collateral value of \$34,340,838 of which \$9,341,002 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 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 \$5,521,488 and \$5,715,414 as of December 31, 2007 and 2006, respectively, were on deposit with government authorities or trustees as required by law.
- D. The Company routinely assesses the collectibility of its premium receivable. Based upon Company experience, amounts in excess of non-admitted amounts are not believed to be material.
- E. Business Interruption Insurance Recoveries

The Company does not purchase business interruption coverage.

F. State Transferable Tax Credits

The Company does not hold transferable state tax credits.

- G. The Company does not have deposits admitted under section 6603 of the Internal Revenue Services Code.
- H. Hybrid Securities

The Company does not hold hybrid securities.

I. Sub-Prime Lending

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

Note 21- Events Subsequent

There were no events subsequent to December 31, 2007 which would require disclosure.

Note 22- Reinsurance

- A. Excluding amounts arising pursuant to the PIC Inter-Company Reinsurance Agreement, as described in Note 25, there are no unsecured reinsurance recoverables with an individual reinsurer which exceed 3% of policyholders surplus.
- B. There are no reinsurance recoverables in dispute from an individual reinsurer which exceed 5% of the Company's surplus. In addition, the aggregate reinsurance recoverables in dispute do not exceed 10% of the Company's surplus.
- C. The Company did not have any Assumed & Ceded Reinsurance
 - 1. The following table sets forth the maximum return premium and commission equity due the reinsurer or the Company if all of the Company's assumed and ceded reinsurance were canceled as of December 31, 2007.

	Assumed Re	Assumed Reinsurance		<u>isurance</u>	Net Reinsurance		
		Commission		Commission		Commission	
	UEP	Equity	UEP	Equity	UEP	Equity	
						_	
Affiliates	\$5,076,012	\$365,323	\$53,951,813	\$5,519,766	\$(48,875,801)	\$(5,154,433)	
All Other	0	0	0	0	0	0	
Total	\$5,076,012	\$365,323	\$53,951,813	\$5,519,766	\$(48,875,801)	\$(5,154,433)	

Direct unearned premium reserve of \$53,951,813

Certain contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. Amounts accrued at December 31, 2007 are as follows:

Direct	\$0
Assumed	323,258
Ceded	0
Net	\$323,258

The Company does not use protected cells as an alternative to traditional reinsurance.

- D. The Company did not write off any uncollectible balances in 2007.
- E. The Company does not have ceded commutations.
- F. The Company does not have any retroactive reinsurance agreements.
- G. The Company has not entered into any deposit type reinsurance agreements as of December 31, 2007.

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments through the review of each individual retrospectively rated risk, comparing case-base loss development with that anticipated in the policy contract to arrive at the best estimate of return or additional retrospective premium.
- B. Accrued retrospective premiums are recorded as a component of written premiums.
- C. For detail of net premium written subject to retrospective rating features see Schedule P Part 7A.
- D. Ten percent of the amount not offset by retrospective return premiums or collateral has been designated non-admitted and charged to surplus.

a. Total accrued retro premium	\$33,109
b. Less: Non-admitted amount	4,224
c. Admitted amount	\$28,884

Note 24 - Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for incurred loss and loss adjustment expenses attributed to insured events of prior years has decreased during 2007, primarily as a result of improving loss trends in the Commercial Multiple Peril, Commercial Auto Liability and Workers Compensation lines of business. Prior estimates are revised as additional information becomes known regarding individual claims.

Note 25- Inter-Company Pooling Arrangements

The Company is a member of the PIC Amended and Restated Reinsurance Pooling Agreement consisting of the following affiliated companies:

		NAIC Co. #	Pooling <u>%</u>	<u>Lines of</u> <u>Business</u>
Lead Company	Peerless Insurance Company (PIC)	24198	70.93%	All Lines
Affiliated Pool				
Companies:	Peerless Indemnity Insurance Company (PIIC)	18333	0.30%	All Lines
•	Golden Eagle Insurance Corporation (GEIC)	10836	13.25%	All Lines
				(Except WC)
	Indiana Insurance Company (IIC)	22659	12.25%	All Lines
	The Netherlands Insurance Company (NIC)	24171	3.27%	All Lines
	American Ambassador Casualty Company (AACC)	10073	0.00%	All Lines
	America First Insurance Company (AFIC)	12696	0.00%	All Lines
	America First Lloyd's Insurance Company (AFLIC)	11526	0.00%	All Lines
	Colorado Casualty Insurance Company (CCIC)	41785	0.00%	All Lines
	Consolidated Insurance Company (CIC)	22640	0.00%	All Lines
	Excelsior Insurance Company (EIC)	11045	0.00%	All Lines
	Globe American Casualty Company (GACC)	11312	0.00%	All Lines
	Hawkeye-Security Insurance Company (HSIC)	36919	0.00%	All Lines
	Liberty Mutual Mid-Atlantic Insurance Company	14486	0.00%	All Lines
	(LMMAIC)			
	Mid-American Fire & Casualty Company (MAFCC)	23507	0.00%	All Lines
	Montgomery Mutual Insurance Company (MMC)	14613	0.00%	All Lines
	The Midwestern Indemnity Insurance Company (MWIC)	23515	0.00%	All Lines
			100.00%	

100% Quota Share				
Affiliated Companies:	Liberty Northwest Insurance Corporation (LNW)	41939	0.00%	All Lines
	National Insurance Association (NIA)	27944	0.00%	All Lines
	North Pacific Insurance Company (NPIC)	23892	0.00%	All Lines
	Oregon Automobile Insurance Company (OAIC)	23922	0.00%	All Lines

Under the terms of the Reinsurance Agreements, the sequence of transactions is as follows:

- (a) Each Affiliated Pool Company cedes its net underwriting activity to the Lead Company.
- (b) Each 100% Quota Share Affiliated Company cedes its net underwriting activity to the Lead Company.
- (c) After recording the assumed affiliate transactions noted above, the Lead Company records 100% of its external assumed and ceded reinsurance activity.
- (d) The Lead Company's remaining underwriting activity, after processing all internal and external reinsurance is retroceded to the pool members in accordance with each company's pool participation percentage, as noted above.
- (e) There were no members that are parties to reinsurance agreements with non-affiliated reinsurers covering business subject to the pooling agreement that have a contractual right of direct recovery from the non-affiliated reinsurer per the terms of such reinsurance agreements.
- (f) There were no discrepancies between entries regarding pooled business on the assumed and ceded reinsurance schedules of the Lead Company and corresponding entries on the assumed and ceded reinsurance schedules of other pooled participants.
- (g) The write-off of uncollectible reinsurance is pooled and the Provision for Reinsurance is recognized by the entity placing the outbound external reinsurance.

Pursuant to the approval of the appropriate state insurance departments, effective January 1, 2008, the PIC Amended and Restated Reinsurance Pooling Agreement was amended to adjust pooling percentages and add the affiliates noted below. Concurrently, each company noted below terminated their existing inter-company reinsurance agreements.

American Fire and Casualty Company Avomark Insurance Company National Insurance Association Ohio Casualty of New Jersey, Inc. Ohio Security Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

 $Effective\ January\ 1,2008\ Bridgefield\ Employers\ Insurance\ Company\ and\ Bridgefield\ Casualty\ Insurance\ Company\ novated\ their\ 100\%\ quota\ share\ agreements\ with\ Liberty\ Mutual\ Insurance\ Company\ to\ substitute\ PIC\ as\ the\ reinsurer.$

Therefore, effective January 1, 2008, the PIC Amended and Restated Reinsurance Pooling Agreement consisted of the following affiliated companies:

		<u>NAIC</u> <u>Co. #</u>	Pooling <u>%</u>	<u>Lines of</u> <u>Business</u>
Lead Company	Peerless Insurance Company (PIC)	24198	42.00%	All Lines
Affiliated Pool				
Companies:	Peerless Indemnity Insurance Company (PIIC)	18333	5.00%	All Lines
•	Golden Eagle Insurance Corporation (GEIC)	10836	7.00%	All Lines
				(Except WC)
	Indiana Insurance Company (IIC)	22659	8.00%	All Lines
	The Netherlands Insurance Company (NIC)	24171	3.00%	All Lines
	American Fire and Casualty Company (AFCC)	24066	1.00%	All Lines
	The Ohio Casualty Insurance Company (OCIC)	24074	34.00%	All Lines
	Avomark Insurance Company (AIC)	10798	0.00%	All Lines
	American Ambassador Casualty Company (AACC)	10073	0.00%	All Lines
	America First Insurance Company (AFIC)	12696	0.00%	All Lines
	America First Lloyd's Insurance Company (AFLIC)	11526	0.00%	All Lines
	Colorado Casualty Insurance Company (CCIC)	41785	0.00%	All Lines
	Consolidated Insurance Company (CIC)	22640	0.00%	All Lines
	Excelsior Insurance Company (EIC)	11045	0.00%	All Lines
	Globe American Casualty Company (GACC)	11312	0.00%	All Lines
	Hawkeye-Security Insurance Company (HSIC)	36919	0.00%	All Lines
	Liberty Mutual Mid-Atlantic Insurance Company (LMMAIC)	14486	0.00%	All Lines
	Mid-American Fire & Casualty Company (MAFCC)	23507	0.00%	All Lines
	Montgomery Mutual Insurance Company (MMC)	14613	0.00%	All Lines
	The Midwestern Indemnity Insurance Company	23515	0.00%	All Lines
	(MWIC) National Insurance Association (NIA)	27944	0.00%	All Lines
	Ohio Casualty of New Jersey, Inc. (OCNJ)	10937	0.00%	All Lines
		24082	0.00%	All Lines
	Ohio Security Insurance Company (OSIC) West American Insurance Company (WAIC)	44393	0.00%	All Lines

			100.00%	
100% Quota Share				
Affiliated Companies:	Liberty Northwest Insurance Corporation (LNW)	41939	0.00%	All Lines
	Bridgefield Casualty Insurance Company (BCIC)	10335	0.00%	All Lines
	Bridgefield Employers Insurance Company (BEIC)	10701	0.00%	All Lines
	North Pacific Insurance Company (NPIC)	23892	0.00%	All Lines
	Oregon Automobile Insurance Company (OAIC)	23922	0.00%	All Lines

Note 26- Structured Settlements

- A. As a result of purchased annuities with the claimant as payee, the Company no longer carries reserves of \$165,790 after applying Inter-Company Reinsurance Agreement percentages. The Company is contingently liable should the issuers of the purchased annuities fail to perform under the terms of the annuities. The amount of unrecorded loss contingencies related to the purchased annuities was \$165,790 as of December 31, 2007.
- B. The Company does not have material structured settlements from life insurers for which the Company has not obtained a release of liability from the claimant.

Note 27 - Health Care Receivables

Not applicable

Note 28 - Participating Policies

Not applicable

Note 29 - Premium Deficiency Reserves

As of December 31, 2007, the Company had no liabilities related to premium deficiency reserves. The Company considers anticipated investment income when calculating its premium deficiency reserves.

Note 30- High Dollar Deductible Policies

The Company does not have any high deductible policies.

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

For Workers Compensation, the Company discounts its reserves for unpaid losses using a tabular discount on the long-term annuity portion of certain workers compensation claims. The tabular discount is based on Unit Statistical Plan tables as approved by the respective states at an annual discount rate of 3.5%. The December 31, 2007 liabilities of \$3,958,745 are carried at a discounted value of \$3,853,348 representing a discount of \$105,397.

For all other lines, the Company does not discount its reserves for unpaid losses and loss adjustment expenses.

Note 32 - Asbestos/Environmental Reserves

The Company has exposure to asbestos and environmental claims which emanate principally from general liability policies written prior to the mid-1980. In establishing the Company's asbestos and environmental reserves, the Company estimates case basis reserves for anticipated losses and bulk reserves for loss adjustment expenses and incurred but not reported losses. The Company maintained casualty excess of loss reinsurance during the relevant periods. The reserves are reported net of expected recoveries from reinsurers and include any reserves reported by ceding reinsurers on assumed reinsurance contracts.

Factors Contributing to Uncertainty in Establishing Adequate Reserves

The process of establishing reserves for asbestos and environmental claims is subject to greater uncertainty than the establishment of reserves for liabilities relating to other types of insurance claims. A number of factors contribute to this greater uncertainty surrounding the establishment of asbestos and environmental reserves, including, without limitation: (i) the lack of available and reliable historical claims data as an indicator of future loss development, (ii) the long waiting periods between exposure and manifestation of any bodily injury or property damage, (iii) the difficulty in identifying the source of asbestos or environmental contamination, (iv) the difficulty in properly allocating liability for asbestos or environmental damage, (v) the uncertainty as to the number and identity of insureds with potential exposure, (vi) the cost to resolve claims, and (vii) the collectibility of reinsurance.

The uncertainties associated with establishing reserves for asbestos and environmental losses and loss adjustment expenses are compounded by the differing, and at times inconsistent, court rulings on environmental and asbestos coverage issues involving: (i) the differing interpretations of various insurance policy provisions and whether asbestos and environmental losses are or were ever intended to be covered, (ii) when the loss occurred and what policies provide coverage, (iii) whether there is an insured obligation to defend, (iv) whether a compensable loss or injury has occurred, (v) how policy limits are determined, (vi) how policy exclusions are applied and interpreted, (vii) the impact of entities seeking bankruptcy protection as a result of asbestos-related liabilities, (viii) whether clean-up costs are covered as insured property damage, and (ix) applicable coverage defenses or determinations, if any, including the determination as to whether or not an asbestos claim is a products/completed operation claim subject to an aggregate limit and the available coverage, if any, for that claim.

In the last few years the Company, as well as the industry generally, has seen decreases in the number of asbestos claims being filed. This turn to a more favorable trend is due to a number of factors. Screening activity used by some lawyers to find new plaintiffs has been as a result of questionable practices discovered in the Federal Silica Multi District Litigation. Court decisions in several key states have been favorable to defendants. More importantly, several states have enacted legislation in the past few years that contain medical criteria provisions aimed at reducing the number of lawsuits filed by

unimpaired plaintiffs and providing prompt and fair compensation to those who meet the criteria.

Uncertainty Regarding Reserving Methodologies

As a result of the significant uncertainty inherent in determining a company's asbestos and environmental liabilities and establishing related reserves, the amount of reserves required to adequately fund the Company's asbestos and environmental claims cannot be accurately estimated using conventional reserving methodologies based upon historical data and trends. As a result, the use of conventional reserving methodologies frequently has to be supplemented by subjective considerations including managerial judgment.

<u>Effect of Uncertainty in Reserving For Asbestos and Environmental Claims on Company's Financial Condition</u>
The methods of determining estimates for reported and unreported losses and establishing resulting reserves and related reinsurance recoverables are periodically reviewed and updated, and adjustments resulting from this review are reflected in income currently.

As a direct result of the significant uncertainties associated with estimating its asbestos and environmental exposures and establishing appropriate levels of reserves, the ultimate liability of the Company for asbestos and environmental exposures may vary materially from the reserves currently recorded. The Company and other industry members have and will continue to litigate the broadening judicial interpretation of policy coverage and the liability issues. If the courts continue to expand the scope of the coverage provided, additional liabilities could emerge for amounts in excess of reserves held. This emergence, as well as the other uncertainties noted above, cannot now be reasonably estimated, but could have a material impact on the Company's future operating results, and financial condition.

The table below summarizes reserve and loss activity for the Company's asbestos and environmental loss and loss adjustment expenses for each of the five most recent calendar years. Gross reserves for both asbestos and environmental are representative of the companies included in note 25. Net reserves for asbestos and environmental are allocated based on the Company's Inter-Company Reinsurance Agreement, as discussed in Note 25.

Asbestos:					
D: (D)	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Direct Basis Beginning Reserves	45,624			54,032	59,862
Beginning Reserves	45,024	51,719	54,259	34,032	39,802
Incurred losses and LAE	10,318	31,717	31,237	9,917	(22,659)
		9,698	7,235		
Calendar year payments	4,223	7.15 0	T 150	4,087	3,663
F ! P	51.710	7,158	7,462	50.062	22.540
Ending Reserves	51,719	54,259	54,032	59,862	33,540
-		0 1,20	21,002		
Assumed Reinsurance Basis					
Beginning Reserves	4,013			903	903
I II II AF		2,846	903		
Incurred losses and LAE	-	-	-	-	
Calendar year payments	1,167		_	_	
_		1,943			
Ending Reserves	2,846			903	903
		903	903		
Net of Ceded Reinsurance Basis					
Beginning Reserves	37,964			41,476	47,307
	,	47,195	43,122	•	,
Incurred losses and LAE	14,621			8,117	(18,363)
	5.200	3,578	5,816	2.206	2.662
Calendar year payments	5,390	7,651	7,462	2,286	3,663
Ending Reserves	47,195	7,051	7,102	47,307	25,281
		43,122	41,476	,	
Ending Reserves for Bulk + IBNR inc Direct Basis	ciuded above (Loss & 1	LAE)			21,538
Assumed Reinsurance Basis					903
Net of Ceded Reinsurance Basis					13,280
Ending Reserves for LAE included al	oove (Case, Bulk & IB	NR)			
Direct Basis					9,248
Assumed Reinsurance Basis Net of Ceded Reinsurance Basis					- 7,777
The of Coded Remisurance Busis					,,,,,
T	2002	2004	2005	2006	2007
Environmental: Direct Basis	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Beginning Reserves	39,696	38,973	41,874	52,605	38,747
Incurred losses and LAE	2,231	8,968	25,552	8,846	153,046
Calendar year payments	2,954	6,067	14,821	22,704	27,074
Ending Reserves	38,973	41,874	52,605	38,747	164,719
					_
Assumed Reinsurance Basis Beginning Reserves	2,258	16,816	15,597	15,954	14,556
Incurred losses and LAE	15,000	10,010	413	1,050	633
Calendar year payments	442	1,219	56	2,448	46
Ending Reserves	16,816	15,597	15,954	14,556	15,143
_	•			*	

NOTES TO THIS MODILE OF STEELING					
Net of Ceded Reinsurance Basis					
Beginning Reserves	31,368	52,391	43,891	42,771	26,238
Incurred losses and LAE	23,454	581	12,996	4,119	166,354
Calendar year payments	2,431	9,081	14,116	20,652	22,194
Ending Reserves	52,391	43,891	42,771	26,238	170,398
Direct Basis Assumed Reinsurance Basis Net of Ceded Reinsurance Basis					132,205 14,516 142,637
Ending Reserves for LAE included	above (Case, Bulk & IB	NR)			1.2,007
Direct Basis	, ,	ŕ			4,249
Assumed Reinsurance Basis					-
Net of Ceded Reinsurance Basis					6,906

Note 33- Subscriber Savings Accounts

The Company is not a reciprocal insurance company.

Note 34 - Multiple Peril Crop Insurance

Not applicable

SUMMARY INVESTMENT SCHEDULE

	Gros		Admitted Assets as Reported in the Annual Statement	
	1	2	3	4
Investment Categories	Amount	Percentage	Amount	Percentage
1 Dondo				
Bonds: 1.1 U.S. treasury securities	35,983,016	18.964	35,983,016	18.964
1.2 U.S. government agency obligations (excluding mortgage-backed securities):	33,903,010		33,903,010	10.304
1.21 Issued by U.S. government agencies	19,533,626	10.295	19,533,626	10.295
1.22 Issued by U.S. government sponsored agencies	5,027,383	2.650	5,027,383	2.650
1.3 Foreign government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions				
and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations	9,960,158	5.249	9,960,158	5.249
1.42 Political subdivisions of states, territories and possessions and political			40.044.054	
subdivisions general obligations	13,044,051	6.875	13,044,051	6.875
1.43 Revenue and assessment obligations	11,889,068	6.266	11,889,068	6.266
1.44 Industrial development and similar obligations 1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA	2,312,346	1.219	2,312,346	1.219
1.512 Issued or guaranteed by FNMA and FHLMC	40,867,118	21.538	40,867,118	21.538
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	689,602	0.363	689,602	0.363
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-				
backed securities issued or guaranteed by agencies shown in Line 1.521	4,416,644	2.328	4,416,644	2.328
1.523 All other	6,086,676	3.208	6,086,676	3.208
Other debt and other fixed income securities (excluding short term): Output Out			40.000 = 44	
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)	16,339,711	8.612	16,339,711	8.612
2.2 Unaffiliated foreign securities 3.3 Affiliated securities				
Equity interests:				
3.1 Investments in mutual funds	1,821,882	0.960	1,821,882	0.960
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated 3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
2 E4 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development	l			
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company 5.2 Property held for production of income	[
(including \$ 0 of property acquired in satisfaction of debt)				
5.3 Property held for sale (including \$ 0 property				
acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities	18,315	0.010	18,315	0.010
8. Cash, cash equivalents and short-term investments	11,751,430	6.193	11,751,430	6.193
9. Other invested assets	10,000,000	5.270	10,000,000	5.270
10. Total invested assets	189,741,026	100.000	189,741,026	100.000

PART 1 - COMMON INTERROGATORIES

GENERAL

combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of. 4.11 sales of new business? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.13 renewals? Yes [] No [X] 4.14 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.17 renewals? Yes [] No [X] 4.18 sales of new business? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1	1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [X	(]	No []	
2.1 Has any change bean made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of sattlement of the reporting entity? 2.2 If yes, date of change: 3.1 State so of what date the latest financial examination report became available from either the state of domicile or the reporting entity. 3.2 State is of what date the latest financial examination report became available from either the state of domicile or the reporting entity. 3.2 State is of what date the latest francial examination report became available from either the state of domicile or the reporting entity. This is the release of an of the date the report was completed or released. 3.2 State is of what date the latest francial examination report access report was completed or released. 3.3 State as of what date the latest francial examination report as examination report was completed or released. 3.4 State as of what date the latest francial examination to prote the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (detained by what details are reported or the reporting entity receive credit or commissions for or control as substantial part (more than 20 percent of any major line of business measured on direct premiums) of 4.11 sales of new business? 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliar, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business? 4.2 sales of new business? 4.3 No [X] 5.1 Has the reporting entity business partly to a marger or consolidation durin	1.2	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	Yes[)	(]	No []	N/A [
of the reporting entity? 22 If yes, date of change: 3. State as of what date the latest financial examination of the reporting entity was made or is being made. 3. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examination report became available to other states or the public form either the state of domicile or the reporting entity. This date should be the date the interest financial examination report became available to other states or the public form either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date to the examination (balance sheet clate). 3. By what department or departments? Illinois Department of Financial and Professional Regulation Division of Insurance 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/steroice organization or any combination thereof under common control (other thin salanied entity) exceive cred for commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X] 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in party the reporting entity or an affiliate, receive cred for commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a marger or consolidation during the period covered by this statement? Yes [] No [X] 1. No [X]	1.3	State Regulating?			Illinois	
S1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004 32 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This case should be the facts from the state of domicile or the reporting entity. This case should be the facts from the state of the examination of the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (belance sheet date). 3. State as of what date the latest financial examination report became available for the states or the qualification of the examination (belance sheet date). 3. By what department or departments? Illinois Department of Financial and Professional Regulation Division of Insurance. 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured or direct premiums) of. 4.11 sales of new business? 4.12 nervewls? 4.12 relevable? 4.13 sales of new business? Yes [] No [X] 4.14 sales of new business? Yes [] No [X] 4.15 the reporting entity been a party to a manager or consolidation during the period covered by this statement? Yes [] No [X] 4.15 the reporting entity been a party to a manager or consolidation during the period covered by this statement? Yes [] No [X] Yes [] No [X] Yes [] No [X] This state and or the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] 1. Does any foreign (non-United	2.1		Yes []	No [X]	
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 3.4 By what department or departments? Illinois Department of Financial and Professional Regulation Division of Insurance. 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salarind employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.22 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? 4.22 renewals? 4.23 sales of new business? 4.24 renewals? 4.25 Indeed the service of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 5.2 If yes, give full information. 5.3 If yes, give full information. 5.4 If yes, give full information. 5.5 If yes, give full information.	2.2	If yes, date of change:				
This date should be the date of the examined balance sheet and not the date the report was completed or released. 1231/2004 33. State as of what date the talest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 41. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any raigor line of business measured on direct premiums) of: 4.1 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20) percent of any raigor line of business measured on direct premiums) of: 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control as substantial part (more than 20 percent of any rangor line of business measured on direct premiums) of: 4.2 I sales of new business? 4.2 I sales of new business? 4.2 I have the reporting entity been a party to a merger or consolidation during the period covered by this statement? 4.2 I sales of new business? 4.2 I have the reporting entity been a party to a merger or consolidation during the period covered by this statement? 5.1 I have the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration) for any entity that has cessed to exist as a result of the entity in the period covered by this statement? 5.2 If yes, give full information 5.3 I have the report	3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		1	2/31/2004	
demicle or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (belance sheet date). 8. By what department or departments? Illinois Department of Financial and Professional Regulation Division of Insurance. 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.2 In sales of new business? 4.2 In No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 9. Yes [] No [X] 1. No [X]	3.2	·		1	2/31/2004	
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.14 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.17 renewals? Yes [] No [X] 4.18 renewals? Yes [] No [X] 4.19 renewals? Yes [] No [X] 4.21 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.23 renewals? Yes [] No [X] 4.24 renewals? Yes [] No [X] 4.25 renewals? Yes [] No [X] 4.26 renewals? Yes [] No [X] 4.27 renewals? Yes [] No [X] 4.28 renewals? Yes [] No [X] 4.29 renewals? Yes [] No [X] 4.20 renewals? Yes []	3.3	domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination		0	6/29/2006	i
combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.13 sales of new business? Yes [] No [X] 4.14 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.17 renewals? Yes [] No [X] 4.18 sales of new business? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1	3.4	By what department or departments? Illinois Department of Financial and Professional Regulation Division of Insurance				
combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.13 sales of new business? Yes [] No [X] 4.14 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.17 renewals? Yes [] No [X] 4.18 sales of new business? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1						
combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.12 renewals? Yes [] No [X] 4.13 sales of new business? Yes [] No [X] 4.14 renewals? Yes [] No [X] 4.15 renewals? Yes [] No [X] 4.16 renewals? Yes [] No [X] 4.17 renewals? Yes [] No [X] 4.18 sales of new business? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.22 renewals? Yes [] No [X] 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1						
4.12 renewals? Yes [] No [X] 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 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] 6.2 If yes, give full information 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] 7.2 If yes, 7.2 If State the percentage of foreign control 7.2.2 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 identity the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).	4.1	combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control				
2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1]		
4.21 sales of new business? Yes [] No [X] 4.22 renewals? Yes [] No [X] 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1	4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on	res [1	NO[X]	
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X] 1. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Name of Entity			Yes []	No [X]	
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 1		4.22 renewals?	Yes []	No [X]	
ceased to exist as a result of the merger or consolidation. 1	5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes []	No [X]	
Name of Entity NAIC Company Code State of Domicile 1.1 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] 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] 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	5.2					
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? 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? 7.2 If yes, 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). 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]						
suspended or revoked by any governmental entity during the reporting period? Yes [] No [X] 1. If yes, give full information The properties of foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] The properties of foreign control or state the percentage of foreign control or 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		Name of Entity NAIC Company Code State of Domicile				
suspended or revoked by any governmental entity during the reporting period? Yes [] No [X] 1. If yes, give full information The properties of foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] The properties of foreign control or state the percentage of foreign control or 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						
suspended or revoked by any governmental entity during the reporting period? Yes [] No [X] 1. If yes, give full information The properties of foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X] The properties of foreign control or state the percentage of foreign control or 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	6 1	Has the consting antity had any Cartificates of Authority licenses or registrations (including corrected registration, if applicable)				
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? 7.2 If yes, 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 2 Nationality 1 Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]	0.1		Yes []	No [X]	
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? 7.2 If yes, 7.2.1 State the percentage of foreign control 7.2.2 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 2 Nationality 1 Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]	6.2	If yes, give full information				
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 2 Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]						
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 2 Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]						
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 2 Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]	7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes []	No [X]	
7.22 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 2 Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]	7.2	If yes,				
Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]		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	 ct).		0%	
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]		·				
		Nationality Type of Entity				
, -7,			Yes []	No [X]	
		, -y,-,,				

PART 1 - COMMON INTERROGATORIES

9. V	ffiliate's primary federal regulator. 1 Affiliate Name What is the name and address of the income	eposit Insurance Corporation (FDIĆ) and the 2 Location (City, State)	3 FRB	ge Commission (SEC)] and identify	the 6	7	
F	Affiliate Name Affiliate Name	_		4	5	6	7	
F	What is the name and address of the inc	Location (City, State)	FRB		1 1	-	'	
F	What is the name and address of the inc			occ	OTS	FDIC	SEC	
F	What is the name and address of the inc							
F	What is the name and address of the inc							
F	What is the name and address of the inc							
.2	Ernst & Young, LLP 200 Clarendon Street, Boston, MA 0211	dependent certified public accountant or acco						
c 6	onsulting firm) of the individual providir 2 Maple Avenue, Keene, NH 03431	n (officer/employee of the reporting entity or ig the statement of actuarial opinion/certifica y Mutual Agency Markets	tion? William M. Fi	nn, FCAS, MAAA				
	·	ities of a real estate holding company or other					s[] No[X]	
		11.11 Name of real		mpany				
		11.12 Number of pa 11.13 Total book/ad	djusted carrying va	lue		\$		0
11.2 If								
10 г		ALIEN REPORTING ENTITIES ONLY:				* * *		
12.1 V	What changes have been made during	the year in the United States manager or the						
		s transacted for the reporting entity through it	s United States Br	anch on risks wh	erever located?		s[] No[X]	
	, ,	any of the trust indentures during the year?					s[] No[X]	NI/A [V 1
	, , ,	iliary or entry state approved the changes?				res	s[] No[]	N/A[X]
p a	performing similar functions) of the repo a. Honest and ethical conduct, including relationships;	we officer, principal financial officer, principal rting entity subject to a code of ethics, which the ethical handling of actual or apparent co tandable disclosure in the periodic reports re	includes the follow inflicts of interest b	ving standards? etween personal	and professional	Yes	s[X] No[]	
c d e	 Compliance with applicable governme The prompt internal reporting of violate Accountability for adherence to the contract of the response to 13.1 is No, please expenses 	ental laws, rules and regulations; ions to an appropriate person or persons ide ide. plain:	ntified in the code	and				
13.2 F	las the code of ethics for senior manag	ers been amended?				Yes	s[] No[X]	
3.∠I II		nformation related to amendment(s).						
13.3 F 3.31 If	f the response to 13.3 is Yes, provide the	s been waived for any of the specified office ne nature of any waiver(s).					s[] No[X]	
		BOARD OF						
	s the purchase or sale of all investment	s of the reporting entity passed upon either b	by the board of dire	ectors or a subord	inate	Yes	s[X] No[]	
15. D	Does the reporting entity keep a comple	te permanent record of the proceedings of its	s board of directors	s and all subordin	ate			
	committees thereof?	procedure for disclosure to its board of direct	ors or trustees of a	any material intere	est or	Yes	s[X] No[]	
а		s, directors, trustees or responsible employe				Yes	s[X] No[]	
		FINAN	ICIAL					
		a basis of accounting other than Statutory A	ccounting Principl	es (e.g., Generall	y Accepted			
	Accounting Principles)? Total amount loaned during the year (in-	clusive of Separate Accounts, exclusive of po	olicy loans):			Yes	s[] No[X]	
	0 , (18.11 To directors	or other officers			\$		0
		18.12 To stockhold 18.13 Trustees, sup		aternal only)		\$ \$		0
18.2 T	otal amount of loans outstanding at the	e end of year (inclusive of Separate Accounts				-		
	ŭ	18.21 To directors	or other officers	,		\$		0
		18.22 To stockhold 18.23 Trustees, sup		aternal only)		\$ \$		0
			- '	••				

PART 1 - COMMON INTERROGATORIES

19.1	Were any assets reported in this statement subjobligation being reported in the statement?	ect to a contractual obligation to tran	sfer to ar	nother party without the	e liability for such	Yes[] N	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 19.23 Leased from				\$	0
		19.24 Other	Ulliers			\$	0
20.1	Does this statement include payments for asses association assessments?	sments as described in the Annual S	tatement	Instructions other tha	n guaranty fund or guaranty	Yes [] N	√o [X]
20.2	If answer is yes:	00 04				•	٥
		20.21 Amount paid 20.22 Amount paid				\$\$	0
		20.23 Other amoun	•			\$	0
	Does the reporting entity report any amounts du		es on Pag	ge 2 of this statement?	1	Yes [X] N	10 []
21.2	If yes, indicate any amounts receivable from par	rent included in the Page 2 amount:				\$	0
		INVEST	MENT				
22.1	Were all the stocks, bonds and other securities of in the actual possession of the reporting entity of	•				Yes [X] N	4o []
22.2	If no, give full and complete information, relating	thereto			****		
23.1	Were any of the stocks, bonds or other assets o	of the reporting entity owned at Decer	nber 31 d	of the current year not	exclusively under the		
	control of the reporting entity, or has the reporting	ng entity sold or transferred any asse	ts subjec	t to a put option contra	act that		
	is currently in force? (Exclude securities subject	to Interrogatory 19.1).				Yes [X] N	10 []
23.2	If yes, state the amount thereof at December 31	of the current year:					
	• /	•	1 Loane	d to others		\$	32,854,037
		23.23	2 Subjec	ct to repurchase agree	ments	\$	0
			•	ct to reverse repurchas	-	\$	0
				t to dollar repurchase	-	\$	0
				ct to reverse dollar rep	urchase agreements	\$	0
			-	ed as collateral I under option agreem	ents	\$\$	0
				stock or securities res		\$	0
				posit with state or other		\$	5,521,488
			91 Other			\$	0
23.3	For category (23.28) provide the following:						
	1		2		2	\neg	
	Nature of Restriction	Des	cription		3 Amount		
	Tradaro or Troduction	500	onpaon		runount		
						_	
04.4	Door the growth of catherine to be desired to be	ti					I- IVI
24.1	Does the reporting entity have any hedging trans If yes, has a comprehensive description of the h	·	to the d	omiciliary state?			No[X] No[] N/A[X]
Z-7.Z		oughig program book made available	, to the u	officially state:		100[] 1	io[] iii/i[X]
	If no, attach a description with this statement.						
25.1	Were any preferred stocks or bonds owned as o	of December 31 of the current year m	andatoril	v convertible into equi	ty or at the option of the		
20.1	issuer, convertible into equity?	of December of or the current year in	andatom	y conventible into equi	ty, or, at the option of the	Yes[]N	10 [X]
05.0	,	of the control of the					
25.2	If yes, state the amount thereof at December 31	of the current year.				\$	0
26.	Excluding items in Schedule E, real estate, mort safety deposit boxes, were all stocks, bonds and with a qualified bank or trust company in accordagreements of the NAIC Financial Condition Exa	d other securities owned throughout tance with Section 3, III Conducting E	he currer	nt year held pursuant t	o a custodial agreement	Yes[X] N	No []
26.01	For agreements that comply with the requirement	nts of the NAIC Financial Condition E	xaminers	Handbook, complete	the following:		
	1		1		2		
	Name of Cust	todian(s)			n's Address		
	JP MORGAN CHASE		3 Cha	se Metro Tech Center	Brooklyn, NY 11245	\dashv	
			上			\exists	
26.02	For all agreements that do not comply with the name, location and a complete explanation:	equirements of the NAIC Financial C	ondition l	Examiners Handbook,	provide the		
	1	2			3		
	Name(s)	Location(s)		Comp	olete Explanation(s)		

Yes [] No [X]

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

PART 1 - COMMON INTERROGATORIES

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

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

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

1	2	3
Central Registration		
Central Registration Depository Number(s)	Name	Address

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 [X] No []

0

 $27.2\,\,$ If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
42982#100	LMIA HIGH YIELD FUND	276,704
27.2999 Total		276,704

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	Date of
(from above table)	of the Mutual Fund	Attributable to the Holding	Valuation
LMIA HIGH YIELD FUND	JP MORGAN PRIME-CAPITAL FUNDS	9,756	12/31/2007
LMIA HIGH YIELD FUND	ALLIED WASTE NORTH AMER	5,824	12/31/2007
LMIA HIGH YIELD FUND	CHESAPEAKE ENERGY CORP	5,376	12/31/2007
LMIA HIGH YIELD FUND	MULTIPLAN INC	5,264	12/31/2007
LMIA HIGH YIELD FUND	WILLIAMS PARTNERS LP/WIL	4,829	12/31/2007
I MIA HIGH YIFI D FUND	VENTAS REALTY LP/CAP CRP	4 630	12/31/2007

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
	Value	Fair Value	over Statement (+)
28.1 Bonds	177,046,163	178,659,550	1,523,386
28.2 Preferred stocks			
28.3 Totals	177.046.163	178.659.550	1.523.386

28.4	Describe the sources or methods utilized in determining the fair values: IDC, Bloomberg, NAIC-SVO, Broker Quotes, Analytically Determined			
29.1	Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed?	Yes [X]	No []
29.2	If no, list exceptions:			
	OTHER			
30.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$		

30.2 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
	\$
	\$
	\$

Annual Statement for the year 2007 of the	Peerless Indemnity Insurance Company
Annual Statement for the year 2007 of the	reeness indennity insurance company

PART 1 - COMMON INTERROGATORIES

31.1	Amount of payments for legal expenses, if any?	\$ 5

31.2 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.

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

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

\$	0
Φ	U

0

32.2 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
	\$
	\$
	\$
	\$

1.1	Does the reporting entity have any direct Medicare Supplement I	nsurance in force?			YES[]	NO[X]
1.2	If yes, indicate premium earned on U. S. business only.				\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supple	ement Insurance Experience Exhibit?			\$	0
	1.31 Reason for excluding					
					* *	
		/ OIL AL	0) 1			•
1.4	·		2) above.		\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurar	ICE.			\$	0
1.6	Individual policies:					
		current three years:				
	1.61	Total premium earned			\$	0
	1.62	Total incurred claims			\$	0
	1.63	Number of covered lives			\$	0
	All yea	ars prior to most current three years:				
	1.64	Total premium earned			\$	0
	1.65	Total incurred claims			\$	0
	1.66	Number of covered lives			\$	0
1.7	Group policies:					
	Most	current three years:				
	1.71	Total premium earned			\$	0
	1.72	Total incurred claims			\$	0
	1.73	Number of covered lives			\$	0
		ars prior to most current three years:			·	
	1.74	Total premium earned			\$	0
	1.75	Total incurred claims			\$	0
	1.76	Number of covered lives			\$	0
	1.70	Number of develor lives			<u> </u>	<u> </u>
2.	Health Test:		1	2		
			Current Year	Prior Year		
	2.1	tramium Numaratar	current rear			
		Premium Numerator	\$ U	\$ 0		
		Premium Denominator	\$ 10,801,577	\$ 10,281,615		
		Premium Ratio (2.1/2.2)	0.00	0.00		
		Reserve Numerator Reserve Denominator	\$ 0	\$ 20,007,363		
		Reserve Ratio (2.4/2.5)	\$ 17,253,842 0.00	\$ 28,297,363		
	2.0 г	Reserve Natio (2.4/2.5)	0.00			
3.1	Does the reporting entity issue both participating and non-participating	pating policies?			YES[X]	NO []
3.2	If yes, state the amount of calendar year premiums written on:					
	3.21	Participating policies			\$	601,526
	3.22	Non-participating policies			\$	95,094,831
4.	For Mutual Reporting Entities and Reciprocal Exchange only:					
4.1	Does the reporting entity issue assessable policies?				YES[]	NO [X]
4.2	Does the reporting entity issue non-assessable policies?				YES[]	NO [X]
4.3	If assessable policies are issued, what is the extent of the contin	gent liability of the policyholders?				0 9
4.4	Total amount of assessments paid or ordered to be paid during the	ne year on deposit notes or contingent	t premiums.		\$	0
5.	For Reciprocal Exchanges Only:					
5.1	Does the exchange appoint local agents?				YES[]	NO [X]
5.2						
	5.21	Out of Attorney's-in-fact compensa	ition		YES[]	NO [] N/A [X]
	5.22	As a direct expense of the exchange			YES[]	
5.3	What expenses of the Exchange are not paid out of the compens	ention of the Attorney in fact?	-			Inwiv
5.5						
					* *	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment	of certain conditions, been deferred?			YES[]	NO[X]
5.5	If yes, give full information		* * * * * * * * * * * * * * * * * * * *			

(Continued)

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: In 2007, the Company purchased Workers Compensation Catastrophe reinsurance separately and/or with the Liberty Mutual Group with limits of \$1,175m xs \$25m. A minimum of 75% was placed for each layer.		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: The Company tracks aggregate property and WC exposure and reviews quarterly. It uses RiskLink from RMS and AIR from AIR for EQ and wind. It uses RiskLink for WC. Concentrations are in the Northeast for wind and New Madrid for EQ.		
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? In 2007, the Company purchased property catastrophe reinsurance, separately and/or with the Liberty Mutual Group with limits of \$1,900m xs \$50m. The coverage is sufficient to protect against the Company's 250 year event.		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated		
6.5	probable maximum loss attributable to a single loss event or occurrence? If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	YES[)	(]NO[]
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? If yes, indicate the number of reinsurance contracts containing such provisions.	YES [] NO [X]
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	YES [] NO [X]
	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?	YES [] 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		
9.2	reimbursement to the ceding entity. 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	YES []NO[X]
	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		
9.3	or its affiliates in a separate reinsurance contract. 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.	YES[]NO[X]
9.4	Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the		
	reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:		
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or		
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	YES [] NO [X]

(Continued)

9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s)		
0.6	is treated differently for GAAP and SAP. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:		
3.0	(a) The entity does not utilize reinsurance; or,	YES[]NO[X]	
	(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,	YES[]NO[X]	
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has	ובסן וווס[א]	
10	filed an attestation supplement.	YES[X]NO[]	
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	YES[X]NO[]N	I/A []
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force:	YES[]NO[X]	
11.2	If yes, give full information		
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:		
	12.11 Unpaid losses	\$ 2	236,374
	12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$	20,880
12.2	Of the amount on Line 13.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$	7,725
	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted		
	from its insureds covering unpaid premiums and/or unpaid losses?	YES[]NO[X]N/	/A [
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:		
	12.41 From		0.000
	12.42 To		0.000
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or		
	promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid	VECT INCLYI	
126	losses under loss deductible features of commercial policies? If yes, state the amount thereof at December 31 of current year:	YES[]NO[X]	
12.0	12.61 Letters of Credit	\$	0
	12.62 Collateral and other funds	\$	0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):		75,000
	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a	*	. 0,000
	reinstatement provision?	YES[]NO[X]	
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic		
	facilities or facultative obligatory contracts) considered in the calculation of the amount.		3
14 1	Is the company a cedant in a multiple cedant reinsurance contract?	YES[X]NO[]	
	If yes, please describe the method of allocating and recording reinsurance among the cedants: Premiums and recoverables were	TEO[X]NO[]	
	allocated pursuant to separate intercompany agreements.		
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance	VECT INCLYI	
1/ /	contracts? If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?	YES[]NO[X] YES[X]NO[]	
		ILS[X]NO[]	
14.0	If the answer to 14.4 is no, please explain:		
	Has the reporting entity guaranteed any financed premium accounts?	YES[]NO[X]	
15.2	If yes, give full information		
16.1	Does the reporting entity write any warranty business?	YES[]NO[X]	
	If yes, disclose the following information for each of the following types of warranty coverage:		
	1 2 3 4 5		
	Direct Losses Direct Written Direct Premium Direct Premium	n	
	Incurred Unpaid Premium Unearned Earned		
	16.11 Home \$ 0 \$ 0 \$ 0 \$	0	
	16.12 Products \$ 0 \$ 0 \$ 0 \$	0	
	16.13 Automobile \$ 0 \$ 0 \$ 0 \$ 0 \$	0	
	16.14 Other* \$ 0 \$ 0 \$ 0 \$	0	
	* Disclose type of coverage:		

(Continued)

	horized reinsurance in Schedule F - Part 3 that it excludes from	VECT INOTVI	
·	o July 1, 1984 and not subsequently renewed are exempt from inclusion in Schedule F	•	
•			
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 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
	Schedule F - Part 5. Incurred but not reported losses on contracts not in force prior to Part 5. Provide the following information for this exemption: 17.11 17.12 17.13 17.14 17.15 17.16 17.17 Provide the following information for all other amounts included 17.18 17.19 17.20 17.21 17.22 17.23	Incurred but not reported losses on contracts not 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 17.12 Unfunded portion of Interrogatory 17.11 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 17.14 Case reserves portion of Interrogatory 17.11 17.15 Incurred but not reported portion of Interrogatory 17.11 17.16 Unearned premium portion of Interrogatory 17.11 17.17 Contingent commission portion of Interrogatory 17.11 Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above. 17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 17.19 Unfunded portion of Interrogatory 17.18 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 17.21 Case reserves portion of Interrogatory 17.18 17.22 Incurred but not reported portion of Interrogatory 17.18 17.23 Unearned premium portion of Interrogatory 17.18 17.24 Unearned premium portion of Interrogatory 17.18	Schedule F - Part 5. Incurred but not reported losses on contracts not 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 \$ 17.12 Unfunded portion of Interrogatory 17.11 \$ 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$ 17.14 Case reserves portion of Interrogatory 17.11 \$ 17.15 Incurred but not reported portion of Interrogatory 17.11 \$ 17.16 Unearned premium portion of Interrogatory 17.11 \$ 17.17 Contingent commission portion of Interrogatory 17.11 \$ 17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 5, not included above. 17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 17.19 Unfunded portion of Interrogatory 17.18 \$ 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 \$ 17.21 Case reserves portion of Interrogatory 17.18 \$ 17.22 Incurred but not reported portion of Interrogatory 17.18 \$ 17.23 Unearned premium portion of Interrogatory 17.18 \$ 17.24 Case reserves portion of Interrogatory 17.18 \$ 17.25 Uncarred but not reported portion of Interrogatory 17.18 \$ 17.26 Incurred but not reported portion of Interrogatory 17.18 \$ 17.27 Unfunded premium portion of Interrogatory 17.18 \$ 17.28 Unearned premium portion of Interrogatory 17.18 \$ 17.29 Unearned premium portion of Interrogatory 17.18 \$ 17.20 Unearned premium portion of Interrogatory 17.18 \$ 17.21 Unearned premium portion of Interrogatory 17.18 \$ 17.22 Unearned premium portion of Interrogatory 17.18 \$ 17.24 Unearned premium portion of Interrogatory 17.18 \$ 17.25 Unearned premium portion of Interrogatory 17.18 \$ 17.26 Unearned premium portion of Interrogatory 17.18 \$ 17.27 Unearned premium portion of Interrogatory 17.18 \$ 17.28 Unearned premium portion of Interrogatory 17.18 \$ 17.29 Unearned premium portion of Interroga

FIVE-YEAR HISTORICAL DATA

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

$\overline{}$						
		1	2	3	4	5
		2007	2006	2005	2004	2003
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	(9,872,604)	132,248,181	(16,679,210)	433,769,407	361,446,850
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,146,188	44,932,716	(10,075,742)	194,247,226	194,013,669
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	16,948,557	98,306,306	(66,189,017)	422,319,164	326,867,898
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)		26,073	(503,935)	558,844	533,084
5.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					(2,997)
6.	Total (Line 34)	8,225,538	275,513,276	(93,447,904)	1,050,894,641	882,858,504
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2,					
	19.1, 19.2 & 19.3, 19.4)	5,121,318	4,918,086	(136,852,905)	318,877,107	254,861,754
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,612,085	1,546,258	(60,492,797)	134,035,310	118,009,353
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	4,406,411	4,293,571	(153,358,567)	332,623,048	245,712,694
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	3,397	26,073	(503,935)	558,604	536,437
11.	Nonproportional reinsurance lines (Lines 30, 31 & 32)					(2,997)
12.	Total (Line 34)	11,143,211	10,783,988	(351,208,204)	786,094,069	619,117,241
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	182,337	31,314	138,148	297,672	33,058,506
14.	Net investment gain (loss) (Line 11)	8,557,849	(101,175,205)	30,059,063	60,521,658	47,606,390
15.	Total other income (Line 15)	21,763	18,456	(9,989)	424,439	(3,024,454)
16.	Dividends to policyholders (Line 17)	25,996	29,064	14,299	989,128	1,065,735
17.	Federal and foreign income taxes incurred (Line 19)	9,664,734	(2,143,853)	(29,579,690)	26,466,565	24,190,481
18.	Net income (Line 20)	(928,781)	(99,010,646)	59,752,613	33,788,076	52,384,226
	Balance Sheet Lines (Pages 2 and 3)				,	
19.	Total admitted assets excluding protected cell business					
	(Page 2, Line 24, Col. 3)	196,263,441	246,151,279	633,822,800	1,579,863,464	1,412,478,410
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 13.1)	524,753	724,773	16,800,254	35,438,356	87,292,713
	20.2 Deferred and not yet due (Line 13.2)	3,443,203	18,243,506	2,326,579	204,088,595	176,953,923
	20.3 Accrued retrospective premiums (Line 13.3)	28,885	34,466			4,649,318
21.	Total liabilities excluding protected cell business (Page 3, Line 24)	29,367,800	78,031,214	57,464,824	1,035,224,569	907,623,786
22.	Losses (Page 3, Line 1)	9,508,103	8,804,204	17,311,051	480,141,800	375,434,290
23.	Loss adjustment expenses (Page 3, Line 3)	2,175,926	2,020,098	1,519,164	112,881,875	74,691,839
24.	Unearned premiums (Page 3, Line 9)	5,076,012	4,743,232	4,233,774	370,838,037	302,045,922
	Capital paid up (Page 3, Lines 28 & 29)	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
26.	Surplus as regards policyholders (Page 3, Line 35)	166,895,641	168,120,065	576,357,976	544,638,895	504,854,624
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	9,186,449	51,280,591	(717,923,738)	236,360,283	110,948,160
	Risk-Based Capital Analysis					
	Total adjusted capital	166,895,641	168,120,065	576,357,976	544,638,895	504,854,624
29.	Authorized control level risk-based capital	1,683,197	1,657,658	23,497,486	76,414,645	57,728,331
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets				,	
	(Page 2, Col. 3)					
	(Item divided by Page 2, Line 10, Col. 3) x 100.0					
1	Bonds (Line 1)	87.6	71.1	53.7	73.1	70.5
31.	Stocks (Lines 2.1 & 2.2)	0.1	0.1	39.6	18.0	19.4
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)	7.0	23.8	4.6	7.2	8.4
35.	Contract loans (Line 6)					
1	Other invested assets (Line 7)	5.3	5.0	2.1	1.4	1.6
1	Receivables for securities (Line 8)				0.2	0.1
	Aggregate write-ins for invested assets (Line 9)					
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
l	Investments in Parent, Subsidiaries and Affiliates					
	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
1	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)			172,510,092	163,174,217	159,759,684
43.	Affiliated short-term investments (subtotals included in Schedule DA,					
	Part 2, Col. 5, Line 7)					
1	Affiliated mortgage loans on real estate					
45.	All other affiliated	* * * * * * * * * * * * * * * * * * * *	10,000,000	10,000,000	10,000,000	10,000,000
1	Total of above Lines 40 to 45	10,000,000	10,000,000	182,510,092	173,174,217	169,759,684
						4
47.	Percentage of investments in parent, subsidiaries and affiliates		ļ	l	'	
47.	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)	6.0		31.7	30.0	31.6

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2007	2 2006	3 2005	4 2004	5 2003
	Capital and Surplus Accounts (Page 4)					
	Net unrealized capital gains (losses) (Line 24)	(8,670)	127,436,206	7,168,387	4,280,301	13,023,737
49.	Dividends to stockholders (Line 35)		(435,939,572)			(2,000,000)
50.	Change in surplus as regards policyholders for the year (Line 38)	(1,224,424)	(408,237,911)	31,719,081	39,784,271	95,297,064
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
51.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	119,332,010	64,998,349	365,714,639	165,399,046	179,026,173
52	Property lines (Lines 1, 2, 9, 12, 21 & 26)	11,900,535	31,834,290	36,568,497	80,796,723	84,897,347
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)		47,606,123	197,952,775	128,868,533	
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)		31,003	364,469	376,774	867,675
					370,774	
55. 56.	Nonproportional reinsurance lines (Lines 30, 31 & 32) Total (Line 34)	188,276,313	(1,572) 144,468,193	1,520,420 602,120,800	375,441,076	198,048 389,960,057
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,279,822	391,502	301,037,226	112,424,543	113,840,721
58.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	705 040	619,962	7,283,979	49,292,244	49,760,756
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)		1,674,773	159,032,548		
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)		6,003	317,277	121,829	196,187
	Nonproportional reinsurance lines (Lines 30, 31 & 32)		(1,572)	1,520,420		198,048
	Total (Line 34)	4,842,884	2,690,668	469,191,450	247,060,476	
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
63.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	Losses incurred (Line 2)		54.3	49.3	53.6	51.3
	Loss expenses incurred (Line 3)	44.0	11.9	13.2	12.9	8.0
	Other underwriting expenses incurred (Line 4)		33.5	35.9	33.8	34.7
67.	Net underwriting gain (loss) (Line 8)	1.7	0.3	1.6		5.8
	Other Percentages					
68.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)	34.3	31.7	(0.9)	30.6	32.5
69.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	62.7	66.2	62.5	66.5	59.3
70.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6,					
	Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)	6.7	6.4	(60.9)	144.3	122.6
71	One Year Loss Development (000 omitted)					
' .	Development in estimated losses and loss expenses incurred prior	(000)	(400)	(400)	0.500	(4.000)
70	to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11)	(803)	(162)	(188)	6,502	(1,698)
12.	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)	(0.5)	(0.0)	(0.0)	1.3	(0.4)
	Two Year Loss Development (000 omitted)					
73.	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)	(672)	57	(57)	30,823	311,650,360
74.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 73 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)	(0.1)		(0.0)	7.5	6.8
	by 1 ago 4, Lille 21, Ooi. 2 x 100.0)	(0.1)	1	(0.0)	<u>ı</u>	0.0

SCHEDULE D - SUMMARY BY COUNTRY

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

		1	2	3	4
Description		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments	United States Canada Other Countries	62,856,373	64,222,214	62,981,000	62,255,71
(Including all obligations guaranteed by governments)	4. Totals	62,856,373	64,222,214	62,981,000	62,255,7
., 3	5. United States	9,960,157	9,919,010	9,958,240	10,000,0
States, Territories and Possessions (Direct and guaranteed)	6. Canada	• • • • • • • • • • • • • • • • • • • •			
,	8. Totals	9,960,157	9,919,010	9,958,240	10,000,0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States	13,044,053	12,827,185	13,039,217	13,115,0
	12. Totals	13,044,053	12,827,185	13,039,217	13,115,0
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of	13. United States	52,445,927	53,167,196	52,445,089	52,617,2
governments and their political subdivisions	16. Totals	52,445,927	53,167,196	52,445,089	52,617,2
Public Utilities (unaffiliated)	17. United States 18. Canada 19. Other Countries	2,943,454	2,958,090	2,938,850	3,000,0
	20. Totals	2,943,454	2,958,090	2,938,850	3,000,0
	21. United States	24,899,435	24,579,090	24,958,579	24,781,8
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	22. Canada 23. Other Countries				
,	24. Totals	24,899,435	24,579,090	24,958,579	24,781,8
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	166,149,399	167,672,785	166,320,975	165,769,7
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States 28. Canada 29. Other Countries				
Banks, Trust and Insurance Companies (unaffiliated)	30. Totals 31. United States 32. Canada 33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States 36. Canada 37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS Public Utilities (unaffiliated)	41. United States				
	44. Totals 45. United States				
Banks, Trust and Insurance Companies (unaffiliated)	46. Canada 47. Other Countries 48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States 50. Canada 51. Other Countries	276,704	276,704	284,006	
	52. Totals	276,704	276,704	284,006	
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks	276,704	276,704	284,006	
	55. Total Stocks	276,704	276,704	284,006	
	56. Total Bonds and Stocks	166,426,103	167,949,489	166,604,981	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value of bonds and		7. Amortization of premium	122,989
	stocks, prior year	142,980,702	Foreign Exchange Adjustment:	
2.	Cost of bonds and stocks acquired, Column 7, Part 3	59,818,671	8.1 Column 15, Part 1	
	Accrual of discount	116,244	8.2 Column 19, Part 2 Section 1	
4.	Increase (decrease) by adjustment:		8.3 Column 16, Part 2, Section 2	
	4.1 Columns 12 - 14, Part 1		8.4 Column 15, Part 4	
	4.2 Column 15 - 17, Part 2, Section 1		Book/adjusted carrying value at end of current period	166,426,103
	4.3 Column 15, Part 2, Section 2 (13,338)		10. Total valuation allowance	
	4.4 Column 11 - 13, Part 4	(13,338)	11. Subtotal (Lines 9 plus 10)	166,426,103
5.	Total gain (loss), Column 19, Part 4	85,614	12. Total nonadmitted amounts	
6.	Deduct consideration for bonds and stocks		13. Statement value of bonds and stocks, current period	166,426,103
	disposed of Column 7, Part 4	36,438,801	_	

SCHEDULE P-ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P-PART 1-SUMMARY

(\$000 omitted)

	Pr	emiums Earned	d	Loss and Loss Expense Payments							12	
Years in Which	1	2	3	Loss Pa	yments	Defense Containmen		Adju: and Other	•	10	11	Number of
Premiums Were				4	5	6	7	8	9	Salvage	Total Net Paid	Claims Reported -
Earned and Losses Were	Direct and		Net (Cols.	Direct and		Direct and		Direct and		and Subrogation	(Cols. 4 - 5 + 6	Direct and
Incurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior 2. 1998	X X X 6,543	X X X 1,197	X X X 5,346	63 4,393	21 1,102	17 342	3 72		126	307 230	64 3,969	XXX
3. 1999	6,064	894	5,170	4,317	791	317	50	526	94	231	4,225	XXX
4. 2000 5. 2001	5,763 6,185	714 838	5,049 5.347	4,097 3,911	657 641	312 319	32 24	469 451	55 59	222	4,134 3,957	XXX
6. 2002	8,447	2,015	6,432	4,682	1,042	338	67	412	84	251	4,239	XXX
7. 2003 8. 2004	9,723 9,991	1,666 933	8,057 9,058	4,563 4,071	895 338	333 226	52 19	634 562	106 41	274 286	4,477 4,461	XXX
9. 2005 10. 2006	10,505 10.838	625 556	9,880 10.282	4,058 3.612	404 146	202 117	20	611 615	27 44	249 178	4,420 4,150	XXX
11. 2007	11,096		10,262	2,454	54	53	1	478	2	78	2,928	XXX
12. Totals	XXX	XXX	XXX	40,221	6,091	2,576	344	5,300	638	2,528	41,024	XXX

		Losses	Unpaid		Defen	se and Cost C	ontainment U	npaid	Adjusting	and Other	23	24	25
								·	Unp	aid			
	Case	Basis	Bulk +	IBNR	Case Basis		Bulk + IBNR		21	22]		Number of
	13	14	15	16	17	18	19	20					Claims
							-				Salvage	Total Net	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	Losses and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	628	56	161	43			25		44	2	1		X X X
2. 1998	165	76	47	33	4	3	15		13	6	1	118	XXX
3. 1999	169	60	53	36	2		1.7		14	6	1	145	XXX
4. 2000	158	47	60	35	2		20	6	14	5	1	161	XXX
5. 2001	256	41	72		4		27	4	15	3	2	291	XXX
6. 2002	268	66	108				45	3	18	2	6	343	XXX
7. 2003	271	49	212				82	3	31		10	514	XXX
8. 2004	420	35	344	51	4		117	4	49		16	844	XXX
9. 2005	656	33	553	91			198		88		26	1,370	XXX
10. 2006	1,126	47	1,068	170			353	14	176		43	2,501	X X X
11. 2007	1,991	11	1,808	1	15		474		371		104	4,647	XXX
12. Totals	6,108	521	4,486	563	68	3	1,373	66	833	24	211	11,691	XXX

		otal Losses and Expenses Incu		Loss and Loss Expense Percentage (Incurred / Premiums Earned) Nontabular Discount		· Discount	34	Net Balance Sheet Reserves After Discount			
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	690	67
2. 1998	5,513	1,426	4,087	84.258	119.131	76.450			0.300	103	15
3. 1999	5,415	1,045	4,370	89.297	116.890	84.526			0.300	126	19
4. 2000	5,132	837	4,295	89.051	117.227	85.066			0.300	136	25
5. 2001	5,055	807	4,248	81.730	96.301	79.446			0.300	252	39
6. 2002	5,879	1,297	4,582	69.599	64.367	71.238			0.300	277	66
7. 2003	6,131	1,140	4,991	63.057	68.427	61.946			0.300	399	115
8. 2004	5,793	488	5,305	57.982	52.304	58.567			0.300	678	166
9. 2005	6,372	582	5,790	60.657	93.120	58.603			0.300	1,085	285
10. 2006	7,076	425	6,651	65.289	76.439	64.686			0.300	1,977	524
11. 2007	7,644	69	7,575	68.890	23.469	70.126			0.300	3,787	860
12 Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9 510	2 181

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

Voore in	ı	ncurred Net Lo	sses and Def	ense and Cost	t Containment	Expenses Re	ported At Yea	ar End (\$000 (OMITTED)		DEVELOPMENT	
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	One Year	Two Year
1. Prior	3,073	3,000	2,945	2,853	2,955	2,972	2,956	3,047	3,058	3,177	119	130
2. 1998	3,616	3,578	3,564	3,572	3,558	3,569	3,619	3,657	3,660	3,676	16	19
3. 1999	XXX	3,607	3,668	3,700	3,755	3,787	3,834	3,864	3,886	3,934	48	70
4. 2000	XXX	XXX	3,509	3,662	3,714	3,784	3,773	3,799	3,831	3,876	45	77
5. 2001	XXX	XXX	XXX	3,629	3,588	3,642	3,701	3,698	3,721	3,851	130	153
6. 2002	XXX	XXX	XXX	XXX	4,259	4,355	4,343	4,303	4,324	4,244	(80)	(59)
7. 2003	XXX	XXX	XXX	XXX	XXX	4,376	4,282	4,234	4,276	4,438	162	204
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	5,489	5,304	5,296	4,745	(551)	(559)
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,831	5,522	5,122	(400)	(709)
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,202	5,908	(294)	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,741	XXX	XXX
		12. Totals										(674)

SCHEDULE P-PART 3-SUMMARY

V	Cum	nulative Paid Ne	et Losses and	Defense and	Cost Containr	ment Expense	s Reported At	Year End (\$0	00 OMITTED))	11	12
Years in Which	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed	Number of Claims Closed
Losses Were											With Loss	Without Loss
Incurred	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Payment	Payment
1. Prior	000	899	1,426	1,779	1,986	2,103	2,177	2,273	2,364	2,420	XXX	XXX
2. 1998	1,686	2,555	2,967	3,190	3,328	3,409	3,467	3,497	3,541	3,561	XXX	XXX
3. 1999	XXX	1,757	2,680	3,110	3,387	3,532	3,655	3,714	3,759	3,793	XXX	XXX
4. 2000	XXX	XXX	1,718	2,684	3,118	3,376	3,526	3,617	3,688	3,720	XXX	XXX
5. 2001	XXX	XXX	XXX	1,702	2,627	3,018	3,295	3,404	3,505	3,565	XXX	XXX
6. 2002	XXX	XXX	XXX	XXX	1,660	2,706	3,235	3,622	3,810	3,911	XXX	XXX
7. 2003	XXX	XXX	XXX	XXX	XXX	1,918	2,922	3,415	3,720	3,949	XXX	XXX
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	1,898	3,078	3,616	3,940	XXX	XXX
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,996	3,236	3,836	XXX	XXX
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,294	3,579	XXX	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,452	XXX	XXX

SCHEDULE P-PART 4-SUMMARY

Years in	 		R Reserves On Ne			-	_	, ·		
Which	1	2	3	4	5	6	7	8	9	10
Losses Were										
Incurred	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	1,172	676	480	306	273	336	167	140	82	134
2. 1998	921	364	232	149	76	42	51	36	27	21
3. 1999	XXX	792	358	209	113	64	73	36	36	26
4. 2000	XXX	XXX	723	404	237	151	104	49	74	39
5. 2001	XXX	XXX	XXX	825	429	199	179	85	118	60
6. 2002	XXX	XXX	XXX	XXX	1,554	797	354	251	232	117
7. 2003	XXX	XXX	XXX	XXX	XXX	1,181	570	388	331	256
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	2,011	1,182	871	406
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,298	1,184	653
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,234	1,237
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,281

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		1 Is Insurer Licen- sed?	Gross Premiums, and Membersl Return Premiums on Policies	hip Fees Less s and Premiums	4 Dividends Paid or Credited to Policyholders	5 Direct Losses Paid	6 Direct	7 Direct	8 Finance and Service Charges Not	9 Direct Premium Written for Federal Purchasing
States, Etc.		(Yes or	Direct Premiums	Direct Premiums	on Direct Business	(Deducting	Losses	Losses	Included in	Groups (Included
1. Alabama	AL	No) YES	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
2. Alaska	AK	YES					******			
3. Arizona	AZ	YES	137,675	16,687 761,590			(874)	2,698	610	
Arkansas California	AR CA	YES YES	753,689 470,339	450,585		43,517 81,420	124,447 (806,729)	191,353 139,994	3,337 2,082	
6. Colorado	CO	YES								
7. Connecticut	CT	YES	2,794,316	1,669,625		372,615	892,606	565,328	12,372	
8. Delaware	DE DC	YES YES	742,740 71,592	316,776 47,939		4,900	169,547	185,975	3,288 317	
9. Dist. Columbia 10. Florida	FL	YES	71,592	47,939		258,091	284,924	28,959	317	
11. Georgia	GA	YES	1,307,626	796,995		286,376	947,793	697,577	5,789	
12. Hawaii	HI	YES					* * * * * * * * * * * * * * * *			
13. Idaho 14. Illinois	ID IL	YES YES	2,677,374	1,355,818		928,669	862,078	503,558	11,854	
15. Indiana	IN I	YES	3,603,709	2,453,509		853,040	1,916,262	1,404,601	15,955	
16. lowa	IA	YES	567,475	287,604		33,363	97,753	73,106	2,512	
17. Kansas	KS	YES	566,471	387,239	*****	62,971	138,536	98,875	2,508	
18. Kentucky	ΚΥ	YES	2,311,727 6,448,160	1,188,092 7,900,003		315,707	506,629 3,366,056	211,084 5,936,496	10,235	
19. Louisiana	LA ME	YES YES	6,448,160 1,251,911	7,900,003 740,919		2,592,537 374,019	3,366,056	5,936,496	28,549 5,543	
21. Maryland	MD	YES	2,260,452	1,114,758		374,019	664,459	428,847	10,008	
22. Massachusetts	MA	YES	1,899,782	1,346,711		443,806	(219,495)	833,151	8,411	
23. Michigan	MI	YES	3,237,516	2,131,194		382,605	703,136	440,997	14,334	
24. Minnesota 25. Mississippi	MN MS	YES YES	665,806	427,395		422,004	525,940	114,157	2,948	
26. Missouri	MO	YES	2,298,760	1,406,023		1,821,114	2,655,578	946,066	10,178	
27. Montana	MT	YES								
28. Nebraska	NE	YES	473,398	257,464		125,665	132,435	79,451	2,096	
29. Nevada 30. New Hampshire	NV NH	YES YES	1,454,456	958,026		189,374	1,775,700	1,596,098	6,439	
31. New Jersey	NJ	YES	4,490,036	1,578,158		631,207	(377,992)	1,989,257	19,879	
32. New Mexico	NM	YES								
33. New York	NY	YES	345,718	281,743		881,735	(202,302)	1,095,868	1,531	
34. No. Carolina 35. No. Dakota	NC ND	YES YES	1,748,439	866,373		326,093	902,653	586,635	7,741	
36. Ohio	OH	YES	2,931,381	1,718,560		684,231	1,126,919	476,134	12,978	
37. Oklahoma	OK	YES	1,761,397	1,721,660		439,314	454,295	441,836	7,798	
38. Oregon	OR	YES								
39. Pennsylvania	PA	YES	25,796,786	17,534,306		7,148,256	11,574,213	6,230,853	114,213	
40. Rhode Island 41. So. Carolina	RI SC	YES YES	1,765,177 1,893,248	1,526,614 901,048		222,302 247,373	236,990 490,920	368,926 257,570	7,815 8,382	
42. So. Dakota	SD	YES	1,050,240			271,51,0		201,510	0,502	
43. Tennessee	TN	YES	2,886,099	1,347,443		763,079	1,461,656	742,716	12,778	
44. Texas	TX	YES	5,682,564	4,491,291		1,209,302	2,065,548	1,231,107	25,159	
45. Utah 46. Vermont	UT VT	YES YES	648,412	423,859		65,434	458,489	485,209	2,871	
47. Virginia	VA	YES	603,502			22,328	93,407	73,251	2,671	
48. Washington	WA	YES								
49. West Virginia	WV	YES								
50. Wisconsin 51. Wyoming	WI WY	YES YES	9,148,625	7,266,210		3,399,034	5,143,339	2,523,748	40,505	
52. American Samoa	AS	NO NO								
53. Guam	GU	NO								
54. Puerto Rico	PR	NO								
55. U.S. Virgin Islands 56. Northern Mariana Islands	VI MP	NO NO								
57. Canada	CN	NO NO								
58. Aggregate other					* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
alien	ОТ	XXX								
59. Totals		(a) 51	95,696,358	65,986,423		25,969,291	38,773,933	31,221,870	423,687	
DETAILS OF WRITE-INS	;									
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898. Summary of remaining					* * * * * * * * * * * * * * * * * * * *					
write-ins for Line 58										
from overflow page		XXX								
5899. Totals (Lines 5801			 							
through 5803 + 5898)										

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

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

*Location of Principal place of garaging of each individual car - Auto Liability, Auto Physical Damage

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

*Point of origin of shipment or principal location of assured - Inland Marine

*State in which employees regularly work - Group Accident and Health (a) Insert the number of yes responses except for Canada and Other Alien.

Explanation of basis of allocation of pr	remiums by states, etc
--	------------------------

*Location of Court - Surety

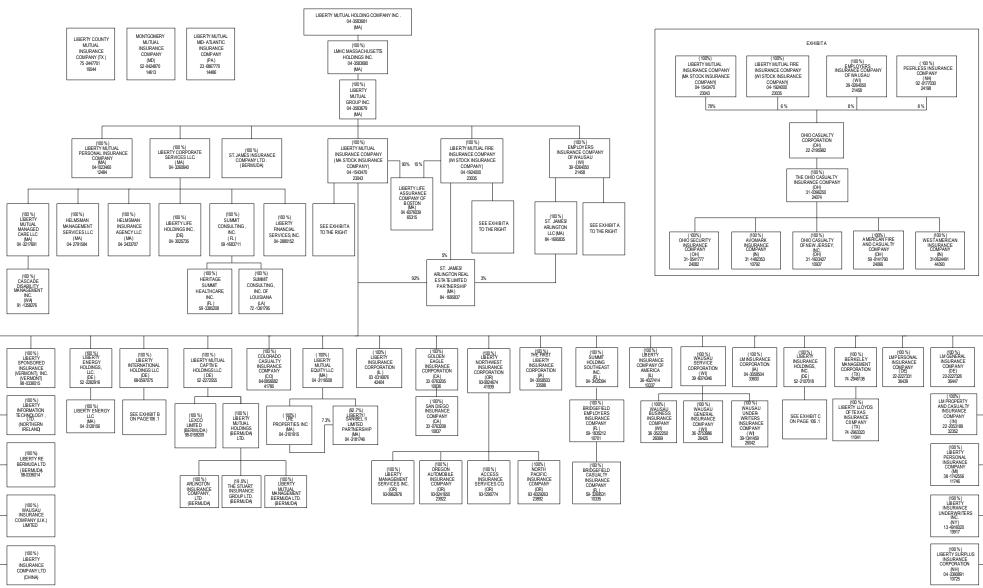
*Address of Assured - Other Accident and Health

*Location of Properties covered - Burglary and Theft

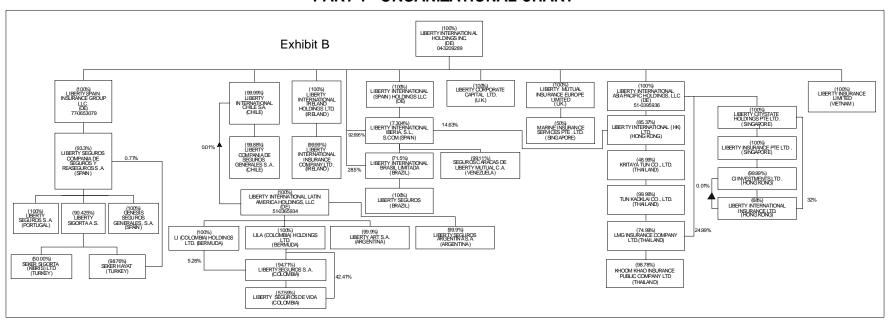
*Principal Location of Assured - Ocean Marine, Credit

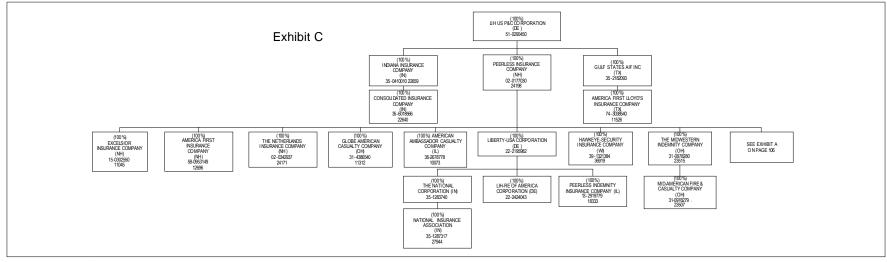
*Primary residence of Assured - Aircraft (all perils)

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**





Annual Statement for the year 2007 of the	Peerless Indemnity Insurance Company	
---	--------------------------------------	--

OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX TO PROPERTY AND CASUALTY ANNUAL STATEMENT

Assets	2	Schedule DB - Part D - Section 3	E21
Cash Flow	5	Schedule DB - Part D - Verification Between Years	31
Exhibit of Capital Gains (Losses)		Schedule DB - Part E - Section 1	E22
Exhibit of Net Investment Income	10	Schedule DB - Part E - Verification	31
Exhibit of Nonadmitted Assets	13	Schedule DB - Part F - Section 1	32
Exhibit of Premiums and Losses (State Page)	20	Schedule DB - Part F - Section 2	33
Five-Year Historical Data	10	Schedule E - Part 1 - Cash	E23
General Interrogatories	16	Schedule E - Part 2 - Cash Equivalents	E24
Jurat Page	1	Schedule E - Part 3 - Special Deposits	E25
Liabilities, Surplus and Other Funds	2	Schedule F - Part 1	34
Notes To Financial Statements	1.4	Schedule F - Part 2	35
Overflow Page For Write-ins	100	Schedule F - Part 3	36
Schedule A - Part 1	⊏01	Schedule F - Part 4	37
Schedule A - Part 2	F02	Schedule F - Part 5	38
Schedule A - Part 3	E03	Schedule F - Part 6	39
Schedule A - Verification Between Years	21	Schedule F - Part 7	40
Schedule B - Part 1	EOA	Schedule F - Part 8	41
Schedule B - Part 2	E05	Schedule H - Accident and Health Exhibit - Part 1	42
Schedule B - Verification Between Years	21	Schedule H - Part 5 - Health Claims	44
Schedule BA - Part 1	Ε06	Schedule H - Parts - 2, 3, and 4	43
Schedule BA - Part 2	E07	Schedule P - Part 1 - Analysis of Losses and Loss Expenses	45
Schedule BA - Verification Between Years	21	Schedule P - Part 1A - Homeowners/Farmowners	47
Schedule D - Part 1	E08	Schedule P - Part 1B - Private Passenger Auto Liability/Medical	48
Schedule D - Part 1A - Section 1	23	Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	49
Schedule D - Part 1A - Section 2	26	Schedule P - Part 1D - Workers' Compensation	50
Schedule D - Part 2 - Section 1	E09	Schedule P - Part 1E - Commercial Multiple Peril	51
Schedule D - Part 2 - Section 2	E10	Schedule P - Part 1F - Section 1 - Medical Malpractice - Occurrence	52
Schedule D - Part 3	E11	Schedule P - Part 1F - Section 2 - Medical Malpractice - Claims-Made	53
Schedule D - Part 4	E12	Schedule P - Part 1G - Spec. Liab. (Ocean, Marine, Aircr.(A.P.), Boiler & Mach.)	54
Schedule D - Part 5	⊏12	Schedule P - Part 1H - Section 1 - Other Liability - Occurrence	55
Schedule D - Part 6 - Section 1	E14	Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	56
Schedule D - Part 6 - Section 2		Schedule P - Part 1I - Spec. Prop. (Fire, A.L., Inld. Ma., Earth., Burg. & Thft.)	57
Schedule D - Summary By Country	00	Schedule P - Part 1J - Auto Physical Damage	58
Schedule D - Verification Between Years		Schedule P - Part 1K - Fidelity/Surety	
Schedule DA - Part 1	E45	Schedule P - Part 1L - Other (Including Credit, Accident and Health)	
Schedule DA - Part 2 - Verification Between Years		Schedule P - Part 1M - International	61
Schedule DB - Part A - Section 1	E16	Schedule P - Part 1N - Reinsurance	
Schedule DB - Part A - Section 2	E16	Schedule P - Part 10 - Reinsurance	
Schedule DB - Part A - Section 3	⊏17	Schedule P - Part 1P - Reinsurance	C4
Schedule DB - Part A - Verification Between Years	30	Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	65
Schedule DB - Part B - Section 1		Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	66
Schedule DB - Part B - Section 2	= 4.0	Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	67
Schedule DB - Part B - Section 3	Г10	Schedule P - Part 2A - Homeowners/Farmowners	60
Schedule DB - Part B - Verification Between Years		Schedule P - Part 2B - Private Passenger Auto Liability/Medical	
Schedule DB - Part C - Section 1	Г10	Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	
Schedule DB - Part C - Section 2	Г10	Schedule P - Part 2D - Workers' Compensation	CO
Schedule DB - Part C - Section 3		Schedule P - Part 2E - Commercial Multiple Peril	60
Schedule DB - Part C - Verification Between Years		Schedule P - Part 2F - Section 1 - Medical Malpractice - Occurrence	
Schedule DB - Part D - Section 1	F20	Schedule P - Part 2F - Section 2 - Medical Malpractice - Claims-Made	69
Schedule DB - Part D - Section 2	E21	Schedule P - Part 2G - Spec. Liab. (Ocean, Marine, Aircr.(A.P.), Boiler & Mach.)	69

ALPHABETICAL INDEX (Continued)

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	69	Schedule P - Part 40 - Reinsurance	81
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	69	Schedule P - Part 4P - Reinsurance	81
Schedule P - Part 2I - Spec. Prop. (Fire, A.L., Inld. Ma., Earth., Burg. & Thft.)	70	Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	82
Schedule P - Part 2J - Auto Physical Damage	70	Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	82
Schedule P - Part 2K - Fidelity, Surety	70	Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	82
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	70	Schedule P - Part 5A - Homeowners/Farmowners	83
Schedule P - Part 2M - International	70	Schedule P - Part 5B - Private Passenger Auto Liability/Medical	84
Schedule P - Part 2N - Reinsurance	71	Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	85
Schedule P - Part 20 - Reinsurance	71	Schedule P - Part 5D - Workers' Compensation	86
Schedule P - Part 2P - Reinsurance	71	Schedule P - Part 5E - Commercial Multiple Peril	87
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	72	Schedule P - Part 5F - Medical Malpractice - Claims-Made	89
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	72	Schedule P - Part 5F - Medical Malpractice - Occurrence	88
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	72	Schedule P - Part 5H - Other Liability - Claims-Made	91
Schedule P - Part 3A - Homeowners/Farmowners	73	Schedule P - Part 5H - Other Liability - Occurrence	90
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	73	Schedule P - Part 5R - Products Liability - Claims-Made	93
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	73	Schedule P - Part 5R - Products Liability - Occurrence	92
Schedule P - Part 3D - Workers' Compensation	73	Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	94
Schedule P - Part 3E - Commercial Multiple Peril	73	Schedule P - Part 6D - Workers' Compensation	94
Schedule P - Part 3F - Section 1 - Medical Malpractice - Occurrence	74	Schedule P - Part 6E - Commercial Multiple Peril	95
Schedule P - Part 3F - Section 2 - Medical Malpractice - Claims-Made	74	Schedule P - Part 6H - Other Liability - Claims-Made	96
Schedule P - Part 3G - Spec. Liab. (Ocean, Marine, Aircr.(A.P.), Boiler & Mach.)	74	Schedule P - Part 6H - Other Liability - Occurrence	95
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	74	Schedule P - Part 6M - International	96
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	74	Schedule P - Part 6N - Reinsurance	97
Schedule P - Part 3I - Spec. Prop. (Fire, A.L., Inld. Ma., Earth., Burg. & Thft.)	75	Schedule P - Part 60 - Reinsurance	97
Schedule P - Part 3J - Auto Physical Damage	75	Schedule P - Part 6R - Products Liability - Claims-Made	98
Schedule P - Part 3K - Fidelity/Surety	75	Schedule P - Part 6R - Products Liability - Occurrence	98
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	75	Schedule P - Part 7A - Primary Loss Sensitive Contracts	99
Schedule P - Part 3M - International	75	Schodulo D. Part 7D. Paincurance Loss Soppitive Contracts	101
Schedule P - Part 3N - Reinsurance		Schedule P - Parts 2, 3 and 4 - Summary	
Schedule P - Part 30 - Reinsurance		Schedule P Interrogatories	
0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	70	Schedule T - Exhibit of Premiums Written	104
Schedule P - Part 3P - Reinsurance Schedule P - Part 3R - Section 1 - Products Liability - Occurrence		Schedule T - Part 2 - Interstate Compact	105
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made		Schedule Y - Info. Concerning Activities of Insurer Mmbrs. of a Holding Co. Grp.	
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty		Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	
Schedule P - Part 4A - Homeowners/Farmowners		01-11	
Schedule P - Part 4B - Private Passenger Auto Liability/Medical		Statement or income Summary Investment Schedule	
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical		Underwriting and Investment Exhibit Part 1	
Schedule P - Part 4D - Workers' Compensation		Underwriting and Investment Exhibit Part 1A	
Schedule P - Part 4E - Commercial Multiple Peril		Underwriting and Investment Exhibit Part 1B	
Schedule P - Part 4F - Section 1 - Medical Malpractice - Occurrence			_
Schedule P - Part 4F - Section 2 - Medical Malpractice - Claims-Made		Underwriting and Investment Exhibit Part 2 Underwriting and Investment Exhibit Part 2A	
Schedule P - Part 4G - Spec. Liab. (Ocean, Marine, Aircr.(A.P.), Boiler & Mach.)		Underwriting and Investment Exhibit Part 3	
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence			
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made			
Schedule P - Part 4I - Spec. Prop. (Fire, A.L., Inld. Ma., Earth., Burg. & Thft.)			
Schedule P - Part 4J - Auto Physical Damage			
Schedule P - Part 4K - Fidelity/Surety Schedule P - Part 4L - Other (Including Credit, Accident and Health)			
Schedule P - Part 4M - International			
Schedule P - Part 4N - Reinsurance	0 1		