3 4 7 1 1 2 0 0 8 2 0 1 0 0 1 0 1

**PROPERTY AND CASUALTY COMPANIES —ASSOCIATION EDITION**

# QUARTERLY STATEMENT

## AS OF MARCH 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

## COMPUTER INSURANCE COMPANY

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 34711 Employer's ID Number 05-0443418

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island

Country of Domicile United States

Incorporated/Organized 01/01/1989 Commenced Business 07/01/1989

Statutory Home Office 10 Weybosset Street, Suite 502 (Street and Number), Providence, RI 02903-2818 (City or Town, State and Zip Code)

Main Administrative Office 10 Weybosset Street, Suite 502 (Street and Number) Providence, RI 02903-2818 (City or Town, State and Zip Code) 401-431-2920 (Area Code) (Telephone Number)

Mail Address 10 Weybosset Street, Suite 502 (Street and Number or P.O. Box), Providence, RI 02903-2818 (City or Town, State and Zip Code)

Primary Location of Books and Records 10 Weybosset Street, Suite 502 (Street and Number) Providence, RI 02903-2818 (City or Town, State and Zip Code) 401-431-2920 (Area Code) (Telephone Number

Internet Website Address

Statutory Statement Contact Glen F. Nunez (Name) 401-431-2920 (Area Code) (Telephone Number) (Extension)

Glen.Nunez@hp.com (E-Mail Address) 978-461-2288 (Fax Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Irving H. Rothman | President | Louis B. Fontana Jr. | Secretary |
| Richard K. Olsen | Chief Financial Officer | | |

## OTHER OFFICERS

| | | | |
|---|---|---|---|
| Paul C. Brisson | Vice President | Roy Bishop | Vice President |
| Gerri Gold | Vice President | G. Daniel McCarthy | Vice President |
| Desire Mason-Jimerson | Asst Secretary | Frank McGann | Asst Secretary |

## DIRECTORS OR TRUSTEES

| | | | |
|---|---|---|---|
| Irving H. Rothman | G. Daniel McCarthy | Richard Olsen | |

State of Massachusetts
County of Middlesex ss

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.

| Paul C. Brisson | Louis B. Fontana Jr. | Richard K. Olsen |
|---|---|---|
| Vice President | Secretary | Chief Financial Officer |

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

# ASSETS

| | Current Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | 1,550,889 | | 1,550,889 | 1,553,758 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less $ ..... encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less $ ..... encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less $ ..... encumbrances) | | | 0 | 0 |
| 5. Cash ($ (26,964) ), cash equivalents ($ 0 ) and short-term investments ($ 39,097,832 ) | 39,070,868 | | 39,070,868 | 38,552,167 |
| 6. Contract loans, (including $ ..... premium notes) | | | 0 | 0 |
| 7. Other invested assets | 0 | 0 | 0 | 0 |
| 8. Receivables for securities | | | 0 | 0 |
| 9. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 10. Subtotals, cash and invested assets (Lines 1 to 9) | 40,621,757 | 0 | 40,621,757 | 40,105,925 |
| 11. Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 12. Investment income due and accrued | 68,216 | | 68,216 | 85,122 |
| 13. Premiums and considerations: | | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | 952,589 | | 952,589 | 1,001,167 |
| 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums) | | | 0 | 0 |
| 13.3 Accrued retrospective premiums | | | 0 | 0 |
| 14. Reinsurance: | | | | |
| 14.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 14.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 14.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 15. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 16.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 16.2 Net deferred tax asset | 7,152 | | 7,152 | 8,456 |
| 17. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 18. Electronic data processing equipment and software | | | 0 | 0 |
| 19. Furniture and equipment, including health care delivery assets ($ ..... ) | | | 0 | 0 |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 21. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 22. Health care ($ ..... ) and other amounts receivable | | | 0 | 0 |
| 23. Aggregate write-ins for other than invested assets | 100,596 | 0 | 100,596 | 0 |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) | 41,750,310 | 0 | 41,750,310 | 41,200,670 |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 26. Total (Lines 24 and 25) | 41,750,310 | 0 | 41,750,310 | 41,200,670 |
| **DETAILS OF WRITE-INS** | | | | |
| 0901. | | | | |
| 0902. | | | | |
| 0903. | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above) | 0 | 0 | 0 | 0 |
| 2301. Miscellaneous Receivables | 100,596 | | 100,596 | 0 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 100,596 | 0 | 100,596 | 0 |

# LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1<br>Current<br>Statement Date | 2<br>December 31,<br>Prior Year |
|---|---|---|
| 1. Losses (current accident year $ ) | 173,075 | 189,953 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | 0 |
| 3. Loss adjustment expenses | 118,833 | 116,861 |
| 4. Commissions payable, contingent commissions and other similar charges | | 0 |
| 5. Other expenses (excluding taxes, licenses and fees) | | 0 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | 19,121 |
| 7.1 Current federal and foreign income taxes (including $ on realized capital gains (losses)) | 2,848,378 | 2,425,667 |
| 7.2 Net deferred tax liability | | 0 |
| 8. Borrowed money $ and interest thereon $ | | 0 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of $ and including warranty reserves of $ ) | (620,529) | 13,412 |
| 10. Advance premium | | 0 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | 0 |
| 11.2 Policyholders | | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | 0 |
| 13. Funds held by company under reinsurance treaties | | 0 |
| 14. Amounts withheld or retained by company for account of others | | 0 |
| 15. Remittances and items not allocated | | 0 |
| 16. Provision for reinsurance | | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | 0 |
| 18. Drafts outstanding | | 0 |
| 19. Payable to parent, subsidiaries and affiliates | 67,044 | 55,878 |
| 20. Payable for securities | | 0 |
| 21. Liability for amounts held under uninsured plans | | 0 |
| 22. Capital notes $ and interest thereon $ | | 0 |
| 23. Aggregate write-ins for liabilities | 0 | 0 |
| 24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) | 2,586,801 | 2,820,892 |
| 25. Protected cell liabilities | | 0 |
| 26. Total liabilities (Lines 24 and 25) | 2,586,801 | 2,820,892 |
| 27. Aggregate write-ins for special surplus funds | 0 | 0 |
| 28. Common capital stock | 2,500,000 | 2,500,000 |
| 29. Preferred capital stock | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 31. Surplus notes | | 0 |
| 32. Gross paid in and contributed surplus | 7,500,000 | 7,500,000 |
| 33. Unassigned funds (surplus) | 29,163,509 | 28,379,778 |
| 34. Less treasury stock, at cost: | | |
| 34.1 shares common (value included in Line 28 $ ) | | 0 |
| 34.2 shares preferred (value included in Line 29 $ ) | | 0 |
| 35. Surplus as regards policyholders (Lines 27 to 33, less 34) | 39,163,509 | 38,379,778 |
| 36. TOTALS | 41,750,310 | 41,200,670 |
| **DETAILS OF WRITE-INS** | | |
| 2301. | | |
| 2302. | | |
| 2303. | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above) | 0 | 0 |
| 2701. | | |
| 2702. | | |
| 2703. | | |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | 0 | 0 |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) | 0 | 0 |
| 3001. | | |
| 3002. | | |
| 3003. | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | 0 | 0 |
| 3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above) | 0 | 0 |

# STATEMENT OF INCOME

| | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **UNDERWRITING INCOME** | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written $ 1,377,400 ) | 1,388,129 | 1,742,256 | 5,780,544 |
| 1.2 Assumed (written $ ) | 173,325 | 301,950 | 1,597,614 |
| 1.3 Ceded (written $ ) | 206,841 | 220,496 | 894,117 |
| 1.4 Net (written $ 1,377,400 ) | 1,354,613 | 1,823,710 | 6,484,041 |
| **DEDUCTIONS:** | | | |
| 2. Losses incurred (current accident year $ ): | | | |
| 2.1 Direct | (6,311) | 42,018 | 156,778 |
| 2.2 Assumed | 0 | 0 | (6,600) |
| 2.3 Ceded | 0 | 0 | |
| 2.4 Net | (6,311) | 42,018 | 150,178 |
| 3. Loss adjustment expenses incurred | 58,990 | 47,256 | 170,684 |
| 4. Other underwriting expenses incurred | 361,116 | 367,635 | 1,157,706 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 413,795 | 456,909 | 1,478,568 |
| 7. Net income of protected cells | | 0 | 0 |
| 8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7) | 940,818 | 1,366,801 | 5,005,473 |
| **INVESTMENT INCOME** | | | |
| 9. Net investment income earned | 266,928 | 254,133 | 1,287,606 |
| 10. Net realized capital gains (losses) less capital gains tax of $ | | 0 | 0 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 266,928 | 254,133 | 1,287,606 |
| **OTHER INCOME** | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $ amount charged off $ ) | | 0 | 0 |
| 13. Finance and service charges not included in premiums | | 0 | 0 |
| 14. Aggregate write-ins for miscellaneous income | 0 | 0 | 0 |
| 15. Total other income (Lines 12 through 14) | 0 | 0 | 0 |
| 16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 1,207,746 | 1,620,934 | 6,293,079 |
| 17. Dividends to policyholders | | 0 | 0 |
| 18. Net income, after dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 1,207,746 | 1,620,934 | 6,293,079 |
| 19. Federal and foreign income taxes incurred | 422,711 | 567,327 | 2,114,516 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 785,035 | 1,053,607 | 4,178,563 |
| **CAPITAL AND SURPLUS ACCOUNT** | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 38,379,778 | 34,202,776 | 34,202,776 |
| 22. Net income (from Line 20) | 785,035 | 1,053,607 | 4,178,563 |
| 23. Net transfers (to) from Protected Cell accounts | | 0 | 0 |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of $ | | 0 | 0 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | 0 | 0 |
| 26. Change in net deferred income tax | (1,304) | (1,088) | (1,561) |
| 27. Change in nonadmitted assets | | 0 | 0 |
| 28. Change in provision for reinsurance | | 0 | 0 |
| 29. Change in surplus notes | | 0 | 0 |
| 30. Surplus (contributed to) withdrawn from protected cells | | 0 | 0 |
| 31. Cumulative effect of changes in accounting principles | | 0 | 0 |
| 32. Capital changes: | | | |
| 32.1 Paid in | | 0 | 0 |
| 32.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| 32.3 Transferred to surplus | | 0 | 0 |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | | 0 | 0 |
| 33.2 Transferred to capital (Stock Dividend) | | 0 | 0 |
| 33.3 Transferred from capital | | 0 | 0 |
| 34. Net remittances from or (to) Home Office | | 0 | 0 |
| 35. Dividends to stockholders | | 0 | 0 |
| 36. Change in treasury stock | | 0 | 0 |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 783,731 | 1,052,519 | 4,177,002 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 39,163,509 | 35,255,295 | 38,379,778 |
| **DETAILS OF WRITE-INS** | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 | 0 |
| 3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) | 0 | 0 | 0 |

# CASH FLOW

| | 1<br>Current Year<br>To Date | 2<br>Prior Year Ended<br>December 31 |
|---|---|---|
| **Cash from Operations** | | |
| 1. Premiums collected net of reinsurance | 769,250 | 6,678,050 |
| 2. Net investment income | 286,703 | 1,229,083 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 to 3) | 1,055,953 | 7,907,133 |
| 5. Benefits and loss related payments | 10,567 | 172,419 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 426,089 | 1,313,358 |
| 8. Dividends paid to policyholders | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | | 3,309,927 |
| 10. Total (Lines 5 through 9) | 436,656 | 4,795,704 |
| 11. Net cash from operations (Line 4 minus Line 10) | 619,297 | 3,111,429 |
| **Cash from Investments** | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 0 | 0 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 0 | 1,554,609 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 1,554,609 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | (1,554,609) |
| **Cash from Financing and Miscellaneous Sources** | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | | 0 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | (100,596) | 6,137 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (100,596) | 6,137 |
| **RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS** | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 518,701 | 1,562,957 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 38,552,167 | 36,989,210 |
| 19.2 End of period (Line 18 plus Line 19.1) | 39,070,868 | 38,552,167 |

# NOTES TO FINANCIAL STATEMENTS

No meterial change from the Annual Statement.

# GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

## PART 1 - COMMON INTERROGATORIES
## GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

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 [X]

2.2 If yes, date of change: .....

If not previously filed, furnish herewith a certified copy of the instrument as amended.

3. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

4.2 If yes, provide the name of 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ ] NA [X]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2005

6.2 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. ..... 12/31/2005

6.3 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). ..... 12/14/2006

6.4 By what department or departments?

RI Department of Revenue.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [X] No [ ] NA [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with?..... Yes [X] No [ ] NA [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... Yes [ ] No [X]

7.2 If yes, give full information:

.....

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

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 [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>OTS | 6<br>FDIC | 7<br>SEC |
|---|---|---|---|---|---|---|
| | | | | | | |

# GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

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

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

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

| | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|---|---|
| 14.21 Bonds | $ | $ |
| 14.22 Preferred Stock | $ | $ |
| 14.23 Common Stock | $ | $ |
| 14.24 Short-Term Investments | $ | $ |
| 14.25 Mortgage Loans on Real Estate | $ | $ |
| 14.26 All Other | $ | $ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | $ 0 | $ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | $ | $ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

# GENERAL INTERROGATORIES

16. 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 Section 3, III Conducting Examinations, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [X] No [ ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| Bank of America | 200 N. College St. Charlottle, NC 28288 |

16.2 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<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [X]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

16.5 Identify all investment advisors, brokers/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<br>Central Registration Depository | 2<br>Name(s) | 3<br>Address |
|---|---|---|
| | | |

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

17.2 If no, list exceptions:

.....

# GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

## PART 2
## PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ ] NA [X]

   If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [X]

   If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [X]

3.2 If yes, give full and complete information thereto.

.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? ..... Yes [ ] No [X]

4.2 If yes, complete the following schedule:

| | | | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1<br>Line of Business | 2<br>Maximum Interest | 3<br>Discount Rate | 4<br>Unpaid Losses | 5<br>Unpaid LAE | 6<br>IBNR | 7<br>TOTAL | 8<br>Unpaid Losses | 9<br>Unpaid LAE | 10<br>IBNR | 11<br>TOTAL |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# SCHEDULE F—CEDED REINSURANCE

**Showing all new reinsurers - Current Year to Date**

| 1<br>NAIC<br>Company Code | 2<br>Federal<br>ID Number | 3<br>Name of Reinsurer | 4<br>Location | 5<br>Is Insurer<br>Authorized?<br>(Yes or No) |
|---|---|---|---|---|
| | | AFFILIATES | | |
| | | US INSURERS | | |
| | | POOLS AND ASSOCIATIONS | | |
| | | ALL OTHER INSURERS | | |

NONE

# SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

**Current Year to Date - Allocated by States and Territories**

| | 1 | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 |
| States, etc. | Active Status | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date |
| 1. Alabama AL | | | 0 | | 0 | | 0 |
| 2. Alaska AK | | | 0 | | 0 | | 0 |
| 3. Arizona AZ | L | 25,693 | 26,930 | | 0 | 1,502 | 1,297 |
| 4. Arkansas AR | | | 0 | | 0 | | 0 |
| 5. California CA | L | 174,185 | 158,525 | | 0 | 10,183 | 7,638 |
| 6. Colorado CO | | | 0 | | 0 | | 0 |
| 7. Connecticut CT | L | 21,895 | 29,798 | | 0 | 1,280 | 1,436 |
| 8. Delaware DE | | | 0 | | 0 | | 0 |
| 9. District of Columbia DC | L | 11,224 | 8,736 | | 0 | 656 | 421 |
| 10. Florida FL | L | 0 | 0 | | 0 | | 0 |
| 11. Georgia GA | L | 110,020 | 94,258 | | 0 | 6,432 | 4,541 |
| 12. Hawaii HI | | | 0 | | 0 | | 0 |
| 13. Idaho ID | | | 0 | | 0 | | 0 |
| 14. Illinois IL | L | 52,321 | 44,751 | | 0 | 3,059 | 2,156 |
| 15. Indiana IN | L | 1,944 | 13,828 | | 0 | 114 | 666 |
| 16. Iowa IA | | | 0 | | 0 | | 0 |
| 17. Kansas KS | | | 0 | | 0 | | 0 |
| 18. Kentucky KY | L | 0 | 0 | | 0 | | 0 |
| 19. Louisiana LA | | | 0 | | 0 | | 0 |
| 20. Maine ME | L | 0 | 2,136 | | 0 | 0 | 103 |
| 21. Maryland MD | | | 0 | | 0 | | 0 |
| 22. Massachusetts MA | L | 29,618 | 54,056 | | 0 | 1,732 | 2,604 |
| 23. Michigan MI | L | 33,827 | 42,284 | | 0 | 1,978 | 2,037 |
| 24. Minnesota MN | L | 10,655 | 26,309 | | 0 | 623 | 1,268 |
| 25. Mississippi MS | | | 0 | | 0 | | 0 |
| 26. Missouri MO | L | 39,689 | 64,213 | | 0 | 2,320 | 3,094 |
| 27. Montana MT | | | 0 | | 0 | | 0 |
| 28. Nebraska NE | | | 0 | | 0 | | 0 |
| 29. Nevada NV | | | 0 | | 0 | | 0 |
| 30. New Hampshire NH | L | 3,342 | 3,447 | | 0 | 195 | 166 |
| 31. New Jersey NJ | L | 187,404 | 217,145 | | 0 | 10,956 | 10,462 |
| 32. New Mexico NM | | | 0 | | 0 | | 0 |
| 33. New York NY | L | 187,399 | 217,709 | | 0 | 28,956 | 10,489 |
| 34. North Carolina NC | L | 113,113 | 221,996 | | 0 | 6,613 | 10,695 |
| 35. North Dakota ND | | | 0 | | 0 | | 0 |
| 36. Ohio OH | L | 47,933 | 136,616 | | 0 | 2,802 | 6,582 |
| 37. Oklahoma OK | | | 0 | | 0 | | 0 |
| 38. Oregon OR | | | 0 | | 0 | | 0 |
| 39. Pennsylvania PA | L | 139,483 | 132,765 | | 0 | 8,154 | 6,396 |
| 40. Rhode Island RI | L | 85,021 | 156,431 | 10,567 | 26,272 | 54,521 | 152,567 |
| 41. South Carolina SC | | | 0 | | 0 | | 0 |
| 42. South Dakota SD | | | 0 | | 0 | | 0 |
| 43. Tennessee TN | L | 0 | 0 | | 0 | | 0 |
| 44. Texas TX | L | 87,926 | 53,403 | | 0 | 5,140 | 2,573 |
| 45. Utah UT | | | 0 | | 0 | | 0 |
| 46. Vermont VT | L | 13,401 | 6,343 | | 0 | 783 | 306 |
| 47. Virginia VA | | | 0 | | 0 | | 0 |
| 48. Washington WA | | | 0 | | 0 | | 0 |
| 49. West Virginia WV | | | 0 | | 0 | | 0 |
| 50. Wisconsin WI | L | 1,307 | 15,414 | | 0 | 76 | 743 |
| 51. Wyoming WY | | | 0 | | 0 | | 0 |
| 52. American Samoa AS | | | 0 | | 0 | | 0 |
| 53. Guam GU | | | 0 | | 0 | | 0 |
| 54. Puerto Rico PR | | | 0 | | 0 | | 0 |
| 55. U.S. Virgin Islands VI | | | 0 | | 0 | | 0 |
| 56. Northern Mariana Islands MP | | | 0 | | 0 | | 0 |
| 57. Canada CN | | | 0 | | 0 | | 0 |
| 58. Aggregate Other Alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (a) 25 | 1,377,400 | 1,727,093 | 10,567 | 26,272 | 148,075 | 228,240 |
| **DETAILS OF WRITE-INS** | | | | | | | |
| 5801. | XXX | | | | | | |
| 5802. | XXX | | | | | | |
| 5803. | XXX | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

# PART 1 - LOSS EXPERIENCE

| | Lines of Business | Current Year to Date 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | 4 Prior Year to Date Direct Loss Percentage |
|---|---|---|---|---|---|
| 1. | Fire | | | 0.0 | 0.0 |
| 2. | Allied Lines | | | 0.0 | 0.0 |
| 3. | Farmowners multiple peril | | | 0.0 | 0.0 |
| 4. | Homeowners multiple peril | | | 0.0 | 0.0 |
| 5. | Commercial multiple peril | | | 0.0 | 0.0 |
| 6. | Mortgage guaranty | | | 0.0 | 0.0 |
| 8. | Ocean marine | | | 0.0 | 0.0 |
| 9. | Inland marine | 1,388,129 | (6,311) | (0.5) | 2.4 |
| 10. | Financial guaranty | | | 0.0 | 0.0 |
| 11.1 | Medical malpractice - occurrence | | | 0.0 | 0.0 |
| 11.2 | Medical malpractice - claims-made | | | 0.0 | 0.0 |
| 12. | Earthquake | | | 0.0 | 0.0 |
| 13. | Group accident and health | | | 0.0 | 0.0 |
| 14. | Credit accident and health | | | 0.0 | 0.0 |
| 15. | Other accident and health | | | 0.0 | 0.0 |
| 16. | Workers' compensation | | | 0.0 | 0.0 |
| 17.1 | Other liability - occurrence | | | 0.0 | 0.0 |
| 17.2 | Other liability - claims-made | | | 0.0 | 0.0 |
| 18.1 | Products liability - occurrence | | | 0.0 | 0.0 |
| 18.2 | Products liability - claims-made | | | 0.0 | 0.0 |
| 19.1,19.2 | Private passenger auto liability | | | 0.0 | 0.0 |
| 19.3,19.4 | Commercial auto liability | | | 0.0 | 0.0 |
| 21. | Auto physical damage | | | 0.0 | 0.0 |
| 22. | Aircraft (all perils) | | | 0.0 | 0.0 |
| 23. | Fidelity | | | 0.0 | 0.0 |
| 24. | Surety | | | 0.0 | 0.0 |
| 26. | Burglary and theft | | | 0.0 | 0.0 |
| 27. | Boiler and machinery | | | 0.0 | 0.0 |
| 28. | Credit | | | 0.0 | 0.0 |
| 29. | International | | | 0.0 | 0.0 |
| 30. | Warranty | | | 0.0 | 0.0 |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0.0 | 2.4 |
| 35. | TOTALS | 1,388,129 | (6,311) | (0.5) | 2.4 |
| | **DETAILS OF WRITE-INS** | | | | |
| 3401. | | | | | |
| 3402. | | | | | |
| 3403. | | | | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0.0 | 0.0 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | 0 | 0 | 0.0 | 0.0 |

# PART 2 - DIRECT PREMIUMS WRITTEN

| | | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|---|---|---|---|---|
| 1. | Fire | 0 | | 0 |
| 2. | Allied Lines | 0 | | 0 |
| 3. | Farmowners multiple peril | 0 | | 0 |
| 4. | Homeowners multiple peril | 0 | | 0 |
| 5. | Commercial multiple peril | 0 | | 0 |
| 6. | Mortgage guaranty | 0 | | 0 |
| 8. | Ocean marine | 0 | | 0 |
| 9. | Inland marine | 1,377,400 | 1,377,400 | 1,727,093 |
| 10. | Financial guaranty | 0 | | 0 |
| 11.1 | Medical malpractice - occurrence | 0 | | 0 |
| 11.2 | Medical malpractice - claims-made | 0 | | 0 |
| 12. | Earthquake | 0 | | 0 |
| 13. | Group accident and health | 0 | | 0 |
| 14. | Credit accident and health | 0 | | 0 |
| 15. | Other accident and health | 0 | | 0 |
| 16. | Workers' compensation | 0 | | 0 |
| 17.1 | Other liability - occurrence | 0 | | 0 |
| 17.2 | Other liability - claims-made | 0 | | 0 |
| 18.1 | Products liability - occurrence | 0 | | 0 |
| 18.2 | Products liability - claims-made | 0 | | 0 |
| 19.1,19.2 | Private passenger auto liability | 0 | | 0 |
| 19.3,19.4 | Commercial auto liability | 0 | | 0 |
| 21. | Auto physical damage | 0 | | 0 |
| 22. | Aircraft (all perils) | 0 | | 0 |
| 23. | Fidelity | 0 | | 0 |
| 24. | Surety | 0 | | 0 |
| 26. | Burglary and theft | 0 | | 0 |
| 27. | Boiler and machinery | 0 | | 0 |
| 28. | Credit | 0 | | 0 |
| 29. | International | 0 | | 0 |
| 30. | Warranty | 0 | | |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0 |
| 35. | TOTALS | 1,377,400 | 1,377,400 | 1,727,093 |
| | **DETAILS OF WRITE-INS** | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | 0 | 0 | 0 |

# PART 3 (000 omitted)

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | 1<br>Prior Year-End Known Case Loss and LAE Reserves | 2<br>Prior Year-End IBNR Loss and LAE Reserves | 3<br>Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 4<br>2008 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5<br>2008 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6<br>Total 2008 Loss and LAE Payments (Cols. 4 + 5) | 7<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End | 8<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End | 9<br>Q.S. Date IBNR Loss and LAE Reserves | 10<br>Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9) | 11<br>Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1) | 12<br>Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | 13<br>Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2005 + Prior | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 2. 2006 | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 3. Subtotals 2006 + Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2007 | 40 | 267 | 307 | 60 | 4 | 64 | | 3 | 113 | 116 | 20 | (147) | (127) |
| 5. Subtotals 2007 + Prior | 40 | 267 | 307 | 60 | 4 | 64 | 0 | 3 | 113 | 116 | 20 | (147) | (127) |
| 6. 2008 | XXX | XXX | XXX | XXX | 4 | 4 | XXX | 20 | 156 | 176 | XXX | XXX | XXX |
| 7. Totals | 40 | 267 | 307 | 60 | 8 | 68 | 0 | 23 | 269 | 292 | 20 | (147) | (127) |
| 8. Prior Year-End's Surplus As Regards Policyholders | 38,380 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | 1. 50.0 | 2. (55.1) | 3. (41.4) |
| | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. (0.3) |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 on "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 question.

| | RESPONSE |
|---|---|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement? | NO |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

**Explanation:**

1.

2.

3.

**Bar Code:**

1. 3 4 7 1 1 2 0 0 8 4 9 0 0 0 0 0 1

2. 3 4 7 1 1 2 0 0 8 4 5 5 0 0 0 0 1

3. 3 4 7 1 1 2 0 0 8 3 6 5 0 0 0 0 1

# OVERFLOW PAGE FOR WRITE-INS

# SCHEDULE A - VERIFICATION

**Real Estate**

NONE

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisitions | | |
| 2.2 Additional investment made after acquisitions | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | 0 |
| 5. Deduct amounts received on disposals | | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amount | | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

# SCHEDULE B – VERIFICATION

**Mortgage Loans**

NONE

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisitions | | 0 |
| 2.2 Additional investment made after acquisitions | | 0 |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted accounts | | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

# SCHEDULE BA – VERIFICATION

**Other Long Term Invested Assets**

NONE

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisitions | | 0 |
| 2.2 Additional investment made after acquisitions | | 0 |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

# SCHEDULE D – VERIFICATION

**Bonds and Stocks**

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,553,758 | 0 |
| 2. Cost of bonds and stocks acquired | | 1,554,609 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | | 0 |
| 7. Deduct amortization of premium | 2,869 | 851 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 1,550,889 | 1,553,758 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,550,889 | 1,553,758 |

# SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity**
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

| | 1<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| **BONDS** | | | | | | | | |
| 1. Class 1 (a) | 2,861,870 | 3,166,109 | 1,308,112 | (2,869) | 4,716,998 | 0 | 0 | 2,861,870 |
| 2. Class 2 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 3. Class 3 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 4. Class 4 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 5. Class 5 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 6. Class 6 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 2,861,870 | 3,166,109 | 1,308,112 | (2,869) | 4,716,998 | 0 | 0 | 2,861,870 |
| **PREFERRED STOCK** | | | | | | | | |
| 8. Class 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. Class 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. Class 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. Class 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. Class 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. Class 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 2,861,870 | 3,166,109 | 1,308,112 | (2,869) | 4,716,998 | 0 | 0 | 2,861,870 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....; NAIC 2 $.....; NAIC 3 $.....; NAIC 4 $.....; NAIC 5 $.....; NAIC 6 $.....

# SCHEDULE DA - PART 1

**Short-Term Investments Owned End of Current Quarter**

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 8299999 Totals | 39,097,832 | XXX | 39,097,832 | 255,765 | |

# SCHEDULE DA - VERIFICATION

**Short-Term Investments**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 38,692,404 | 27,501,395 |
| 2. Cost of short-term investments acquired | 39,097,832 | 11,191,009 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 38,692,404 | 0 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 39,097,832 | 38,692,404 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 39,097,832 | 38,692,404 |

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

# SCHEDULE E - PART 1 - CASH

**Month End Depository Balances**

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Bank of America Providence, Ri | | | | | (2,407,846) | (169,112) | (26,964) | XXX |
| 0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Totals - Open Depositories | XXX | XXX | | | (2,407,846) | (169,112) | (26,964) | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | | | (2,407,846) | (169,112) | (26,964) | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999 Total Cash | XXX | XXX | | | (2,407,846) | (169,112) | (26,964) | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| 8799999 Totals | | | | | 0 | 0 | 0 |

NONE