

# Official NAIC Annual Statement Blank

Health

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For the 2006 reporting year



**National Association  
Of Insurance Commissioners**

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Revised Edition

ISBN 1-59917-032-9

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Printed in the United States of America

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Updates to this publication are located on the NAIC web site. Go to [naic.org](http://naic.org). Under Industry Quick Links, select Blanks Revisions. Select “2006 Blanks Revisions.”

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**ANNUAL STATEMENT**

**OF THE**

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**of** \_\_\_\_\_

**in the state of** \_\_\_\_\_

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE YEAR ENDED  
DECEMBER 31, 2006**

**HEALTH**

**2006**

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# ANNUAL STATEMENT

FOR THE YEAR ENDING \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Month) (Day) (Year)

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

\_\_\_\_\_  
(Name)

NAIC Group Code \_\_\_\_\_, \_\_\_\_\_ NAIC Company Code \_\_\_\_\_ Employer's ID Number \_\_\_\_\_  
(Current Period) (Prior Period)

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_

Country of Domicile \_\_\_\_\_

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ ] Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized \_\_\_\_\_ Commenced Business \_\_\_\_\_

Statutory Home Office \_\_\_\_\_, \_\_\_\_\_  
(Street and Number) (City, State and Zip Code)

Main Administrative Office \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address \_\_\_\_\_, \_\_\_\_\_  
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address \_\_\_\_\_

Statutory Statement Contact \_\_\_\_\_, \_\_\_\_\_  
(Name)(Area Code) (Telephone Number) (Extension)  
\_\_\_\_\_  
(E-Mail Address) (Fax Number)

Policyowner Relations Contact \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_  
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

## OFFICERS

**Name Title Name Title**  
1. \_\_\_\_\_, \_\_\_\_\_ Other \_\_\_\_\_, \_\_\_\_\_  
2. \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_  
3. \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_  
4. \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_

## DIRECTORS OR TRUSTEES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of \_\_\_\_\_

ss

County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_  
\_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Printed Name) \_\_\_\_\_  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_  
(Title) \_\_\_\_\_ (Title) \_\_\_\_\_ (Title) \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2007

- a. Is this an original filing? Yes [ ] No [ ]  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
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 (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances) ..				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA).....				
6. Contract loans (including \$..... premium notes).....				
7. Other invested assets (Schedule BA).....				
8. Receivables for securities.....				
9. Aggregate write-ins for invested assets.....				
10. Subtotals, cash and invested assets (Lines 1 to 9).....				
11. Title plants less \$..... charged off (for Title insurers only).....				
12. Investment income due and accrued.....				
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection.....				
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
13.3 Accrued retrospective premiums.....				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers.....				
14.2 Funds held by or deposited with reinsured companies.....				
14.3 Other amounts receivable under reinsurance contracts.....				
15. Amounts receivable relating to uninsured plans.....				
16.1 Current federal and foreign income tax recoverable and interest thereon.....				
16.2 Net deferred tax asset.....				
17. Guaranty funds receivable or on deposit.....				
18. Electronic data processing equipment and software.....				
19. Furniture and equipment, including health care delivery assets (\$.....).....				
20. Net adjustment in assets and liabilities due to foreign exchange rates.....				
21. Receivables from parent, subsidiaries and affiliates.....				
22. Health care (\$.....) and other amounts receivable.....				
23. Aggregate write-ins for other than invested assets.....				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....				
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
26. Total (Lines 24 and 25)				
<b>DETAILS OF WRITE-INS</b>				
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)				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$.....current) and interest thereon \$.....(including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Payable for securities.....				
17. Funds held under reinsurance treaties (with \$..... authorized reinsurers and \$..... unauthorized reinsurers).....				
18. Reinsurance in unauthorized companies.....				
19. Net adjustments in assets and liabilities due to foreign exchange rates.....				
20. Liability for amounts held under uninsured plans.....				
21. Aggregate write-ins for other liabilities (including \$..... current).....				
22. Total liabilities (Lines 1 to 21).....				
23. Aggregate write-ins for special surplus funds.....	XXX	XXX		
24. Common capital stock.....	XXX	XXX		
25. Preferred capital stock.....	XXX	XXX		
26. Gross paid in and contributed surplus.....	XXX	XXX		
27. Surplus notes.....	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds.....	XXX	XXX		
29. Unassigned funds (surplus).....	XXX	XXX		
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24 \$.....)	XXX	XXX		
30.2 ..... shares preferred (value included in Line 25 \$.....)	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30).....	XXX	XXX		
32. Total liabilities, capital and surplus (Lines 22 and 31).....	XXX	XXX		
<b>DETAILS OF WRITE-INS</b>				
2101. ....				
2102. ....				
2103. ....				
2198. Summary of remaining write-ins for Line 21 from overflow page.....				
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above).....				
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	XXX	XXX		
2801. ....	XXX	XXX		
2802. ....	XXX	XXX		
2803. ....	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX		
2. Net premium income (including \$..... non-health premium income).....	XXX		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$..... medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX		
7. Aggregate write-ins for other non-health revenues.....	XXX		
8. Total revenues (Lines 2 to 7).....	XXX		
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....			
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....			
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....			
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....			
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$..... cost containment expenses.....			
21. General administrative expenses.....			
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....			
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX		
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....			
26. Net realized capital gains (losses) less capital gains tax of \$.....			
27. Net investment gains (losses) (Lines 25 plus 26).....			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....			
29. Aggregate write-ins for other income or expenses.....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX		
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX		
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX		
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....			
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....			

**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL & SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year.....	.....	.....
34. Net income or (loss) from Line 32.....	.....	.....
35. Change in valuation basis of aggregate policy and claim reserves .....	.....	.....
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....	.....	.....
37. Change in net unrealized foreign exchange capital gain or (loss).....	.....	.....
38. Change in net deferred income tax .....	.....	.....
39. Change in nonadmitted assets.....	.....	.....
40. Change in unauthorized reinsurance.....	.....	.....
41. Change in treasury stock.....	.....	.....
42. Change in surplus notes.....	.....	.....
43. Cumulative effect of changes in accounting principles .....	.....	.....
44. Capital Changes:		
44.1 Paid in .....	.....	.....
44.2 Transferred from surplus (Stock Dividend).....	.....	.....
44.3 Transferred to surplus.....	.....	.....
45. Surplus adjustments:		
45.1 Paid in .....	.....	.....
45.2 Transferred to capital (Stock Dividend).....	.....	.....
45.3 Transferred from capital .....	.....	.....
46. Dividends to stockholders.....	.....	.....
47. Aggregate write-ins for gains or (losses) in surplus.....	.....	.....
48. Net change in capital and surplus (Lines 34 to 47).....	.....	.....
49. Capital and surplus end of reporting year (Line 33 plus 48)	.....	.....
<b>DETAILS OF WRITE-INS</b>		
4701. ....	.....	.....
4702. ....	.....	.....
4703. ....	.....	.....
4798. Summary of remaining write-ins for Line 47 from overflow page.....	.....	.....
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	.....	.....

**CASH FLOW**

<b>Cash from Operations</b>	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....	.....	.....
2. Net investment income.....	.....	.....
3. Miscellaneous income.....	.....	.....
4. Total (Lines 1 through 3).....	.....	.....
5. Benefit and loss related payments .....	.....	.....
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions .....	.....	.....
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) \$ ..... net of tax on capital gains (losses) .....	.....	.....
10. Total (Lines 5 through 9).....	.....	.....
11. Net cash from operations (Line 4 minus Line 10).....	.....	.....
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	.....	.....
12.2 Stocks.....	.....	.....
12.3 Mortgage loans .....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets .....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	.....	.....
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	.....	.....
13.2 Stocks.....	.....	.....
13.3 Mortgage loans .....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets .....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.....	.....
14. Net increase (decrease) in contract loans and premium notes .....	.....	.....
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	.....	.....
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	.....	.....
16.2 Capital and paid in surplus, less treasury stock .....	.....	.....
16.3 Borrowed funds .....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....
16.5 Dividends to stockholders .....	.....	.....
16.6 Other cash provided (applied).....	.....	.....
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	.....	.....
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	.....	.....
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	.....	.....
19.2 End of year (Line 18 plus Line 19.1).....	.....	.....

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 .....	.....	.....
20.0002 .....	.....	.....
20.0003 .....	.....	.....
20.9996 .....	.....	.....



ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Stop Loss	10 Disability Income	11 Long-Term Care	12 Other Health	13 Other Non-Health
1. Net premium income.....													
2. Change in unearned premium reserves and reserve for rate credit.....													
3. Fee-for-service (net of \$..... medical expenses)													XXX
4. Risk revenue.....													XXX
5. Aggregate write-ins for other health care related revenues.....													XXX
6. Aggregate write-ins for other non-health care related revenues.....													XXX
7. Total revenues (Lines 1 to 6)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Hospital/medical benefits.....													XXX
9. Other professional services.....													XXX
10. Outside referrals.....													XXX
11. Emergency room and out-of-area.....													XXX
12. Prescription drugs.....													XXX
13. Aggregate write-ins for other hospital and medical.....													XXX
14. Incentive pool, withhold adjustments and bonus amounts.....													XXX
15. Subtotal (Lines 8 to 14)													XXX
16. Net reinsurance recoveries.....													XXX
17. Total hospital and medical (Lines 15 minus 16)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
18. Non-health claims (net).....													XXX
19. Claims adjustment expenses including \$..... cost containment expenses.....													XXX
20. General administrative expenses.....													XXX
21. Increase in reserves for accident and health contracts.....													XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)													XXX
24. Net underwriting gain or (loss) (Line 7 minus Line 23)													XXX
<b>DETAILS OF WRITE-INS</b>													
0501.....													XXX
0502.....													XXX
0503.....													XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....													XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0601.....													XXX
0602.....													XXX
0603.....													XXX
0698. Summary of remaining write-ins for Line 6 from overflow page.....													XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301.....													XXX
1302.....													XXX
1303.....													XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....													XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)													XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 1 – PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	.....	.....	.....	.....
2. Medicare Supplement	.....	.....	.....	.....
3. Dental only	.....	.....	.....	.....
4. Vision only	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan	.....	.....	.....	.....
6. Title XVIII – Medicare	.....	.....	.....	.....
7. Title XIX – Medicaid	.....	.....	.....	.....
8. Stop loss	.....	.....	.....	.....
9. Disability income	.....	.....	.....	.....
10. Long-term care	.....	.....	.....	.....
11. Other health	.....	.....	.....	.....
12. Health subtotal (Lines 1 through 11)	.....	.....	.....	.....
13. Life	.....	.....	.....	.....
14. Property/casualty	.....	.....	.....	.....
15. Totals (Lines 12 to 14)	.....	.....	.....	.....

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XXVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:													
1.1 Direct													
1.2 Reinsurance assumed													
1.3 Reinsurance ceded													
1.4 Net													
2. Paid medical incentive pools and bonuses													
3. Claim liability December 31, current year from Part 2A:													
3.1 Direct													
3.2 Reinsurance assumed													
3.3 Reinsurance ceded													
3.4 Net													
4. Claim reserve December 31, current year from Part 2D:													
4.1 Direct													
4.2 Reinsurance assumed													
4.3 Reinsurance ceded													
4.4 Net													
5. Accrued medical incentive pools and bonuses, current year													
6. Net healthcare receivables (a)													
7. Amounts recoverable from reinsurers December 31, current year													
8. Claim liability December 31, prior year from Part 2A:													
8.1 Direct													
8.2 Reinsurance assumed													
8.3 Reinsurance ceded													
8.4 Net													
9. Claim reserve December 31, prior year from Part 2D:													
9.1 Direct													
9.2 Reinsurance assumed													
9.3 Reinsurance ceded													
9.4 Net													
10. Accrued medical incentive pools and bonuses, prior year													
11. Amounts recoverable from reinsurers December 31, prior year													
12. Incurred benefits:													
12.1 Direct													
12.2 Reinsurance assumed													
12.3 Reinsurance ceded													
12.4 Net													
13. Incurred medical incentive pools and bonuses													

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:													
1.1 Direct.....													
1.2 Reinsurance assumed.....													
1.3 Reinsurance ceded.....													
1.4 Net.....													
2. Incurred but Unreported:													
2.1 Direct.....													
2.2 Reinsurance assumed.....													
2.3 Reinsurance ceded.....													
2.4 Net.....													
3. Amounts Withheld from Paid Claims and Capitations:													
3.1 Direct.....													
3.2 Reinsurance assumed.....													
3.3 Reinsurance ceded.....													
3.4 Net.....													
4. TOTALS:													
4.1 Direct.....													
4.2 Reinsurance assumed.....													
4.3 Reinsurance ceded.....													
4.4 Net.....													

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year				Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year				
1. Comprehensive (hospital and medical).....	.....	.....	.....	.....	.....	.....	.....	
2. Medicare Supplement.....	.....	.....	.....	.....	.....	.....	.....	
3. Dental Only.....	.....	.....	.....	.....	.....	.....	.....	
4. Vision Only.....	.....	.....	.....	.....	.....	.....	.....	
5. Federal Employees Health Benefits Plan.....	.....	.....	.....	.....	.....	.....	.....	
6. Title XVIII – Medicare.....	.....	.....	.....	.....	.....	.....	.....	
7. Title XIX – Medicaid.....	.....	.....	.....	.....	.....	.....	.....	
8. Other health.....	.....	.....	.....	.....	.....	.....	.....	
9. Health subtotal (Lines 1 to 8).....	.....	.....	.....	.....	.....	.....	.....	
10. Healthcare receivables (a).....	.....	.....	.....	.....	.....	.....	.....	
11. Other non-health.....	.....	.....	.....	.....	.....	.....	.....	
12. Medical incentive pools and bonus amounts.....	.....	.....	.....	.....	.....	.....	.....	
13. Totals (Lines 9-10+11+12)	.....	.....	.....	.....	.....	.....	.....	

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (000 Omitted)

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	.....	.....	.....	.....	.....
2. 2002	.....	.....	.....	.....	.....
3. 2003	XXX	.....	.....	.....	.....
4. 2004	XXX	XXX	.....	.....	.....
5. 2005	XXX	XXX	XXX	.....	.....
6. 2006	XXX	XXX	XXX	XXX	.....

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2002	2 2003	3 2004	4 2005	5 2006
1. Prior	.....	.....	.....	.....	.....
2. 2002	.....	.....	.....	.....	.....
3. 2003	XXX	.....	.....	.....	.....
4. 2004	XXX	XXX	.....	.....	.....
5. 2005	XXX	XXX	XXX	.....	.....
6. 2006	XXX	XXX	XXX	XXX	.....

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2002	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
1. Unearned premium reserves.....												
2. Additional policy reserves (a).....												
3. Reserve for future contingent benefits.....												
4. Reserve for rate credits or experience rating refunds (including \$.....) for investment income.....												
5. Aggregate write-ins for other policy reserves.....												
6. Totals (gross).....												
7. Reinsurance ceded.....												
8. Totals (Net) (Page 3, Line 4).....												
9. Present value of amounts not yet due on claims.....												
10. Reserve for future contingent benefits.....												
11. Aggregate write-ins for other claim reserves.....												
12. Totals (gross).....												
13. Reinsurance ceded.....												
14. Totals (Net) (Page 3, Line 7).....												
<b>DETAILS OF WRITE-INS</b>												
0501. ....												
0502. ....												
0503. ....												
0598. Summary of remaining write-ins for Line 5 from overflow page.....												
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....												
1101. ....												
1102. ....												
1103. ....												
1198. Summary of remaining write-ins for Line 11 from overflow page.....												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....												

(a) Includes \$..... premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 – ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$..... for occupancy of own building) .....	.....	.....	.....	.....	.....
2. Salaries, wages and other benefits .....	.....	.....	.....	.....	.....
3. Commissions (less \$..... ceded plus \$..... assumed) .....	.....	.....	.....	.....	.....
4. Legal fees and expenses .....	.....	.....	.....	.....	.....
5. Certifications and accreditation fees .....	.....	.....	.....	.....	.....
6. Auditing, actuarial and other consulting services .....	.....	.....	.....	.....	.....
7. Traveling expenses .....	.....	.....	.....	.....	.....
8. Marketing and advertising .....	.....	.....	.....	.....	.....
9. Postage, express and telephone .....	.....	.....	.....	.....	.....
10. Printing and office supplies .....	.....	.....	.....	.....	.....
11. Occupancy, depreciation and amortization .....	.....	.....	.....	.....	.....
12. Equipment .....	.....	.....	.....	.....	.....
13. Cost or depreciation of EDP equipment and software .....	.....	.....	.....	.....	.....
14. Outsourced services including EDP, claims, and other services .....	.....	.....	.....	.....	.....
15. Boards, bureaus and association fees .....	.....	.....	.....	.....	.....
16. Insurance, except on real estate .....	.....	.....	.....	.....	.....
17. Collection and bank service charges .....	.....	.....	.....	.....	.....
18. Group service and administration fees .....	.....	.....	.....	.....	.....
19. Reimbursements by uninsured plans .....	.....	.....	.....	.....	.....
20. Reimbursements from fiscal intermediaries .....	.....	.....	.....	.....	.....
21. Real estate expenses .....	.....	.....	.....	.....	.....
22. Real estate taxes .....	.....	.....	.....	.....	.....
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	.....	.....	.....	.....	.....
23.2 State premium taxes .....	.....	.....	.....	.....	.....
23.3 Regulatory authority licenses and fees .....	.....	.....	.....	.....	.....
23.4 Payroll taxes .....	.....	.....	.....	.....	.....
23.5 Other (excluding federal income and real estate taxes) .....	.....	.....	.....	.....	.....
24. Investment expenses not included elsewhere .....	.....	.....	.....	.....	.....
25. Aggregate write-ins for expenses .....	.....	.....	.....	.....	.....
26. Total expenses incurred (Lines 1 to 25) .....	.....	.....	.....	.....	(a) .....
27. Less expenses unpaid December 31, current year .....	.....	.....	.....	.....	.....
28. Add expenses unpaid December 31, prior year .....	.....	.....	.....	.....	.....
29. Amounts receivable relating to uninsured plans, prior year .....	.....	.....	.....	.....	.....
30. Amounts receivable relating to uninsured plans, current year .....	.....	.....	.....	.....	.....
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	.....	.....	.....	.....	.....
<b>DETAIL OF WRITE-INS</b>					
2501. ....	.....	.....	.....	.....	.....
2502. ....	.....	.....	.....	.....	.....
2503. ....	.....	.....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....	.....	.....
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)	.....	.....	.....	.....	.....

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



**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1.	U. S. Government bonds .....	(a) .....	.....
1.1	Bonds exempt from U. S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....	.....
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e) .....	.....
7.	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	Total gross investment income .....	.....	.....
11.	Investment expenses .....	.....	(g) .....
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) .....	.....	.....
17.	Net investment income (Line 10 minus Line 16) .....	.....	.....
<b>DETAILS OF WRITE-INS</b>			
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) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15, above) .....	.....	.....

- (a) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (b) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued dividends on purchases.
- (c) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (d) Includes \$ \_\_\_\_\_ for company's occupancy of its own buildings; and excludes \$ \_\_\_\_\_ interest on encumbrances.
- (e) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (f) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium.
- (g) Includes \$ \_\_\_\_\_ investment expenses and \$ \_\_\_\_\_ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ \_\_\_\_\_ interest on surplus notes and \$ \_\_\_\_\_ interest on capital notes.
- (i) Includes \$ \_\_\_\_\_ depreciation on real estate and \$ \_\_\_\_\_ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Unrealized Increases (Decreases) by Adjustment	4 Total
1.	U. S. Government bonds .....	.....	.....	.....	.....
1.1	Bonds exempt from U. S. tax .....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....
10.	Total capital gains (losses) .....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>					
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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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:			
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 .....			
13.3 Accrued retrospective premiums .....			
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers .....			
14.2 Funds held by or deposited with reinsured companies .....			
14.3 Other amounts receivable under reinsurance contracts .....			
15. Amounts receivable relating to uninsured plans .....			
16.1 Current federal and foreign income tax recoverable and interest thereon .....			
16.2 Net deferred tax asset .....			
17. Guaranty funds receivable or on deposit .....			
18. Electronic data processing equipment and software .....			
19. Furniture and equipment, including health care delivery assets .....			
20. Net adjustment in assets and liabilities due to foreign exchange rates .....			
21. Receivables from parent, subsidiaries and affiliates .....			
22. Health care and other amounts receivable .....			
23. Aggregate write-ins for other than invested assets .....			
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....			
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
26. Total (Lines 24 and 25) .....			
<b>DETAILS OF WRITE-INS</b>			
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) .....			
2301. ....			
2302. ....			
2303. ....			
2398. Summary of remaining write-ins for Line 23 from overflow page .....			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....			

**EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health Maintenance Organizations.....	.....	.....	.....	.....	.....	.....
2. Provider/Service Organizations.....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations.....	.....	.....	.....	.....	.....	.....
4. Point of Service.....	.....	.....	.....	.....	.....	.....
5. Indemnity Only.....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business.....	.....	.....	.....	.....	.....	.....
7. Total	.....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>						
0601. ....	.....	.....	.....	.....	.....	.....
0602. ....	.....	.....	.....	.....	.....	.....
0603. ....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.....	.....	.....	.....	.....	.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	.....	.....	.....	.....	.....	.....

**EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

	1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999	Total individuals.....						
	Group subscribers:						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
0299997	Group subscriber subtotal.....						
0299998	Premiums due and unpaid not individually listed.....						
0299999	Total group.....						
0399999	Premiums due and unpaid from Medicare entities.....						
0499999	Premiums due and unpaid from Medicaid entities.....						
0599999	Accident and health premiums due and unpaid (Page 2, Line 13)						





**EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted	
						Current	8 Non-Current
0199999	Individually listed receivables						
0299999	Receivables not individually listed						
0399999	Total gross amounts receivable						





**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
5. Fee-for-service .....		XXX		XXX		
6. Contractual fee payments .....		XXX		XXX		
7. Bonus/withhold arrangements – fee-for-service .....		XXX		XXX		
8. Bonus/withhold arrangements – contractual fee payments.....		XXX		XXX		
9. Non-contingent salaries .....		XXX		XXX		
10. Aggregate cost arrangements .....		XXX		XXX		
11. All other payments.....		XXX		XXX		
12. Total other payments.....		XXX		XXX		
13. Total (Line 4 plus Line 12)		100%	XXX	XXX		

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	.....	.....	.....	.....	.....	.....
2. Medical furniture, equipment and fixtures.....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies.....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment.....	.....	.....	.....	.....	.....	.....
5. Other property and equipment						
6. Total						

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**NOTES TO FINANCIAL STATEMENTS**

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**SUMMARY INVESTMENT SCHEDULE**

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

## GENERAL INTERROGATORIES

### PART 1 – COMMON INTERROGATORIES

#### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [ ]
- 1.3 State Regulating? \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ ]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 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. \_\_\_\_\_
- 3.3 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? .....
- 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 [ ]
- 4.12 renewals? Yes [ ] No [ ]
- 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 [ ]
- 4.22 renewals? Yes [ ] No [ ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ ]
- 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 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 [ ]
- 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 [ ]
- 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 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes  No

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 .....  
 .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes  No

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?.....  
 .....

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No

11.11 Name of real estate holding company \_\_\_\_\_

11.12 Number of parcels involved \_\_\_\_\_

11.13 Total book/adjusted carrying value \$ \_\_\_\_\_

11.2 If yes, provide explanation:.....  
 .....

**FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....  
 .....

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes  No

12.3 Have there been any changes made to any of the trust indentures during the year? Yes  No

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes  No  N/A

**BOARD OF DIRECTORS**

13. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes  No

14. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes  No

15. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes  No

**FINANCIAL**

16.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

16.11 To directors or other officers \$ \_\_\_\_\_

16.12 To stockholders not officers \$ \_\_\_\_\_

16.13 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_

16.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

16.21 To directors or other officers \$ \_\_\_\_\_

16.22 To stockholders not officers \$ \_\_\_\_\_

16.23 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_

17.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes  No

17.2 If yes, state the amount thereof at December 31 of the current year:

17.21 Rented from others \$ \_\_\_\_\_

17.22 Borrowed from others \$ \_\_\_\_\_

17.23 Leased from others \$ \_\_\_\_\_

17.24 Other \$ \_\_\_\_\_

18.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes  No

18.2 If answer is yes:

18.21 Amount paid as losses or risk adjustment \$ \_\_\_\_\_

18.22 Amount paid as expenses \$ \_\_\_\_\_

18.23 Other amounts paid \$ \_\_\_\_\_

19.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No

19.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_

## GENERAL INTERROGATORIES

### INVESTMENT

20.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E – Part 3 – Special Deposits? Yes [ ] No [ ]

20.2 If no, give full and complete information, relating thereto.....

21.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on Schedule E – Part 3 – Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 17.1). Yes [ ] No [ ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21	Loaned to others	\$	
21.22	Subject to repurchase agreements	\$	
21.23	Subject to reverse repurchase agreements	\$	
21.24	Subject to dollar repurchase agreements	\$	
21.25	Subject to reverse dollar repurchase agreements	\$	
21.26	Pledged as collateral	\$	
21.27	Placed under option agreements	\$	
21.28	Letter stock or securities restricted as to sale	\$	
21.29	Other	\$	

21.3 For category (21.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

22.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ ]

22.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
 If no, attach a description with this statement.

23.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ ]

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

**GENERAL INTERROGATORIES**

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

Yes [ ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address

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

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

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year?

Yes [ ] No [ ]

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

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

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

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

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

Yes [ ] No [ ]

25.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
25.2999	TOTAL	

25.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation



**GENERAL INTERROGATORIES**

26. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
26.1 Bonds			
26.2 Preferred stocks			
26.3 Totals			

26.4 Describe the sources or methods utilized in determining the fair values:.....  
 .....  
 .....

27.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [ ] No [ ]

27.2 If no, list exceptions: .....  
 .....

**OTHER**

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ \_\_\_\_\_

28.2 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 Name	2 Amount Paid
	\$
	\$
	\$
	\$

29.1 Amount of payments for legal expenses, if any? \$ \_\_\_\_\_

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

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

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

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

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

## GENERAL INTERROGATORIES

### PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes <input type="checkbox"/> No <input type="checkbox"/>
1.2	If yes, indicate premium earned on U. S. business only.	\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
	1.31 Reason for excluding .....		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	\$	
	1.62 Total incurred claims	\$	
	1.63 Number of covered lives		
	All years prior to most current three years:		
	1.64 Total premium earned	\$	
	1.65 Total incurred claims	\$	
	1.66 Number of covered lives		
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	\$	
	1.72 Total incurred claims	\$	
	1.73 Number of covered lives		
	All years prior to most current three years:		
	1.74 Total premium earned	\$	
	1.75 Total incurred claims	\$	
	1.76 Number of covered lives		
2.	Health Test:		
		1	2
		Current Year	Prior Year
	2.1 Premium Numerator	\$	\$
	2.2 Premium Denominator	\$	\$
	2.3 Premium Ratio (2.1/2.2)		
	2.4 Reserve Numerator	\$	\$
	2.5 Reserve Denominator	\$	\$
	2.6 Reserve Ratio (2.4/2.5)		
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2	If yes, give particulars: .....		
	.....		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.1	Does the reporting entity have stop-loss reinsurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2	If no, explain: .....		
5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical	\$	
	5.32 Medical Only	\$	
	5.33 Medicare Supplement	\$	
	5.34 Dental	\$	
	5.35 Other Limited Benefit Plan	\$	
	5.36 Other	\$	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:.....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?		Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2	If no, give details .....		
	.....		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year		
	8.2 Number of providers at end of reporting year		
9.1	Does the reporting entity have business subject to premium rate guarantees?		Yes <input type="checkbox"/> No <input type="checkbox"/>
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months		
	9.22 Business with rate guarantees over 36 months		

**GENERAL INTERROGATORIES**

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ \_\_\_\_\_
- 10.22 Amount actually paid for year bonuses \$ \_\_\_\_\_
- 10.23 Maximum amount payable withholds \$ \_\_\_\_\_
- 10.24 Amount actually paid for year withholds \$ \_\_\_\_\_
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ ]
- 11.14 A Mixed Model (combination of above)? Yes [ ] No [ ]
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [ ] No [ ]
- 11.3 If yes, show the name of the state requiring such net worth. \_\_\_\_\_
- 11.4 If yes, show the amount required. \$ \_\_\_\_\_
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ ]
- 11.6 If the amount is calculated, show the calculation .....  
 .....  
 .....
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

**FIVE – YEAR HISTORICAL DATA**

	1 2006	2 2005	3 2004	4 2003	5 2002
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26).....					
2. Total liabilities (Page 3, Line 22).....					
3. Statutory surplus .....					
4. Total capital and surplus (Page 3, Line 31).....					
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....					
<b>Risk-Based Capital Analysis</b>					
13. Total adjusted capital.....					
14. Authorized control level risk-based capital.....					
<b>Enrollment</b> (Exhibit 1)					
15. Total members at end of period (Column 5, Line 7).....					
16. Total members months (Column 6, Line 7).....					
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
17. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
18. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....					
19. Cost containment expenses.....				XXX	XXX
20. Other claims adjustment expenses.....					
21. Total underwriting deductions (Line 23).....					
22. Total underwriting gain (loss) (Line 24).....					
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
23. Total claims incurred for prior years (Line 13, Col. 5).....					
24. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]					
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
25. Affiliated bonds (Sch. D Summary, Line 25, Col. 1).....					
26. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1).....					
27. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2).....					
28. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11).....					
29. Affiliated mortgage loans on real estate.....					
30. All other affiliated.....					
31. Total of above Lines 25 to 30					

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_ (LOCATION)

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF \_\_\_\_\_ DURING THE YEAR \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

	1		2		3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Comprehensive (Hospital & Medical)	Group											
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services															
18. Amount Incurred for Provision of Health Care Services															

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_.

**SCHEDULE A – VERIFICATION BETWEEN YEARS**  
Real Estate

Table with 11 main rows and sub-rows for adjustments. Includes items like 'Book/adjusted carrying value, December 31, prior year', 'Increase (decrease) by adjustment', 'Cost of acquired', 'Cost of additions and permanent improvements', 'Total profit (loss) on sales', 'Increase (decrease) by foreign exchange adjustment', 'Amounts received on sales', 'Book/adjusted carrying value at the end of current period', 'Total valuation allowance', 'Subtotal (Lines 8 plus 9)', 'Total nonadmitted amounts', and 'Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)'.

**SCHEDULE B – VERIFICATION BETWEEN YEARS**  
Mortgage Loans

Table with 13 main rows and sub-rows for adjustments. Includes items like 'Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year', 'Amount loaned during year', 'Accrual of discount and mortgage interest points and commitment fees', 'Increase (decrease) by adjustment', 'Total profit (loss) on sale', 'Amounts paid on account or in full during the year', 'Amortization of premium', 'Increase (decrease) by foreign exchange adjustment', 'Book value/recorded investment excluding accrued interest on mortgages owned at end of current period', 'Total valuation allowance', 'Subtotal (Lines 9 plus 10)', 'Total nonadmitted amounts', and 'Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)'.

**SCHEDULE BA – VERIFICATION BETWEEN YEARS**  
Long-Term Invested Assets

Table with 13 main rows and sub-rows for adjustments. Includes items like 'Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year', 'Cost of acquisitions during year', 'Accrual of discount', 'Increase (decrease) by adjustment', 'Total profit (loss) on sale', 'Amounts paid on account or in full during the year', 'Amortization of premium', 'Increase (decrease) by foreign exchange adjustment', 'Book/adjusted carrying value of long-term invested assets at end of current period', 'Total valuation allowance', 'Subtotal (Lines 9 plus 10)', 'Total nonadmitted amounts', and 'Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)'.

**SCHEDULE D – SUMMARY BY COUNTRY**  
 Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	.....	.....	.....	.....
	2. Canada.....	.....	.....	.....	.....
	3. Other Countries	.....	.....	.....	.....
	4. Totals	.....	.....	.....	.....
States, Territories and Possessions (Direct and guaranteed)	5. United States .....	.....	.....	.....	.....
	6. Canada.....	.....	.....	.....	.....
	7. Other Countries	.....	.....	.....	.....
	8. Totals	.....	.....	.....	.....
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States .....	.....	.....	.....	.....
	10. Canada.....	.....	.....	.....	.....
	11. Other Countries	.....	.....	.....	.....
	12. Totals	.....	.....	.....	.....
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States .....	.....	.....	.....	.....
	14. Canada.....	.....	.....	.....	.....
	15. Other Countries	.....	.....	.....	.....
	16. Totals	.....	.....	.....	.....
Public Utilities (unaffiliated)	17. United States .....	.....	.....	.....	.....
	18. Canada.....	.....	.....	.....	.....
	19. Other Countries	.....	.....	.....	.....
	20. Totals	.....	.....	.....	.....
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States .....	.....	.....	.....	.....
	22. Canada.....	.....	.....	.....	.....
	23. Other Countries	.....	.....	.....	.....
	24. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	25. Totals	.....	.....	.....	.....
	<b>26. Total Bonds</b>	.....	.....	.....	.....
<b>PREFERRED STOCKS</b>					
Public Utilities (unaffiliated)	27. United States .....	.....	.....	.....	.....
	28. Canada.....	.....	.....	.....	.....
	29. Other Countries	.....	.....	.....	.....
	30. Totals	.....	.....	.....	.....
Banks, Trust and Insurance Companies (unaffiliated)	31. United States .....	.....	.....	.....	.....
	32. Canada.....	.....	.....	.....	.....
	33. Other Countries	.....	.....	.....	.....
	34. Totals	.....	.....	.....	.....
Industrial and Miscellaneous (unaffiliated)	35. United States .....	.....	.....	.....	.....
	36. Canada.....	.....	.....	.....	.....
	37. Other Countries	.....	.....	.....	.....
	38. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	39. Totals	.....	.....	.....	.....
	<b>40. Total Preferred Stocks</b>	.....	.....	.....	.....
<b>COMMON STOCKS</b>					
Public Utilities (unaffiliated)	41. United States .....	.....	.....	.....	.....
	42. Canada.....	.....	.....	.....	.....
	43. Other Countries	.....	.....	.....	.....
	44. Totals	.....	.....	.....	.....
Banks, Trust and Insurance Companies (unaffiliated)	45. United States .....	.....	.....	.....	.....
	46. Canada.....	.....	.....	.....	.....
	47. Other Countries	.....	.....	.....	.....
	48. Totals	.....	.....	.....	.....
Industrial and Miscellaneous (unaffiliated)	49. United States .....	.....	.....	.....	.....
	50. Canada.....	.....	.....	.....	.....
	51. Other Countries	.....	.....	.....	.....
	52. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	53. Totals	.....	.....	.....	.....
	<b>54. Total Common Stocks</b>	.....	.....	.....	.....
	55. Total Stocks	.....	.....	.....	.....
	56. Total Bonds and Stocks	.....	.....	.....	.....

**SCHEDULE D – VERIFICATION BETWEEN YEARS**

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year.....	_____	7. Amortization of premium .....	_____
2. Cost of bonds and stocks acquired, Column 7, Part 3 .....	_____	8. Foreign Exchange Adjustment:	_____
3. Accrual of discount.....	_____	8.1 Column 15, Part 1 .....	_____
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1 .....	_____
4.1 Columns 12 – 14, Part 1.....	_____	8.3 Column 16, Part 2, Section 2 .....	_____
4.2 Columns 15 – 17, Part 2, Section 1.....	_____	8.4 Column 15, Part 4 .....	_____
4.3 Column 15, Part 2, Section 2 .....	_____	9. Book/adjusted carrying value at end of current period .....	_____
4.4 Columns 11 – 13, Part 4.....	_____	10. Total valuation allowance.....	_____
5. Total gain (loss), Column 19, Part 4.....	_____	11. Subtotal (Line 9 plus Line 10) .....	_____
6. Deduct consideration for bonds and stocks disposed of Column 7, Part 4 .....	_____	12. Total nonadmitted amounts .....	_____
		13. Statement value of bonds and stocks, current period.....	_____

**SCHEDULE D – PART 1A – SECTION 1**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals											
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											



**SCHEDULE D – PART 1A – SECTION 1 (continued)**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

**SCHEDULE D – PART 1A – SECTION 1 (continued)**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1								XXX	XXX		
10.2 Class 2								XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4								XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals						(b)	XXX	XXX	XXX		
10.8 Line 10.7 as a % of Col. 6							XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Class 1						XXX					
11.2 Class 2						XXX					
11.3 Class 3						XXX					
11.4 Class 4						XXX					
11.5 Class 5						XXX					
11.6 Class 6						XXX					
11.7 Totals						XXX			XXX		
11.8 Line 11.7 as a % of Col. 8						XXX			XXX		
12. Total Publicly Traded Bonds											
12.1 Class 1										XXX	
12.2 Class 2										XXX	
12.3 Class 3										XXX	
12.4 Class 4										XXX	
12.5 Class 5										XXX	
12.6 Class 6										XXX	
12.7 Totals										XXX	
12.8 Line 12.7 as a % of Col. 6							XXX		XXX		
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX		XXX		
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX		XXX		
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX		XXX		

(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 5\* designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D – PART 1A – SECTION 2**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
Distribution by Type											
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals											
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
5.5 Defined											
5.6 Other											
5.7 Totals											

**SCHEDULE D – PART 1A – SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
Distribution by Type											
Schedules D & DA (Group 6)											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

**SCHEDULE D – PART 1A – SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations								XXX XXX	XXX XXX		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								XXX XXX	XXX XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX XXX	XXX XXX		
10.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX XXX	XXX XXX		
10.6 Other								XXX XXX	XXX XXX		
10.7 Totals							XXX	XXX	XXX		
10.8 Lines 10.7 as a % Col. 6							XXX	XXX	XXX		
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations						XXX XXX	XXX XXX				
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						XXX XXX	XXX XXX				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX XXX	XXX XXX				
11.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX XXX	XXX XXX				
11.6 Other						XXX XXX	XXX XXX				
11.7 Totals						XXX XXX	XXX XXX		XXX		
11.8 Line 11.7 as a % of Col. 8									XXX		
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations											XXX XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											XXX XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											XXX XXX
12.3 Defined											XXX XXX
12.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											XXX XXX
12.5 Defined											XXX XXX
12.6 Other											
12.7 Totals							XXX XXX	XXX XXX	XXX XXX		
12.8 Line 12.7 as a % of Col. 6											
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10											
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations										XXX XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										XXX XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										XXX XXX	
13.3 Defined										XXX XXX	
13.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:										XXX XXX	
13.5 Defined										XXX XXX	
13.6 Other											
13.7 Totals							XXX XXX	XXX XXX	XXX XXX	XXX XXX	
13.8 Line 13.7 as a % of Col. 6											
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10											

**SCHEDULE DA – PART 2 – VERIFICATION BETWEEN YEARS**  
Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....	.....	.....	.....
2. Cost of short-term investments acquired .....	.....	.....	.....	.....	.....
3. Increase (decrease) by adjustment .....	.....	.....	.....	.....	.....
4. Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5. Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6. Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7. Book/adjusted carrying value, current year .....	.....	.....	.....	.....	.....
8. Total valuation allowance .....	.....	.....	.....	.....	.....
9. Subtotal (Lines 7 plus 8) .....	.....	.....	.....	.....	.....
10. Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11. Statement value (Lines 9 minus 10) .....	.....	.....	.....	.....	.....
12. Income collected during year .....	.....	.....	.....	.....	.....
13. Income earned during year .....	.....	.....	.....	.....	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment. \_\_\_\_\_

**SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS**

Options, Caps, Floors and Insurance Futures Options Owned

1.	Book value, December 31, prior year (Line 8, prior year) .....	_____
2.	Cost/Option Premium (Section 2, Column 7).....	_____
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13).....	_____
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Sec. 3, Column 14).....	_____
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15).....	_____
5.	Consideration Received on Terminations (Section 3, Column 12).....	_____
6.	Used to Adjust Basis on Open Contracts (Sec. 1, Column 13).....	_____
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized.....	_____
7.2	Used to Adjust Basis of Hedged Item.....	_____
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7).....	=====

**SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS**

Options, Caps, Floors and Insurance Futures Options Written

1.	Book value, December 31, prior year (Line 8, prior year) .....	_____
2.	Consideration received (Section 2, Column 7).....	_____
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	_____
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14).....	_____
4.2	Used to Adjust Basis (Section 3, Column 15).....	_____
5.	Consideration Paid on Terminations (Section 3, Column 12).....	_____
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13).....	_____
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized.....	_____
7.2	Used to Adjust Basis.....	_____
8.	Book value, December 31, current year.....	=====

**SCHEDULE DB – PART C – VERIFICATION BETWEEN YEARS**  
Swaps and Forwards

1.	Book value, December 31, prior year (Line 8, prior year) .....	_____
2.	Cost or (Consideration Received) (Section 2, Column 7) .....	_____
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13).....	_____
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14).....	_____
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15).....	_____
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12).....	_____
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13).....	_____
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized.....	_____
7.2	Used to Adjust Basis of Hedged Item.....	_____
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7).....	=====

**SCHEDULE DB – PART D – VERIFICATION BETWEEN YEARS**  
Futures Contracts and Insurance Futures Contracts

1.	Book value, December 31, prior year (Line 8, prior year) .....	_____
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6) .....	_____
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11).....	_____
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10) .....	_____
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6).....	_____
4.2	Less:	
4.21	Gain/(Loss) Recognized in Current Year (Section 3, Column 11) .....	_____
4.22	Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12).....	_____
4.3	Subtotal (Line 4.1 minus Line 4.2) .....	_____
5.1	Net Additions to Cash Deposits (Section 2, Column 7) .....	_____
5.2	Less: Net Reductions to Cash Deposits (Sec. 3, Column 9).....	_____
6.	Subtotal (Lines 1-2+3.1+3.2-4.3+5.2) .....	_____
7.	Disposition of Gain / (Loss) on Contracts Terminated in Prior Year:	
7.1	Recognized.....	_____
7.2	Used to Adjust Basis of Hedged Item.....	_____
8.	Book value, December 31, current year (Lines 6 + 7.1 +7.2) .....	=====

**SCHEDULE DB – PART E – VERIFICATION**  
Statement Value and Fair Value of Open Contracts

		Statement Value
1.	Part A, Section 1, Column 10.....	_____
2.	Part B, Section 1, Column 10.....	_____
3.	Part C, Section 1, Column 10.....	_____
4.	Part D, Section 1, Column 9 – 12.....	_____
5.	Lines (1) - (2) + (3) + (4).....	_____
6.	Part E, Section 1, Column 4.....	_____
7.	Part E, Section 1, Column 5.....	_____
8.	Lines (5) – (6) – (7).....	=====
		Fair Value
9.	Part A, Section 1, Column 11.....	_____
10.	Part B, Section 1, Column 11.....	_____
11.	Part C, Section 1, Column 11.....	_____
12.	Part D, Section 1, Column 9.....	_____
13.	Lines (9) - (10) + (11) + (12) .....	_____
14.	Part E, Section 1, Column 7.....	_____
15.	Part E, Section 1, Column 8.....	_____
16.	Lines (13) - (14) - (15) .....	=====



**SCHEDULE DB – PART F – SECTION 1**

Replicated (Synthetic) Assets Open

1 Replication RSAT Number	Replicated (Synthetic) Asset				Components of the Replicated (Synthetic) Asset						
	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	Derivative Instruments Open		Cash Instrument(s) Held				
					6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
9999999	Totals				XXX		XXX	XXX			XXX

**SCHEDULE DB – PART F – SECTION 2**

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory .....										
2. Add: Opened or Acquired Transactions .....										
3. Add: Increases in Replicated Asset Statement Value .....	xxx		xxx		xxx		xxx		xxx	
4. Less: Closed or Disposed of Transactions .....										
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value .....	xxx		xxx		xxx		xxx		xxx	
7. Ending Inventory .....										







**SCHEDULE S – PART 4**  
 Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12 +13 But Not in Excess of Col. 8
<b>1199999 Total</b>													

**SCHEDULE S – PART 5**  
 Five – Year Exhibit of Reinsurance Ceded Business  
 (000 Omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	.....	.....	.....	.....	.....
2. Title XVIII-Medicare .....	.....	.....	.....	.....	.....
3. Title XIX-Medicaid .....	.....	.....	.....	.....	.....
4. Commissions and reinsurance expense allowance .....	.....	.....	.....	.....	.....
5. Total hospital and medical expenses.....	.....	.....	.....	.....	.....
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	.....	.....	.....	.....	.....
7. Claims payable .....	.....	.....	.....	.....	.....
8. Reinsurance recoverable on paid losses.....	.....	.....	.....	.....	.....
9. Experience rating refunds due or unpaid .....	.....	.....	.....	.....	.....
10. Commissions and reinsurance expense allowances unpaid.....	.....	.....	.....	.....	.....
11. Unauthorized reinsurance offset .....	.....	.....	.....	.....	.....
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	.....	.....	.....	.....	.....
13. Letters of credit (L) .....	.....	.....	.....	.....	.....
14. Trust agreements (T) .....	.....	.....	.....	.....	.....
15. Other (O) .....	.....	.....	.....	.....	.....

**SCHEDULE S – PART 6**  
 Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10).....	.....	.....	.....
2. Accident and health premiums due and unpaid (Line 13) .....	.....	.....	.....
3. Amounts recoverable from reinsurers (Line 14.1).....	.....	.....	.....
4. Net credit for ceded reinsurance.....	XXX	.....	.....
5. All other admitted assets (Balance).....	.....	.....	.....
6. Total assets (Line 26)	.....	.....	.....
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	.....	.....	.....
8. Accrued medical incentive pool and bonus payments (Line 2).....	.....	.....	.....
9. Premiums received in advance (Line 8).....	.....	.....	.....
10. Reinsurance in unauthorized companies (Line 18).....	.....	.....	.....
11. All other liabilities (Balance).....	.....	.....	.....
12. Total liabilities (Line 22).....	.....	.....	.....
13. Total capital and surplus (Line 31).....	.....	XXX	.....
14. Total liabilities, capital and surplus (Line 32)	.....	.....	.....
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....	.....		
16. Accrued medical incentive pool .....	.....		
17. Premiums received in advance .....	.....		
18. Reinsurance recoverable on paid losses .....	.....		
19. Other ceded reinsurance recoverables .....	.....		
20. Total ceded reinsurance recoverables.....	.....		
21. Premiums receivable.....	.....		
22. Unauthorized reinsurance .....	.....		
23. Other ceded reinsurance payables/offsets .....	.....		
24. Total ceded reinsurance payables/offsets .....	.....		
25. Total net credit for ceded reinsurance	.....		



**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**  
 Allocated by States and Territories

State, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only					8 Property/Casualty Premiums
			3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Deposit- Type Contract Funds	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. Dist. Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CN								
58. Aggregate other alien.....OT	XXX	XXX						
59. Subtotal.....	XXX	XXX						
60. Reporting entity contributions for Employee Benefit Plans.....	XXX	XXX						
61. Total (Direct Business)	XXX	(a)						
<b>DETAILS OF WRITE-INS</b>								
5801.....	XXX	XXX						
5802.....	XXX	XXX						
5803.....	XXX	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	XXX						
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	XXX						
Explanation of basis of allocation by states, premiums by state, etc.								

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

**SCHEDULE T – PART 2**

**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
Allocated By States and Territories**

States, Etc.		Direct Business Only				6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM						
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CN						
58. Aggregate Other Alien.....OT						
59. Totals						

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 – ORGANIZATIONAL CHART**

**SCHEDULE Y**

**PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
99999999 Control Totals												xxx

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Responses

### MARCH FILING

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....
- 2. Will an actuarial opinion be filed by March 1? .....
- 3. Will the Risk-based Capital Report be filed with the NAIC by March 1? .....
- 4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....

### APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1? .....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....

### JUNE FILING

- 8. Will an audited financial report be filed by June 1? .....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

### MARCH FILING

- 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....
- 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....
- 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....
- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....
- 13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....

### APRIL FILING

- 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1? .....
- 15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....
- 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....

**Explanation:**

**Bar code:**

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**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – PART 1**

Showing All Real Estate OWNED December 31 of Current Year

1 Description of Property	3 Location		4 State	5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	11 Increase (Decrease) by Adjustment	12 Increase (Decrease) by Foreign Exchange Adjustment	13 Amounts Received During Year	14 Expended for Additions, Permanent Improvements and Changes in Encumbrances During Year	15 Gross Income Earned Less Interest Incurred on Encumbrances	16 Taxes, Repairs and Expenses Incurred
	2 Code	3 City													
9999999 Totals															





**SCHEDULE A – PART 3**  
 Showing All Real Estate SOLD During the Year, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Expended for Additions, Permanent Improvements and Changes in Encumbrances	10 Book/Adjusted Carrying Value Less Encumbrances	11 Amounts Received	12 Foreign Exchange Profit (Loss) on Sale	13 Realized Profit (Loss) on Sale	14 Total Profit (Loss) on Sale	15 Gross Income Earned Less Interest Incurred on Encumbrances	16 Taxes, Repairs and Expenses Incurred
	2 City	3 State													
9999999	Totals														

**SCHEDULE B - PART 1**  
 Showing All Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	4 Location		5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book/Recorded Value/Recorded Investment Excluding Accrued Interest	9 Increase (Decrease) by Adjustment	10 Increase (Decrease) by Foreign Exchange Adjustment	11 Value of Land and Buildings	12 Date of Last Appraisal or Valuation
		3 City	State								
9999999	Totals										XXX

- General Interrogatory:
1. Mortgages in good standing \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  2. Restructured mortgages \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  3. Mortgages with overdue interest over 90 days not in process of foreclosure \$ ..... unpaid taxes \$ ..... interest due and unpaid.
  4. Mortgages in process of foreclosure \$ ..... unpaid taxes \$ ..... interest due and unpaid.



**SCHEDULE BA – PART 1**

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1 CUSIP Identifi- cation	2 Name or Description	3 Location		6 Name of Vendor or General Partner	7 NAIC Desig- nation	8 Date Original- ly Acquired	9 Type and Strategy	10 Actual Cost	11 Additional Investment During Year Actual Cost	12 Fair Value	13 Amount of Encumbrances	14 Book / Adjusted Carrying Value Less Encumbrances	15 Increase (Decrease) by Adjustment	16 Increase (Decrease) by Foreign Exchange Adjustment	17 Invest- ment Income	18 Commil- ment for Additional Investment	19 Percen- tage of Ownership	
		4 City	5 State															
3999999	Totals																	XXX



**SCHEDULE D – PART 1**  
**Showing All Long-Term BONDS Owned December 31 of Current Year**

1 CUSIP Identification	2 Description	3 Codes		5 Bond CIAR	6 NAIC Designation	7 Actual Cost	8 Fair Value		10 Par Value	11 Book / Adjusted Carrying Value	Change in Book-Adjusted Carrying Value				Interest			21 Acquired	22 Maturity			
		4 F o r e i g n	*				9 Fair Value	12 Unrealized Valuation Increase/ (Decrease)			13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of	18 How Paid	19 Admitted Amount Due & Accrued			20 Gross Amt. Rec. During Year		
6099999	Total Bonds						XXX									XXX	XXX	XXX	XXX	XXX		

**SCHEDULE D – PART 2 – SECTION 1**  
 Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	3 Codes		5	6	7	8	9 Fair Value		11	12	Dividends				Change in Book/Adjusted Carrying Value				20	21
		3	4					10	11			13	14	15	16	17	18	19	NAIC Designation		
CUSIP Identification	Description	Code	Classification	Number of Shares	Per Value Per Share	Rate Per Share	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/Decrease	Current Year's (Amortization) Accretion	Current Year's Other Than Temporary Increase/Decrease Recognized	Total Change B/A C.V. (15)-(6)-(7)	Total Foreign Exchange Change in B/A C.V.	NAIC Designation	Date Acquired	
659999	Total Preferred Stocks							XXX											XXX	XXX	

**SCHEDULE D – PART 2 – SECTION 2**  
 Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identifi- cation	2 Description	3 Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Fair Value		9 Actual Cost	10 Declared but Unpaid	11 Dividends Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Change in Book/Adjusted Carrying Value Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B/A/C.V. (13-14)	16 Total Foreign Exchange Change in B/A/C.V.	17 NAIC Market Indicator (a)	18 Date Acquired	
		4 F o r c e i n g	8 Rate per Share Used to Obtain Fair Value															
7299999	Total Common Stocks					XXX											XXX	XXX
7399999	Total Preferred and Common Stocks					XXX											XXX	XXX

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues \_\_\_\_\_, the total \$ value (included in Column 8) of all such issues \$ \_\_\_\_\_





**SCHEDULE D – PART 4**  
 Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise **DISPOSED** OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Form	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Per Value	Actual Cost	Prior Year's Book/ Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A/C/V (11+12-13)	Total Foreign Exchange Change B/A/C/V	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date
749999	Totals						XXX													XXX

**SCHEDULE D – PART 5**  
**Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year**

1 CUSIP Identifi- cation	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) Number of Shares (Stock)	9 Actual Cost	10 Consideration	11 Book/ Adjusted Carrying Value At Disposal Date	Change in Book/Adjusted Carrying Value				17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends		
											12 Unrealized Volatility/ Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B/A/C.V. (12+13-14)						16 Total Foreign Exchange Change in B/A C.V.	
	BONDS																				
	Subtotal Bonds																				
	STOCKS																				
	Subtotal Stocks																				
	Totals																				



**SCHEDULE DA – PART 1**

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1 Description	2 Codes		3 F o r e i g h	4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/ Adjusted Carrying Value	8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Total Foreign Exchange Change in B/A C.V.	12 Par Value	13 Actual Cost	14 Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	15 Non-Admitted Due And Accrued	16 Rate of	17 Effective Rate of	18 How Paid	19 Gross Amount Received	20 Paid for Accrued Interest	
	TOTALS																				
												XXX	XXX			XXX	XXX	XXX			

**SCHEDULE DB – PART A – SECTION 1**  
 Showing all Options, Caps, Floors and Insurance Futures Options Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Increase/(Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment / Miscellaneous Income
2599999	Subtotal – Hedging Transactions							xxx					
2799999	Subtotal – Other Derivative Transactions							xxx					
9999999	Totals							xxx					

**SCHEDULE DB – PART A – SECTION 2**  
 Showing all Options, Caps, Floors and Insurance Futures Options Acquired During Current Year

1	2	3	4	5	6	7
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium
2599999	Subtotal – Hedging Transactions					
2799999	Subtotal – Other Derivative Transactions					
9999999	Total					

**SCHEDULE DB – PART A – SECTION 3**

Showing all Owned Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	Gain (Loss) on Termination			17
													14	15	16	
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium	Indicate Exercise, Expiration, Maturity or Sale	Termination Date	Book Value	*	Consideration Received on Terminations	Increase/ (Decrease) by Adjustment	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Other Investment/ Miscellaneous Income
2599999	Subtotal – Hedging Transactions															
2799999	Subtotal – Other Derivative Transactions															
9999999	Totals															

**SCHEDULE DB – PART B – SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Increase/ (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income
2599999	Subtotal – Hedging Transactions												
2699999	Subtotal – Income Generation Transactions												
2799999	Subtotal – Other Derivative Transactions												
9999999	Totals												

**SCHEDULE DB – PART B – SECTION 2**

Showing all Options, Caps, Floors and Insurance Futures Options Written During Current Year

1	2	3	4	5	6	7
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received
Subtotal – Hedging Transactions						
Subtotal – Income Generation Transactions						
Subtotal – Other Derivative Transactions						
Total						

**SCHEDULE DB – PART B – SECTION 3**

Showing all Written Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14		16	17
													Gain/(Loss) on Termination	Used to Adjust Basis		
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Indicate Exercise, Expiration, Maturity or Closing Purchase Transaction	Termination Date	Book Value	*	Consideration Paid on Terminations	Increase/ (Decrease) by Adjustment	Recognized	Used to Adjust Basis	Deferred	Other Investment/ Miscellaneous Income
Subtotal – Hedging Transactions																
Subtotal – Income Generation Transactions							XXX	XXX		XXX						
Subtotal – Other Derivative Transactions							XXX	XXX		XXX						
Totals							XXX	XXX		XXX						



**SCHEDULE DB – PART C – SECTION 1**  
Showing all Collar, Swap and Forwards Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Increase/ (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure
2599999	Subtotal – Hedging Transactions							xxx						
2799999	Subtotal – Other Derivative Transactions							xxx						
9999999	Totals							xxx						

**SCHEDULE DB – PART C – SECTION 2**  
Showing all Collar, Swap and Forwards Opened During Current Year

1	2	3	4	5	6	7
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)
2599999	Subtotal – Hedging Transactions					
2799999	Subtotal – Other Derivative Transactions					
9999999	Total					

**SCHEDULE DB – PART C – SECTION 3**

Showing all Collar, Swap and Forwards Terminated During Current Year

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Indicate Exercise, Expiration, Maturity or Sale	9 Termination Date	10 Book Value	11 *	12 Consideration Received or (Paid) on Terminations	13 Increase (Decrease) by Adjustment	14 Gain (Loss) on Termination			17 Other Investment / Miscellaneous Income
													14 Recognized	15 Used to Adjust Basis Of Hedged Item	16 Deferred	
2599999 Subtotal – Hedging Transactions							xxx	xxx		xxx						
2799999 Subtotal – Other Derivative Transactions							xxx	xxx		xxx						
9999999 Totals							xxx	xxx		xxx						

**SCHEDULE DB – PART D – SECTION 1**

Showing all Futures Contracts and Insurance Futures Contracts Open December 31 of Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	10 Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	
2599999 Subtotal – Hedging Transactions						xxx	xxx					
2799999 Subtotal – Other Derivative Transactions						xxx	xxx					
9999999 Totals						xxx	xxx					

**SCHEDULE DB – PART D – SECTION 2**

Showing all Futures Contracts and Insurance Futures Contracts Opened During Current Year

1	2	3	4	5	6	7
Description	Number of Contracts	Maturity Date	Original Value	Date of Opening Position	Exchange or Counterparty	Net Additions to Cash Deposits
Subtotal – Hedging Transactions				xxx	xxx	
2799999 Subtotal – Other Derivative Transactions				xxx	xxx	
9999999 Totals				xxx	xxx	

**SCHEDULE DB – PART D – SECTION 3**

Showing all Futures Contracts and Insurance Futures Contracts Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	Variation Margin Information		
										11	12	13
Description	Number of Contracts	Maturity Date	Original Value	Termination Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Net Reduction to Cash Deposits	Termination Date	Gain (Loss) Recognized	Gain (Loss) Used to Adjust Basis of Hedged Item	Gain (Loss) Deferred
Subtotal – Hedging Transactions						xxx	xxx		xxx			
2799999 Subtotal – Other Derivative Transactions						xxx	xxx		xxx			
9999999 Totals						xxx	xxx		xxx			





**SCHEDULE E – PART 2 – CASH EQUIVALENTS**

Show Investments Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Gross Investment Income
0199999	Total Cash Equivalents							

**SCHEDULE E – PART 3 – SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits with the State of Domicile For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama.....AL	.....	.....	.....	.....	.....	.....
2. Alaska.....AK	.....	.....	.....	.....	.....	.....
3. Arizona.....AL	.....	.....	.....	.....	.....	.....
4. Arkansas.....AZ	.....	.....	.....	.....	.....	.....
5. California.....CA	.....	.....	.....	.....	.....	.....
6. Colorado.....CO	.....	.....	.....	.....	.....	.....
7. Connecticut.....CT	.....	.....	.....	.....	.....	.....
8. Delaware.....DE	.....	.....	.....	.....	.....	.....
9. District of Columbia.....DC	.....	.....	.....	.....	.....	.....
10. Florida.....FL	.....	.....	.....	.....	.....	.....
11. Georgia.....GA	.....	.....	.....	.....	.....	.....
12. Hawaii.....HI	.....	.....	.....	.....	.....	.....
13. Idaho.....ID	.....	.....	.....	.....	.....	.....
14. Illinois.....IL	.....	.....	.....	.....	.....	.....
15. Indiana.....IN	.....	.....	.....	.....	.....	.....
16. Iowa.....IA	.....	.....	.....	.....	.....	.....
17. Kansas.....KS	.....	.....	.....	.....	.....	.....
18. Kentucky.....KY	.....	.....	.....	.....	.....	.....
19. Louisiana.....LA	.....	.....	.....	.....	.....	.....
20. Maine.....MA	.....	.....	.....	.....	.....	.....
21. Maryland.....MD	.....	.....	.....	.....	.....	.....
22. Massachusetts.....MA	.....	.....	.....	.....	.....	.....
23. Michigan.....MI	.....	.....	.....	.....	.....	.....
24. Minnesota.....MN	.....	.....	.....	.....	.....	.....
25. Mississippi.....MS	.....	.....	.....	.....	.....	.....
26. Missouri.....MO	.....	.....	.....	.....	.....	.....
27. Montana.....MT	.....	.....	.....	.....	.....	.....
28. Nebraska.....NE	.....	.....	.....	.....	.....	.....
29. Nevada.....NV	.....	.....	.....	.....	.....	.....
30. New Hampshire.....NH	.....	.....	.....	.....	.....	.....
31. New Jersey.....NJ	.....	.....	.....	.....	.....	.....
32. New Mexico.....NM	.....	.....	.....	.....	.....	.....
33. New York.....NY	.....	.....	.....	.....	.....	.....
34. North Carolina.....NC	.....	.....	.....	.....	.....	.....
35. North Dakota.....ND	.....	.....	.....	.....	.....	.....
36. Ohio.....OH	.....	.....	.....	.....	.....	.....
37. Oklahoma.....OK	.....	.....	.....	.....	.....	.....
38. Oregon.....OR	.....	.....	.....	.....	.....	.....
39. Pennsylvania.....PA	.....	.....	.....	.....	.....	.....
40. Rhode Island.....RI	.....	.....	.....	.....	.....	.....
41. South Carolina.....SC	.....	.....	.....	.....	.....	.....
42. South Dakota.....SD	.....	.....	.....	.....	.....	.....
43. Tennessee.....TN	.....	.....	.....	.....	.....	.....
44. Texas.....TX	.....	.....	.....	.....	.....	.....
45. Utah.....UT	.....	.....	.....	.....	.....	.....
46. Vermont.....VA	.....	.....	.....	.....	.....	.....
47. Virginia.....VA	.....	.....	.....	.....	.....	.....
48. Washington.....WA	.....	.....	.....	.....	.....	.....
49. West Virginia.....WV	.....	.....	.....	.....	.....	.....
50. Wisconsin.....WI	.....	.....	.....	.....	.....	.....
51. Wyoming.....WY	.....	.....	.....	.....	.....	.....
52. American Samoa.....AS	.....	.....	.....	.....	.....	.....
53. Guam.....GU	.....	.....	.....	.....	.....	.....
54. Puerto Rico.....PR	.....	.....	.....	.....	.....	.....
55. US Virgin Islands.....VI	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands.....MP	.....	.....	.....	.....	.....	.....
57. Canada.....CN	.....	.....	.....	.....	.....	.....
58. Aggregate Alien and Other.....OT	xxx	xxx	.....	.....	.....	.....
59. Total	xxx	xxx	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>						
5801.....	.....	.....	.....	.....	.....	.....
5802.....	.....	.....	.....	.....	.....	.....
5803.....	.....	.....	.....	.....	.....	.....
5898. Sum of remaining write-ins for Line 58 from overflow page.....	xxx	xxx	.....	.....	.....	.....
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	xxx	xxx	.....	.....	.....	.....

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**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, **2006**  
(To Be Filed by March 1)

**PART 1 – INTERROGATORIES**

1. The reporting insurer is a member of a group of insurers or other holding company system: \_\_\_ yes \_\_\_ no. If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ] ; or 2) allocation to each insurer: Yes [ ] .
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ ]

**PART 2 – OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	Annual Compensation			
		3 Salary	4 Bonus	5 All Other Compensation	6 Totals
Chief Executive Officer-	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
1.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
2.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
3.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
4.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
5.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
6.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
7.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
8.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
9.	2006 2005 2004	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....

**PART 3 – DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals

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**SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES**  
 For The Year Ended December 31, **2006**  
 (To Be Filed by April 1)

Of The..... Insurance Company  
 Address (City, State, Zip Code) .....  
 NAIC Group Code..... NAIC Company Code..... Employer's ID Number.....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ .....
2. Ten largest exposures to a single issuer/borrower/investment.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Issuer</u>	<u>Description of Exposure</u>	<u>Amount</u>	<u>Percentage of Total Admitted Assets</u>
2.01	.....	.....	\$ .....	.....%
2.02	.....	.....	\$ .....	.....%
2.03	.....	.....	\$ .....	.....%
2.04	.....	.....	\$ .....	.....%
2.05	.....	.....	\$ .....	.....%
2.06	.....	.....	\$ .....	.....%
2.07	.....	.....	\$ .....	.....%
2.08	.....	.....	\$ .....	.....%
2.09	.....	.....	\$ .....	.....%
2.10	.....	.....	\$ .....	.....%

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

	<u>Bonds</u>	<u>1</u>	<u>2</u>		<u>Preferred Stocks</u>	<u>3</u>	<u>4</u>
3.01	NAIC-1	\$ .....	.....%	3.07	P/RP-1	\$ .....	.....%
3.02	NAIC-2	\$ .....	.....%	3.08	P/RP-2	\$ .....	.....%
3.03	NAIC-3	\$ .....	.....%	3.09	P/RP-3	\$ .....	.....%
3.04	NAIC-4	\$ .....	.....%	3.10	P/RP-4	\$ .....	.....%
3.05	NAIC-5	\$ .....	.....%	3.11	P/RP-5	\$ .....	.....%
3.06	NAIC-6	\$ .....	.....%	3.12	P/RP-6	\$ .....	.....%

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02	Total admitted assets held in foreign investments	\$ .....	.....%
4.03	Foreign-currency-denominated investments	\$ .....	.....%
4.04	Insurance liabilities denominated in that same foreign currency	\$ .....	.....%

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

	<u>1</u>	<u>2</u>	
5.01 Countries rated NAIC-1	\$.....	.....	%
5.02 Countries rated NAIC-2	\$.....	.....	%
5.03 Countries rated NAIC-3 or below	\$.....	.....	%

6. Two largest foreign investment exposures in a single country, categorized by the country’s NAIC sovereign rating:

	<u>1</u>	<u>2</u>	
Countries rated NAIC – 1:			
6.01 Country:	\$.....	.....	%
6.02 Country:	\$.....	.....	%
Countries rated NAIC – 2:			
6.03 Country:	\$.....	.....	%
6.04 Country:	\$.....	.....	%
Countries rated NAIC – 3 or below:			
6.05 Country:	\$.....	.....	%
6.06 Country:	\$.....	.....	%

7. Aggregate unhedged foreign currency exposure \$.....1.....2.....%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:

	<u>1</u>	<u>2</u>	
8.01 Countries rated NAIC – 1	\$.....	.....	%
8.02 Countries rated NAIC – 2	\$.....	.....	%
8.03 Countries rated NAIC – 3 or below	\$.....	.....	%

9. Two largest unhedged foreign currency exposures to a single country, categorized by the country’s NAIC sovereign rating:

	<u>1</u>	<u>2</u>	
Countries rated NAIC – 1:			
9.01 Country:	\$.....	.....	%
9.02 Country:	\$.....	.....	%
Countries rated NAIC – 2:			
9.03 Country:	\$.....	.....	%
9.04 Country:	\$.....	.....	%
Countries rated NAIC – 3 or below:			
9.05 Country:	\$.....	.....	%
9.06 Country:	\$.....	.....	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
	<u>Issuer</u>	<u>NAIC Rating</u>			
10.01	.....	.....	\$.....	.....	%
10.02	.....	.....	\$.....	.....	%
10.03	.....	.....	\$.....	.....	%
10.04	.....	.....	\$.....	.....	%
10.05	.....	.....	\$.....	.....	%
10.06	.....	.....	\$.....	.....	%
10.07	.....	.....	\$.....	.....	%
10.08	.....	.....	\$.....	.....	%
10.09	.....	.....	\$.....	.....	%
10.10	.....	.....	\$.....	.....	%

11. Amounts and percentages of the reporting entity’s total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

	<u>1</u>	<u>2</u>	
11.02 Total admitted assets held in Canadian investments	\$ .....	.....	%
11.03 Canadian-currency-denominated investments	\$ .....	.....	%
11.04 Canadian-denominated insurance liabilities	\$ .....	.....	%
11.05 Unhedged Canadian currency exposure	\$ .....	.....	%

12. Report aggregate amounts and percentages of the reporting entity’s total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	<u>1</u>	<u>2</u>	<u>3</u>	
12.02 Aggregate statement value of investments with contractual sales restrictions	\$ .....	.....	.....	%
Largest three investments with contractual sales restrictions:				
12.03 .....	\$ .....	.....	.....	%
12.04 .....	\$ .....	.....	.....	%
12.05 .....	\$ .....	.....	.....	%

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

	<u>1</u>	<u>2</u>	<u>3</u>	
	<u>Issuer</u>			
13.02 .....	\$ .....	.....	.....	%
13.03 .....	\$ .....	.....	.....	%
13.04 .....	\$ .....	.....	.....	%
13.05 .....	\$ .....	.....	.....	%
13.06 .....	\$ .....	.....	.....	%
13.07 .....	\$ .....	.....	.....	%
13.08 .....	\$ .....	.....	.....	%
13.09 .....	\$ .....	.....	.....	%
13.10 .....	\$ .....	.....	.....	%
13.11 .....	\$ .....	.....	.....	%

14. Amounts and percentages of the reporting entity’s total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	<u>1</u>	<u>2</u>	<u>3</u>
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	\$.....	..... %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$.....	..... %
14.04	.....	\$.....	..... %
14.05	.....	\$.....	..... %

15. Amounts and percentages of the reporting entity’s total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	<u>1</u>	<u>2</u>	<u>3</u>
15.02	Aggregate statement value of investments held in general partnership interests	\$.....	..... %
	Largest three investments in general partnership interests:		
15.03	.....	\$.....	..... %
15.04	.....	\$.....	..... %
15.05	.....	\$.....	..... %

16. Amounts and percentages of the reporting entity’s total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity’s total admitted assets? Yes [ ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	<u>1</u>	<u>2</u>	<u>3</u>
	<u>Type (Residential, Commercial, Agricultural)</u>		
16.02	.....	\$.....	..... %
16.03	.....	\$.....	..... %
16.04	.....	\$.....	..... %
16.05	.....	\$.....	..... %
16.06	.....	\$.....	..... %
16.07	.....	\$.....	..... %
16.08	.....	\$.....	..... %
16.09	.....	\$.....	..... %
16.10	.....	\$.....	..... %
16.11	.....	\$.....	..... %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	<u>Loans</u>	
16.12 Construction loans	\$.....	%
16.13 Mortgage loans over 90 days past due	\$.....	%
16.14 Mortgage loans in the process of foreclosure	\$.....	%
16.15 Mortgage loans foreclosed	\$.....	%
16.16 Restructured mortgage loans	\$.....	%

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value	<u>Residential</u>		<u>Commercial</u>		<u>Agricultural</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
17.01 above 95%	\$.....	%	\$.....	%	\$.....	%
17.02 91% to 95%	\$.....	%	\$.....	%	\$.....	%
17.03 81% to 90%	\$.....	%	\$.....	%	\$.....	%
17.04 71% to 80%	\$.....	%	\$.....	%	\$.....	%
17.05 below 70%	\$.....	%	\$.....	%	\$.....	%

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	<u>Description</u>	<u>2</u>	<u>3</u>
	<u>1</u>		
18.02	.....	\$.....	%
18.03	.....	\$.....	%
18.04	.....	\$.....	%
18.05	.....	\$.....	%
18.06	.....	\$.....	%

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	<u>1</u>	<u>2</u>	<u>3</u>
19.02 Aggregate statement value of investments held in mezzanine real estate loans:	\$.....		%

Largest three investments held in mezzanine real estate loans:

19.03	\$.....	%
19.04	\$.....	%
19.05	\$.....	%

**20.** Amounts and percentages of the reporting entity’s total admitted assets subject to the following types of agreements:

		<u>At Year-end</u>		<u>At End of Each Quarter</u>		
		<u>1</u>	<u>2</u>	<u>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
<b>20.01</b>	Securities lending agreements (do not include assets held as collateral for such transactions)	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>20.02</b>	Repurchase agreements	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>20.03</b>	Reverse repurchase agreements	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>20.04</b>	Dollar repurchase agreements	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>20.05</b>	Dollar reverse repurchase agreements	\$ .....	.....%	\$ .....	\$ .....	\$ .....

**21.** Amounts and percentages of the reporting entity’s total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		<u>Owned</u>		<u>Written</u>	
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<b>21.01</b>	Hedging	\$ .....	.....%	\$ .....	.....%
<b>21.02</b>	Income generation	\$ .....	.....%	\$ .....	.....%
<b>21.03</b>	Other	\$ .....	.....%	\$ .....	.....%

**22.** Amounts and percentages of the reporting entity’s total admitted assets of potential exposure for collars, swaps, and forwards:

		<u>At Year-end</u>		<u>At End of Each Quarter</u>		
		<u>1</u>	<u>2</u>	<u>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
<b>22.01</b>	Hedging	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>22.02</b>	Income generation	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>22.03</b>	Replications	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>22.04</b>	Other	\$ .....	.....%	\$ .....	\$ .....	\$ .....

**23.** Amounts and percentages of the reporting entity’s total admitted assets of potential exposure for futures contracts:

		<u>At Year-end</u>		<u>At End of Each Quarter</u>		
		<u>1</u>	<u>2</u>	<u>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
<b>23.01</b>	Hedging	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>23.02</b>	Income generation	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>23.03</b>	Replications	\$ .....	.....%	\$ .....	\$ .....	\$ .....
<b>23.04</b>	Other	\$ .....	.....%	\$ .....	\$ .....	\$ .....



SUPPLEMENT FOR THE YEAR \_\_\_\_\_ OF THE \_\_\_\_\_

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

United States Policy Forms Direct Business Only  
For The Year Ended December 31, 2006  
(To Be Filed by April 1)

.....  
Affix Bar Code Above

NAIC Group Code:.....

NAIC Company Code:.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
<b>1. Comprehensive Major Medical</b>							
1.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
1.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
1.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>2. Short-Term Medical</b>							
2.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
2.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
2.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>3. Other Medical (Non-Comprehensive)</b>							
3.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
3.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
3.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>4. Specified/Named Disease</b>							
4.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
4.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
4.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>5. Limited Benefit</b>							
5.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
5.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
5.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>6. Student</b>							
6.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
6.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
6.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>7. Accident Only or AD&amp;D</b>							
7.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
7.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
7.3	Subtotal .....	.....	.....	.....	.....	.....	.....
<b>8. Disability Income – Short-Term</b>							
8.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
8.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
8.3	Subtotal .....	.....	.....	.....	.....	.....	.....

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
<b>9. Disability Income – Long-Term</b>							
9.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
9.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
9.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>10. Long-Term Care</b>							
10.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
10.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
10.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>11. Medicare Supplement (Medigap)</b>							
11.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
11.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
11.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>12. Dental</b>							
12.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
12.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
12.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>13. State Children's Health Insurance Program</b>							
13.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
13.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
13.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>14. Medicare</b>							
14.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
14.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
14.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>15. Medicaid</b>							
15.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
15.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
15.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>16. Other Individual Business</b>							
16.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
16.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
16.3	Subtotal	.....	.....	.....	.....	.....	.....
<b>17. Total Individual Business</b>							
17.1	With Contract Reserves.....	.....	.....	.....	.....	.....	.....
17.2	Without Contract Reserves.....	.....	.....	.....	.....	.....	.....
18.	Grand Total Individual	.....	.....	.....	.....	.....	.....

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR \_\_\_\_\_**

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2-3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income – Short-term							
11. Disability Income – Long-term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental							
17. Other Group Care							
18. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only							
4. Administrative Services Contracts							
5. Grand Total Other Business							
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**  
**PART 1 – INDIVIDUAL POLICIES**  
 SUMMARY PAGE  
**PART 1**

Description	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

**PART 2 – GROUP POLICIES**  
 SUMMARY

Description	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

**PART 3 – CREDIT POLICIES (Individual and Group)**  
 SUMMARY

Description	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

**PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES**  
 SUMMARY

Description	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2006  
(To Be Filed by March 1)

FOR THE STATE OF \_\_\_\_\_

NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address (City, State and Zip Code) \_\_\_\_\_  
 Person Completing This Exhibit \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Title \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2003			Policies Issued in 2004, 2005, 2006			18	
										11	12	13	14	15	16		17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Numbered of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>																	
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
  2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
    - 2.1 Address: .....
    - 2.2 Contact Person and Phone Number: .....
  3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
    - 3.1 Address: .....
    - 3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O" .....

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**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

**For The Year Ended December 31, 2006**  
**(To Be Filed by March 1)**

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES  
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,  
TITLE AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

---

COMPANY

**FINANCIAL REPORTING TO STOCKHOLDERS**

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?  
 Answer...  
 If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.
2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?  
 Answer...  
 If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.
3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?  
 Answer...  
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.

(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

**To be answered by Life and A & H Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Summary of Operations .....
- c. Surplus Account.....

**To be answered by Property and Casualty Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Statement of Income -- Underwriting and Investment Exhibit .....
- c. Capital and Surplus Account.....

**To be answered by Title Insurance Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds .....
- b. Statement of Income -- Operations and Investment Exhibit .....
- c. Capital and Surplus Account.....

**To be answered by Health Insurance Companies:**

- a. Statement of Assets, Liabilities, Capital and Surplus.....
- b. Statement of Revenues and Expenses .....
- c. Capital and Surplus Account.....

Column A		Column B	
Yes	No	Yes	No



**INFORMATION REGARDING MANAGEMENT AND DIRECTORS**

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
  - B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

xxx	xxx	xxx					
-----	-----	-----	--	--	--	--	--

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?  
 Answer ..... If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?  
 Answer ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.  
 If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.



**MEDICARE PART D COVERAGE SUPPLEMENT**

For the Year Ended December 31, 2006  
(To Be Filed By March 1)

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage .....		XXX		XXX	
1.12 Without Reinsurance Coverage .....		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments .....		XXX		XXX	
1.2 Supplemental Benefits .....		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
2.2 Supplemental Benefits .....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
3.2 Supplemental Benefits .....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....		XXX		XXX	XXX
4.2 Payable .....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....		XXX		XXX	XXX
5.2 Supplemental Benefits .....		XXX		XXX	XXX
6. Total Premiums .....		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....		XXX		XXX	
7.12 Without Reinsurance Coverage .....		XXX		XXX	
7.2 Supplemental Benefits .....		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
8.2 Supplemental Benefits .....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
9.2 Supplemental Benefits .....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....		XXX		XXX	XXX
10.12 Without Reinsurance Coverage .....		XXX		XXX	XXX
10.2 Supplemental Benefits .....		XXX		XXX	XXX
11. Total Claims .....		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied .....	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change .....	XXX		XXX		
12.3 Reimbursements Receivable-change .....	XXX		XXX		XXX
12.4 Health Care Receivables-change .....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change .....					XXX
14. Expenses Paid .....		XXX		XXX	
15. Expenses Incurred .....		XXX		XXX	XXX
16. Underwriting Gain/Loss .....		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

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**PART 1 – LTC INSURANCE EXPERIENCE BY CALENDAR DURATION**

Calendar Duration	1 Policy Form	2 First Year Issued	3 Earned Premiums By Duration	4 Incurred and Paid	5 Reserve for Incurred but Unpaid	6 Total Incurred Claims	7 Change in Policy (Active Life) Reserves Over the Experience Period	8 Anticipated Calendar Duration Loss Percentage	9 Number of Insured Lives
0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total Calendar Year	.....	.....	.....	.....	.....	.....	.....	XXX	.....
Policy Form-Calendar Year	(a) Actual Loss Percentage (Col. 6/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total Calendar Year	.....	.....	.....	.....	.....	.....	.....	XXX	.....
Policy Form-Calendar Year	(a) Actual Loss Percentage (Col. 6/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

0	.....	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....	.....
10+	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total Calendar Year	.....	.....	.....	.....	.....	.....	.....	XXX	.....
Policy Form-Calendar Year	(a) Actual Loss Percentage (Col. 6/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

**PART 2 – LTC INSURANCE EXPERIENCE BY LINE OF BUSINESS**

	1 Earned Premiums by Duration	2 Incurred and Paid	3 Reserve for Incurred but Unpaid	4 Total Incurred Claims
1. Individual .....				
2. Group direct response .....				
3. Other group .....				
4. Total (sum Lines 1 to 3)				

**PART 3 – EXPERIENCE FOR PRODUCTS PROVIDING LTC INSURANCE OTHER THAN ON A STAND-ALONE BASIS**

	Premiums and Annuity Considerations		Benefits	
	1 Total	2 Long-Term Care Benefit Component	3 Total	4 Applied to Provide Long-Term Care Benefits
<b>A. Products Providing LTC Benefits With Distinct LTC Premiums</b>				
1. Individual -- Life .....				
2. Individual -- Annuity .....				
3. Individual -- Disability .....				
4. Individual -- Other .....				
5. Group -- Life .....				
6. Group -- Annuity .....				
7. Group -- Disability .....				
8. Group -- Other .....				
<b>B. Products Providing LTC Benefits Without Distinct LTC Premiums</b>				
1. Individual -- Life .....				
2. Individual -- Annuity .....				
3. Individual -- Disability .....				
4. Individual -- Other .....				
5. Group -- Life .....				
6. Group -- Annuity .....				
7. Group -- Disability .....				
8. Group -- Other .....				

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX
Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX
Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX
Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____; (c) Actual to Anticipated Loss Percentage (a/b) _____								

1. Individual								
2. Group direct response								
3. Other group								
4. Total (sum Lines 1 to 3)								
5. Actual total reported experience through statement year								
6. Actual total reported experience through prior year								
7. Calendar year reported experience (Lines 5 minus 6)								
Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( )								
b. If yes, indicate the calendar years that were included: _____								

**LONG – TERM CARE EXPERIENCE REPORTING FORM – C**  
**EXPERIENCE IN THE STATE OF \_\_\_\_\_**  
**CUMULATIVE CLAIM EXPERIENCE**  
 (To Be Filed By April 1)

NAIC Group Code: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_ Affix bar code above

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_ ; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_ ; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) \_\_\_\_\_ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) \_\_\_\_\_ ; (c) Actual to Anticipated Loss Percentage (a/b) \_\_\_\_\_

0								
1								
2								
3								
4								
5-9								
10+								
Cumulative Total					XXX	XXX	XXX	XXX

1. Individual								
2. Group direct response								
3. Other group								
4. Total (sum Lines 1 to 3)								
5. Actual total reported experience through statement year								
6. Actual total reported experience through prior year								
7. Calendar year reported experience (Lines 5 minus 6)								

Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( )  
 b. If yes, indicate the calendar years that were included: \_\_\_\_\_



.....  
Affix Bar Code Here

**LIFE SUPPLEMENTS**  
For the Year Ended December 31, 2006  
(To Be Filed By March 1)

Of The..... Insurance Company

Address (City, State and Zip Code).....

NAIC Group Code..... NAIC Company Code ..... Employer's ID Number .....



**EXHIBIT 5 – INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [ ] No [ ]
- 1.2 If not, state which kind is issued.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [ ] No [ ]
- 2.2 If not, state which kind is issued.....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [ ] No [ ]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [ ] No [ ]  
 If so, state:
  - 4.1 Amount of insurance? \$ \_\_\_\_\_
  - 4.2 Amount of reserve? \$ \_\_\_\_\_
  - 4.3 Basis of reserve .....
  - 4.4 Basis of regular assessments.....
  - 4.5 Basis of special assessments.....
  - 4.6 Assessments collected during the year: \$ \_\_\_\_\_
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts. ....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [ ] No [ ]
- 6.1 If so, state the amount or reserve on such contracts on the basis actually held: \$ \_\_\_\_\_
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ \_\_\_\_\_  
 Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [ ] No [ ]
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements? \$ \_\_\_\_\_
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount.....
- 7.3 State the amount of reserves established for this business: \$ \_\_\_\_\_
- 7.4 Identify where the reserves are reported in the blank .....

**EXHIBIT 7 – DEPOSIT TYPE CONTRACTS**

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance.....						
2. Deposits received during the year.....						
3. Investment earnings credited to the account.....						
4. Other net change in reserves.....						
5. Fees and other charges assessed.....						
6. Surrender charges.....						
7. Net surrender or withdrawal payments.....						
8. Other net transfers to or (from) Separate Accounts.....						
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8).....						
10. Reinsurance balance at the beginning of the year.....						
11. Net change in reinsurance assumed.....						
12. Net change in reinsurance ceded.....						
13. Reinsurance balance at the end of the year (Lines 10+11-12).....						
14. Net balance at the end of current year after reinsurance (Lines 9+13).....						





NAIC Group Code.....

**LIFE INSURANCE**

NAIC Company Code.....

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance.....										
2. Annuity considerations.....										
3. Deposit-type contract funds.....				XXX				XXX		
4. Other considerations.....										
5. Totals (Sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit.....										
6.2 Applied to pay renewal premiums.....										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....										
6.4 Other.....										
6.5 Totals (sum of Lines 6.1 to 6.4).....										
Annuities:										
7.1 Paid in cash or left on deposit.....										
7.2 Applied to provide paid-up annuities.....										
7.3 Other.....										
7.4 Totals (sum of Lines 7.1 to 7.3).....										
8. Grand Totals (Lines 6.5 + 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits.....										
10. Matured endowments.....										
11. Annuity benefits.....										
12. Surrender values and withdrawals for life contracts.....										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....										
14. All other benefits, except accident and health.....										
15. Totals.....										
<b>DETAILS OF WRITE-INS</b>										
1301. ....										
1302. ....										
1303. ....										
1398. Summary of remaining write-ins for Line 13 from overflow page.....										
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year.....										
17. Incurred during current year.....										
Settled during current year:										
18.1 By payment in full.....										
18.2 By payment on compromised claims.....										
18.3 Totals paid.....										
18.4 Reduction by compromise.....										
18.5 Amount rejected.....										
18.6 Total settlements.....										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....					No. of Policies					
21. Issued during year.....				(a)						
22. Other changes to in force (Net).....										
23. In force December 31 of current year.....				(a)						

(a) Includes Individual Credit Life Insurance prior year \$....., current year \$.....  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....., current year \$.....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$....., current year \$.....

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**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT**  
 For Year Ended December 31, 2006  
 (To Be Filed by April 1)

OF THE ..... NAIC COMPANY CODE .....  
 Direct Business in the State of .....

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
<b>PREMIUMS, CONSIDERATIONS AND DEPOSITS</b>				
1. Premiums, considerations and deposits from Schedule T .....	.....	.....	.....	.....
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account .....	.....	.....	.....	.....
2.1 Contract fees for variable contracts with guarantees .....	.....	.....	.....	.....
2.2 Any other premiums, considerations and deposits not reported in Schedule T .....	.....	.....	.....	.....
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts .....	.....	.....	.....	.....
3.2 Roll over of GICs or annuities into other companies .....	.....	.....	.....	.....
3.3 Surrenders or other benefits paid out .....	.....	.....	.....	.....
3.4 Excess interest credited to accounts .....	.....	.....	.....	.....
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 .....	.....	.....	.....	.....
3.99 Total (Lines 3.1 through 3.5) .....	.....	.....	.....	.....
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99 .....	.....	.....	.....	.....
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2) .....	.....	.....	.....	.....
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated .....	.....	.....	.....	.....
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	.....	.....	.....	.....
5. Total (Lines 1+2+3.99+4.99) .....	.....	.....	.....	.....
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b>				
Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) .....	.....	.....	.....	.....
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	.....
7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	.....
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	.....
7.4 Total (Lines 7.1+7.2+7.3) .....	XXX	XXX	XXX	.....
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	.....	.....	.....	.....
9. Aggregate write-ins for Other Deductions .....	.....	.....	.....	.....
10. Total (Lines 6+7.4+8+9) .....	.....	.....	.....	.....
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>				
11. Current Year .....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>				
3.501. ....	.....	.....	.....	.....
3.502. ....	.....	.....	.....	.....
3.503. ....	.....	.....	.....	.....
3.598. Summary of remaining write-ins for Line 3.5 from overflow page .....	.....	.....	.....	.....
3.599. Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above) .....	.....	.....	.....	.....
0601. ....	.....	.....	.....	.....
0602. ....	.....	.....	.....	.....
0603. ....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....
0901. ....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. Total (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

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**OVERFLOW PAGE FOR WRITE-INS**

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**ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT**

For The Year Ended December 31, **2006**  
(To Be Filed by April 1)

OF THE ..... NAIC COMPANY CODE .....

Direct Business in the State of \_\_\_\_\_

	1  Life Insurance Premium	2  Allocated Annuity and Other Allocated Fund Deposits	3  Accident & Health Premium	4  Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
<b>AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE</b>				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above .....	XXX	.....	XXX	.....
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
3.2 All amounts .....	XXX	XXX	XXX	.....
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract .....	XXX	XXX	XXX	.....
4.3 Amounts in excess of \$5 million per contract .....	XXX	XXX	XXX	.....
4.4 Total (Lines 4.1 + 4.2 + 4.3) .....	XXX	XXX	XXX	.....
4.5 Amounts up to \$7.5 million per contract (Minnesota only) .....	XXX	XXX	XXX	.....
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
5.2 All amounts .....	XXX	XXX	XXX	.....
5.3 Amounts in excess of \$2 million per contract. (New Jersey Only) .....	XXX	XXX	XXX	.....
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only) .....	XXX	XXX	XXX	.....
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
6.2 Amounts in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
6.3 Total (Lines 6.1 + 6.2) .....	XXX	XXX	XXX	.....
6.4 Amounts in excess of \$2 million per contract (New Jersey Only) .....	XXX	XXX	XXX	.....
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota only) .....	XXX	XXX	XXX	.....
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract .....	XXX	XXX	XXX	.....
7.2 All amounts .....	XXX	XXX	XXX	.....
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only) .....	XXX	XXX	XXX	.....
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contract holder (New Jersey Only) .....	XXX	XXX	XXX	.....
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract. (New Jersey Only) .....	XXX	XXX	XXX	.....
10. Aggregate write-ins for other deductions				
BASE				
11. Current Year (20__)				
<b>DETAILS OF WRITE-INS</b>				
1001. ....	.....	.....	.....	.....
1002. ....	.....	.....	.....	.....
1003. ....	.....	.....	.....	.....
1098. Summary of remaining write-ins for Line 10 from overflow page .....	.....	.....	.....	.....
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	.....	.....	.....	.....

**OVERFLOW PAGE FOR WRITE-INS**

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.....  
Affix Bar Code Here

**PROPERTY/CASUALTY SUPPLEMENTS**

For the Year Ended December 31, 2006  
(To Be Filed On Or Before March 1)

Of The..... Insurance Company

Address (City, State and Zip Code).....

NAIC Group Code..... NAIC Company Code ..... Employer's ID Number .....



**SCHEDULE F – PART 3**  
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	Reinsurance Payable		18 Net Amount Recoverable From Reinsurers [16+17]	19 Funds Held by Company Under Reinsurance Treaties
															16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
9999999 Totals																		

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Company	2 Commission Rate	3 Ceded Premium
1) .....	.....	.....
2) .....	.....	.....
3) .....	.....	.....
4) .....	.....	.....
5) .....	.....	.....

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1) .....	.....	.....	Yes [ ] No [ ]
2) .....	.....	.....	Yes [ ] No [ ]
3) .....	.....	.....	Yes [ ] No [ ]
4) .....	.....	.....	Yes [ ] No [ ]
5) .....	.....	.....	Yes [ ] No [ ]

**SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES**

**SCHEDULE P – PART 1 – SUMMARY**  
(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct And Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												XXX
3. 1998.....												XXX
4. 1999.....												XXX
5. 2000.....												XXX
6. 2001.....												XXX
7. 2002.....												XXX
8. 2003.....												XXX
9. 2004.....												XXX
10. 2005.....												XXX
11. 2006.....												XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													XXX
2. ....													XXX
3. ....													XXX
4. ....													XXX
5. ....													XXX
6. ....													XXX
7. ....													XXX
8. ....													XXX
9. ....													XXX
10. ....													XXX
11. ....													XXX
12. ....													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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



**SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting & Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1D – WORKERS' COMPENSATION**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10	11
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	5	6	7	8	9		Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
1. ....	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1E – COMMERCIAL MULTIPLE PERIL**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10		11
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received		Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. ....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS-MADE**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10	11
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded		Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12.Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. ....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN, MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)  
(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												XXX
3. 1998.....												XXX
4. 1999.....												XXX
5. 2000.....												XXX
6. 2001.....												XXX
7. 2002.....												XXX
8. 2003.....												XXX
9. 2004.....												XXX
10. 2005.....												XXX
11. 2006.....												XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		



**SCHEDULE P – PART 1H – SECTION 1 – OTHER LIABILITY – OCCURRENCE**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10	11
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4	5	6	7	8	9		Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20	Direct and Assumed	Ceded			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 1997.....												
3. 1998.....												
4. 1999.....												
5. 2000.....												
6. 2001.....												
7. 2002.....												
8. 2003.....												
9. 2004.....												
10. 2005.....												
11. 2006.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P—PART 11—SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)  
(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1J – AUTO PHYSICAL DAMAGE**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1K – FIDELITY/SURETY**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

**SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	
2. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
3. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
4. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1M – INTERNATIONAL**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. ....													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		



**SCHEDULE P – PART 10 – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY  
(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

**SCHEDULE P – PART 1P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES  
(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number Of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

**SCHEDULE P – PART 1R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE**  
 (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 1998.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**  
**(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 2 – SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 1998.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 1999.....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2000.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2001.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
7. 2002.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX
										12. Totals		

**SCHEDULE P – PART 2A – HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2D – WORKERS' COMPENSATION**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX

**SCHEDULE P – PART 2F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS-MADE**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX

**SCHEDULE P – PART 2G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX

**SCHEDULE P – PART 2H – SECTION 1 – OTHER LIABILITY – OCCURRENCE**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX

**SCHEDULE P – PART 2H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX



**SCHEDULE P – PART 2I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

**SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

**SCHEDULE P – PART 2K – FIDELITY, SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

**SCHEDULE P – PART 2L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

**SCHEDULE P – PART 2M – INTERNATIONAL**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....		XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
12. Totals												

**SCHEDULE P – PART 2N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P – PART 2O – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P – PART 2P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P – PART 2R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE**

1. Prior.....												
2. 1997.....												
3. 1998.....	XXX											
4. 1999.....	XXX	XXX										
5. 2000.....	XXX	XXX	XXX									
6. 2001.....	XXX	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX	XXX	XXX							
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
4. Totals											XXX	XXX

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)  
DURING THE YEAR**

NAIC Group Code	Line of Business	BUSINESS IN THE STATE OF			NAIC Company Code								
		1 Direct Premiums Written	2 Direct Premiums Earned	3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1. Fire												
	2.1 Allied lines												
	2.2 Multiple peril crop												
	2.3 Federal flood												
	3. Farmowners multiple peril												
	4. Homeowners multiple peril												
	5.1 Commercial multiple peril (non-liability portion)												
	5.2 Commercial multiple peril (liability portion)												
	6. Mortgage guaranty												
	8. Ocean marine												
	9. Inland marine												
	10. Financial guaranty												
	11. Medical malpractice												
	12. Earthquake												
	13. Group accident and health (b)												
	14. Credit A & H (group and individual)												
	15.1 Collectively renewable A & H (b)												
	15.2 Non-cancelable A & H (b)												
	15.3 Guaranteed renewable A & H (b)												
	15.4 Non-renewable for stated reasons only (b)												
	15.5 Other accident only												
	15.6 All other A & H (b)												
	15.7 Federal employees health benefits program premium (b)												
	16. Workers compensation												
	17. Other liability												
	18. Products liability												
	19.1 Private passenger auto no-fault (personal injury protection)												
	19.2 Other private passenger auto liability												
	19.3 Commercial auto no-fault (personal injury protection)												
	19.4 Other commercial auto liability												
	21.1 Private passenger auto physical damage												
	21.2 Commercial auto physical damage												
	22. Aircraft (all perils)												
	23. Fidelity												
	24. Surety												
	26. Burglary and theft												
	27. Boilers and machinery												
	28. Credit and machinery												
	33. Aggregate writes-ins for other lines of business												
	34. TOTALS (a)												
	<b>DETAILS OF WRITE-INS</b>												
	3301.												
	3302.												
	3303.												
	3398. Summary of remaining write-ins for Line 33 from overflow page												
	3399. Totals (Lines 3301 through 3303 plus 3398) (Line 33 above)												

(a) Finance and service charges not included in Lines 1 to 34 S ..... and number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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## INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2006

(To Be Filed by April 1)

OF THE (Name) .....

ADDRESS (City, State and Zip Code) .....

NAIC Group Code ..... NAIC Company Code ..... Employer's Identification Number (FEIN) .....

Contact Person ..... Title ..... Telephone (.....) .....

**IF MODIFICATIONS AND/OR CHANGES AFFECTING THIS EXHIBIT ARE MADE TO THE ANNUAL STATEMENT SUBSEQUENT TO THE FILING OF THIS EXHIBIT, AN AMENDED ANNUAL STATEMENT AND INSURANCE EXPENSE EXHIBIT MUST BE FILED WITH THE APPROPRIATE INSURANCE DEPARTMENT.**

- (1) Refer to the *Annual Statement Instructions* for Uniform Classification of Expenses for definition of Expense Groups and instructions for allocation of expenses to lines of business.
- (2) Compute all ratios to nearest fourth place and express as percentages, e.g. 48.3.
- (3) There should be submitted in Interrogatory 4 a detailed statement or footnote with respect to any item or items requiring special comment or explanation.
- (4) Parts I, II and III only: Report all amounts to the nearest thousand or through truncation of digits below a thousand. (Example: \$602,503 may be reported as \$603 by rounding or as \$602 by truncation.)
- (5) Interrogatories only: Report all amounts in whole dollars. Do NOT omit thousands.
- (6) Each individual insurer whether or not a member of a group must submit this exhibit.

### INTERROGATORIES

1. Change in reserve for deferred maternity and other similar benefits are reflected in:
  - 1.1 Premiums Earned..... [ ]
  - 1.2 Losses Incurred..... [ ]
  - 1.3 Not Applicable..... [ ]
  
2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:
  - 2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2..... \$.....
  - 2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2..... \$.....
  - 2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2..... \$.....
  - 2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2..... \$.....
  - 2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2..... \$.....
  
3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:
  - 3.1 Net Investment Income..... \$.....
  - 3.2 Net realized Capital Gain or (Loss)..... \$.....
  
- 4.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [ ] No [ ]
- 4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached. Yes [ ] No [ ]
- 4.3 If yes, explain:.....  
 .....  
 .....  
 .....



**PART I – ALLOCATION TO EXPENSE GROUPS**  
(000 OMITTED)

Operating Expense Classifications	1 Loss Adjustment Expense	Other Underwriting Expenses			5 Investment Expenses	6 Total Expenses
		2 Acquisition, Field Supervision and Collection Expenses	3 General Expenses	4 Taxes, Licenses and Fees		
1. Claim adjustment services:						
1.1 Direct .....						
1.2 Reinsurance assumed .....						
1.3 Reinsurance ceded .....						
1.4 Net claim adjustment services (Lines 1.1+1.2-1.3) .....						
2. Commission and brokerage:						
2.1 Direct excluding contingent .....						
2.2 Reinsurance assumed excluding contingent .....						
2.3 Reinsurance ceded excluding contingent .....						
2.4 Contingent—direct .....						
2.5 Contingent—reinsurance assumed .....						
2.6 Contingent—reinsurance ceded .....						
2.7 Policy and membership fees .....						
2.8 Net commission and brokerage (Lines 2.1+2.2-2.3+2.4+2.5-2.6+2.7) .....						
3. Allowances to managers and agents .....						
4. Advertising .....						
5. Boards, bureaus and associations .....						
6. Surveys and underwriting reports .....						
7. Audit of assureds' records .....						
8. Salary related items:						
8.1 Salaries .....						
8.2 Payroll taxes .....						
9. Employee relations and welfare .....						
10. Insurance .....						
11. Directors' fees .....						
12. Travel and travel items .....						
13. Rent and rent items .....						
14. Equipment .....						
15. Cost or depreciation of EDP equipment and software .....						
16. Printing and stationery .....						
17. Postage, telephone and telegraph, exchange and express .....						
18. Legal and auditing .....						
19. Totals (Lines 3 to 18) .....						
20. Taxes, licenses and fees:						
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....						
20.2 Insurance department licenses and fees .....						
20.3 Gross guaranty association assessments .....						
20.4 All other (excl. Fed. and foreign income and real estate) .....						
20.5 Total taxes, licenses and fees (Lines 20.1+20.2+20.3+20.4) .....						
21. Real estate expenses .....						
22. Real estate taxes .....						
23. Reimbursements by uninsured plans .....	XXX	XXX	XXX	XXX	XXX	XXX
24. Aggregate write-ins for miscellaneous operating expenses						
25. TOTAL EXPENSES INCURRED						
<b>DETAILS OF WRITE-INS</b>						
2401. ....						
2402. ....						
2403. ....						
2498. Summary of remaining write-ins for Line 24 from overflow page .....						
2499. TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)						

**PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE  
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE  
(000 OMITTED)**

	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		Unpaid Losses		Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1. Fire.....	XXX		100.0																			
2.1 Allied Lines.....	XXX		100.0																			
2.2 Multiple Peril Crop.....	XXX		100.0																			
2.3 Federal Flood.....	XXX		100.0																			
3. Farmowners Multiple Peril.....	XXX		100.0																			
4. Homeowners Multiple Peril.....	XXX		100.0																			
5.1 Commercial Multiple Peril (Non-Liability Portion).....	XXX		100.0																			
5.2 Commercial Multiple Peril (Liability Portion).....	XXX		100.0																			
6. Mortgage Guaranty.....	XXX		100.0																			
8. Ocean Marine.....	XXX		100.0																			
9. Inland Marine.....	XXX		100.0																			
10. Financial Guaranty.....	XXX		100.0																			
11. Medical Malpractice.....	XXX		100.0																			
12. Earthquake.....	XXX		100.0																			
13. Group A&H (See Interrogatory 1).....	XXX		100.0																			
14. Credit A&H.....	XXX		100.0																			
15. Other A&H (See Interrogatory 1).....	XXX		100.0																			
16. Workers Compensation.....	XXX		100.0																			
17. Other Liability.....	XXX		100.0																			
18. Products Liability.....	XXX		100.0																			
19.1, 19.2 Private Passenger Auto Liability.....	XXX		100.0																			
19.3, 19.4 Commercial Auto Liability.....	XXX		100.0																			
21.1 Private Passenger Auto Physical Damage.....	XXX		100.0																			
21.2 Commercial Auto Physical Damage.....	XXX		100.0																			
22. Aircraft (all perils).....	XXX		100.0																			
23. Fidelity.....	XXX		100.0																			
24. Surety.....	XXX		100.0																			
26. Burglary and Theft.....	XXX		100.0																			
27. Boiler and Machinery.....	XXX		100.0																			
28. Credit.....	XXX		100.0																			
29. International.....	XXX		100.0																			
30, 31, 32. Reinsurance-Nonproportional Assumed.....	XXX		100.0																			
33. Aggregate write-ins for Other Lines of Business.....	XXX		100.0																			
34. TOTAL (Lines 1 through 33)	XXX		100.0																			
<b>DETAILS OF WRITE-INS</b>																						
3301.....	XXX		100.0																			
3302.....	XXX		100.0																			
3303.....	XXX		100.0																			
3398. Summary of remaining write-ins for Line 33 from overflow page.....	XXX		100.0																			
3399. TOTALS (Lines 3301 thru 3303 plus 3398)(Line 33 above)	XXX		100.0																			

**PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (continued)**  
**PREMIUMS LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE**  
**(000 OMITTED)**

	Commission and Brokerage Expenses Incurred (IEE Pt. 1, Line 2.8, Col. 2)		Taxes, Licenses & Fees Incurred (IEE Pt. 1, Line 20.5, Col. 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25, minus 2.8 Col. 2)		General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss		
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	
1. Fire.....																					
2.1 Allied Lines.....																					
2.2 Multiple Peril Crop.....																					
2.3 Federal Flood.....																					
3. Farmowners Multiple Peril.....																					
4. Homeowners Multiple Peril.....																					
5.1 Commercial Multiple Peril (Non-Liability Portion).....																					
5.2 Commercial Multiple Peril (Liability Portion).....																					
6. Mortgage Guaranty.....																					
8. Ocean Marine.....																					
9. Inland Marine.....																					
10. Financial Guaranty.....																					
11. Medical Malpractice.....																					
12. Earthquake.....																					
13. Group A&H (See Interrogatory 1).....																					
14. Credit A&H.....																					
15. Other A&H (See Interrogatory 1).....																					
16. Workers' Compensation.....																					
17. Other Liability.....																					
18. Products Liability.....																					
19.1, 19.2 Private Passenger Auto Liability.....																					
19.3, 19.4 Commercial Auto Liability.....																					
21.1 Private Passenger Auto Physical Damage.....																					
21.2 Commercial Auto Physical Damage.....																					
22. Aircraft (all perils).....																					
23. Fidelity.....																					
24. Surety.....																					
26. Burglary and Theft.....																					
27. Boiler and Machinery.....																					
28. Credit.....																					
29. International.....																					
30, 31, 32. Reinsurance-Nonproportional Assumed.....																					
33. Aggregate write-ins for Other Lines of Business.....																					
34. TOTAL (Lines 1 through 33)																					
<b>DETAILS OF WRITE-INS</b>																					
3301.....																					
3302.....																					
3303.....																					
3398. Summary of remaining write-ins for Line 33 from overflow page.....																					
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above)																					

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.



**PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (continued)  
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN  
(000 OMITTED)**

	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9. Inland Marine.....												
10. Financial Guaranty.....												
11. Medical Malpractice.....												
12. Earthquake.....												
13. Group A&H (See Interrogatory 1).....												
14. Credit A&H.....												
15. Other A&H (See Interrogatory 1).....												
16. Workers' Compensation.....												
17. Other Liability.....												
18. Products Liability.....												
19.1, 19.2 Private Passenger Auto Liability.....												
19.3, 19.4 Commercial Auto Liability.....												
21.1 Private Passenger Auto Physical Damage.....												
21.2 Commercial Auto Physical Damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and Theft.....												
27. Boiler and Machinery.....												
28. Credit.....												
29. International.....												
33. Aggregate write-ins for Other Lines of Business.....												
34. TOTAL (Lines 1 through 33)												
<b>DETAILS OF WRITE-INS</b>												
3301.....												
3302.....												
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....												
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above)												

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**OVERFLOW PAGE FOR WRITE-INS**

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