

**QUARTERLY STATEMENT**

**OF THE**

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

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE QUARTER ENDED**

**June 30, 2009**

**PROPERTY AND CASUALTY**

**2009**



11837200920100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2009
OF THE CONDITION AND AFFAIRS OF THE
The Castle Hill Insurance Company

NAIC Group Code 3490 (Current Period) 3490 (Prior Period) NAIC Company Code 11837 Employer's ID Number 20-0317088

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

Incorporated/Organized: October 17, 2003 Commenced Business: October 17, 2003

Statutory Home Office: One Beacon Centre, Warwick, RI 02886-1378
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office: One Beacon Centre, Warwick, RI 02886-1378
(Street and Number) (City or Town, State and Zip Code)
401-825-2667 (Area Code) (Telephone Number)

Mail Address: One Beacon Centre, Warwick, RI 02886-1378
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records: One Beacon Centre, Warwick, RI 02886-1378
(Street and Number) (City or Town, State and Zip Code) 401-825-2667 (Area Code) (Telephone Number)

Internet Website Address: N/A

Statutory Statement Contact: Ann Lazzareschi, 401-825-2621
(Name) (Area Code) (Telephone Number) (Extension)
alazzareschi@beaconmutual.com 401-825-2659
(E-Mail Address) (Fax Number)

OFFICERS

Table with 2 columns: Name, Title. Rows include James Vincent Rosati (President & CEO), Clifford Leo Parent Jr. (COO and Secretary), Cynthia Lee Lawlor (Chief Financial Officer and Treasurer).

VICE-PRESIDENTS

Table with 4 columns: Name, Title, Name, Title. Rows include Michael Dennis Lynch (Vice President), Brian Joseph Spero (Vice President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Rows include Margaret Mary Antone, Harry Robert Bacon, Raymond Christopher Coia, Richard James DeRienzo, Sandra Marie Powell, James Vincent Rosati, Michael John Ruggieri, Carol Elaine Saccucci, John Francis Treanor.

State of Rhode Island

County of Kent 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.

(Signature) James Vincent Rosati (Printed Name) 1. President & CEO (Title)
(Signature) Clifford Leo Parent Jr. (Printed Name) 2. COO and Secretary (Title)
(Signature) Cynthia Lee Lawlor (Printed Name) 3. Chief Financial Officer and Treasurer (Title)

Subscribed and sworn to before me this day of , 2009

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

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	22,248,952		22,248,952	21,139,574
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ (11,654)), cash equivalents (\$ 0), and short-term investments (\$ 1,035,039)	1,023,385		1,023,385	1,228,063
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets				
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)	23,272,337		23,272,337	22,367,637
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	225,394		225,394	251,681
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection				
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
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	9,712		9,712	9,712
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 (\$ 0)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$ 0) 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)	23,507,443		23,507,443	22,629,030
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	23,507,443		23,507,443	22,629,030

DETAILS OF WRITE-IN LINES				
0901.	<b>NONE</b>			
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301.	<b>NONE</b>			
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, SURPLUS AND OTHER FUNDS

	1	2
	Current Statement Date	December 31, Prior Year
1. Losses (current accident year \$ 0)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	13,021	19,859
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	7,500	5,000
7.1 Current federal and foreign income taxes (including \$ 43,918 on realized capital gains (losses))	102,498	
7.2 Net deferred tax liability	112,144	124,348
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 0 and including warranty reserves of \$ 0)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	10,464	37,896
20. Payable for securities	430,777	
21. Liability for amounts held under uninsured plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	676,404	187,103
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	676,404	187,103
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	5,000,000	5,000,000
29. Preferred capital stock	15,000,000	15,000,000
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus		
33. Unassigned funds (surplus)	2,831,039	2,441,927
34. Less treasury stock, at cost:		
34.1 0 shares common (value included in Line 28 \$ 0)		
34.2 0 shares preferred (value included in Line 29 \$ 0)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	22,831,039	22,441,927
36. Totals	23,507,443	22,629,030

DETAILS OF WRITE-IN LINES		
2301. ....		
2302. ....		
2303. ....		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		
2701. ....		
2702. ....		
2703. ....		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001. ....		
3002. ....		
3003. ....		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

## STATEMENT OF INCOME

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 0)			
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 0)			
1.4 Net (written \$ 0)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct			
2.2 Assumed			
2.3 Ceded			
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred	30,776	25,815	70,978
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	30,776	25,815	70,978
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(30,776)	(25,815)	(70,978)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	408,218	449,679	892,324
10. Net realized capital gains (losses) less capital gains tax of \$ 43,918	85,252	(368)	(258,745)
11. Net investment gain (loss) (Lines 9 + 10)	493,470	449,311	633,579
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			(88)
15. Total other income (Lines 12 through 14)			(88)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	462,694	423,496	562,513
17. Dividends to policyholders			
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)	462,694	423,496	562,513
19. Federal and foreign income taxes incurred	92,282	41,525	52,667
20. Net income (Line 18 minus Line 19) (to Line 22)	370,412	381,971	509,846
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	22,441,927	22,029,329	22,029,329
22. Net income (from Line 20)	370,412	381,971	509,846
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0	6,496		
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	12,204	264	(97,248)
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	389,112	382,235	412,598
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	22,831,039	22,411,564	22,441,927

DETAILS OF WRITE-IN LINES			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 05 from overflow page	<b>NONE</b>		
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)			
1401. Interest income (expense) .....			(88)
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)			(88)
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page	<b>NONE</b>		
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)			

**CASH FLOW**

	1	2
<b>Cash from Operations</b>	Current Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance		
2. Net investment income	501,659	960,157
3. Miscellaneous income		(88)
4. Total (Lines 1 to 3)	501,659	960,069
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	35,114	85,924
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 10,785 tax on capital gains (losses)	33,702	81,796
10. Total (Lines 5 through 9)	68,816	167,720
11. Net cash from operations (Line 4 minus Line 10)	432,843	792,349
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	4,311,999	12,022,340
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		1,316
12.7 Miscellaneous proceeds	430,777	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,742,776	12,023,656
13. Cost of investments acquired (long-term only):		
13.1 Bonds	5,352,867	12,018,267
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)	5,352,867	12,018,267
14. Net increase (or decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(610,091)	5,389
<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)	(27,430)	13,635
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(27,430)	13,635
<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)	(204,678)	811,373
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,228,063	416,690
19.2 End of period (Line 18 plus Line 19.1)	1,023,385	1,228,063

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

20.0001		
20.0002		
20.0003		

## NOTES TO FINANCIAL STATEMENTS

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### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of The Castle Hill Insurance Company ("the Company") have been prepared in conformity with insurance accounting practices prescribed or permitted by the Rhode Island Department of Business Regulation Insurance Division. The State of Rhode Island requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual.

(B & C) No change.

### 2. Accounting Changes and Corrections of Errors

Not applicable.

### 3. Business Combinations and Goodwill

Not applicable.

### 4. Discontinued Operations

Not applicable.

### 5. Investments

No change.

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

Not applicable.

### 7. Investment Income

No change.

### 8. Derivative Instruments

Not applicable.

### 9. Income Taxes

No significant change.

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

No significant change.

### 11. Debt

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

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

No significant change.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**14. Contingencies**

Not applicable.

**15. Leases**

No change.

**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not applicable.

**18. Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable.

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

No applicable.

**20. Other Items**

No change.

**21. Events Subsequent**

Not applicable.

**22. Reinsurance**

Not applicable.

**23. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

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**24. Changes in Incurred Losses and Loss Adjustment Expenses**

Not applicable.

**25. Intercompany Pooling Arrangements**

Not applicable.

**26. Structured Settlements**

Not applicable.

**27. Health Care Receivables**

Not applicable.

**28. Participating Policies**

Not applicable.

**29. Premium Deficiency Reserve**

Not applicable.

**30. High Deductibles**

Not applicable.

**31. Discounting of Liabilities for Unpaid Losses and Unpaid Loss Adjustment Expenses**

Not applicable.

**32. Asbestos and Environmental Reserves**

Not applicable.

**33. Subscriber Savings Accounts**

Not applicable.

**34. Multi-Peril Crop Insurance**

Not applicable.

## GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since 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: \_\_\_\_\_

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 Name of Entity	2 NAIC Company Code	3 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 [ ] N/A [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. \_\_\_\_\_ 12/31/2007

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. \_\_\_\_\_ 12/31/2007

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). \_\_\_\_\_ 10/01/2008

6.4 By what department or departments?  
Department of Business Regulation, RI  
.....  
.....  
.....

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 [ ] No [ ] N/A [X]

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

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]

## GENERAL INTERROGATORIES

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

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?

- (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.

Yes [ X ] No [ ]

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:

\$ \_\_\_\_\_

## GENERAL INTERROGATORIES

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

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	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted 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) .....	\$ _____	\$ _____
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.

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America .....	100 Federal Street, Boston, MA 02110 .....

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

## GENERAL INTERROGATORIES

16.5 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	2 Name(s)	3 Address
105900	New England Asset Management	76 Batterson Park Road, Farmington, CT 06032

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes  No

17.2 If no, list exceptions:

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

### 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 [ ] N/A [ X ]  
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting 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:

1	2	3	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL			.....	.....	.....	.....	.....	.....	.....	.....

**NONE**    **Schedule F**

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

### Current Year To Date - Allocated by States and Territories

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

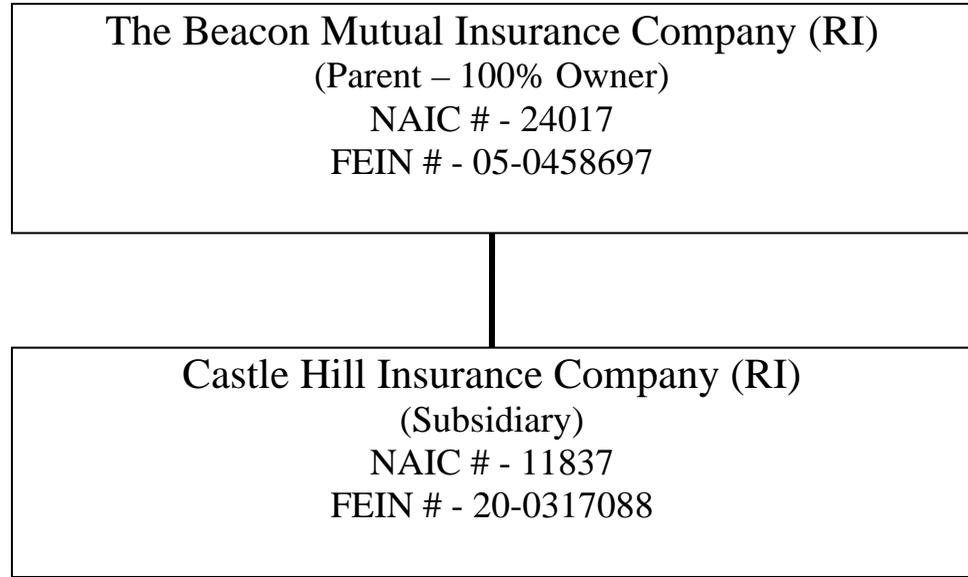
DETAILS OF WRITE-INS							
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

NONE

(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**



**NONE Part 1 and 2**

**NONE Part 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 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.

	<u>Response</u>
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 Professional Liability 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:**

**Bar Code:**



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**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A - VERIFICATION****Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
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)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE****SCHEDULE B - VERIFICATION****Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
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		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	21,139,575	21,482,546
2. Cost of bonds and stocks acquired	5,352,866	12,018,267
3. Accrual of discount	27,757	32,784
4. Unrealized valuation increase (decrease)	6,495	
5. Total gain (loss) on disposals	129,170	27,997
6. Deduct consideration for bonds and stocks disposed of	4,312,000	12,022,340
7. Deduct amortization of premium	94,911	132,669
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		267,010
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	22,248,952	21,139,575
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	22,248,952	21,139,575

## 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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	22,557,986	3,441,835	2,729,388	(318,178)	22,557,986	22,952,255		22,333,801
2. Class 2 (a) .....				303,236		303,236		
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....	28,500				28,500	28,500		28,500
7. Total Bonds	22,586,486	3,441,835	2,729,388	(14,942)	22,586,486	23,283,991		22,362,301
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	22,586,486	3,441,835	2,729,388	(14,942)	22,586,486	23,283,991		22,362,301

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(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 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

### SCHEDULE DA - PART 1

#### Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,035,039	X X X	1,035,039	194	

### SCHEDULE DA - VERIFICATION

#### Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,222,727	411,115
2. Cost of short-term investments acquired	2,345,617	11,377,359
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,533,305	10,565,747
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
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)	1,035,039	1,222,727
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,035,039	1,222,727

**NONE    Schedule DB - Part F - Section 1**

**NONE    Schedule DB - Part F - Section 2**

## SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		498,683
3. Accrual of discount		1,317
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		500,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

**NONE    Schedule A - Part 2 and 3**

**NONE    Schedule B - Part 2 and 3**

**NONE    Schedule BA - Part 2 and 3**

### SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
912828-KQ-2	UNITED STATES TREASURY NOTE		06/18/2009	DEUTSCHE BANK		423,846	450,000.00	1,337	1
0399999	Total Bonds U. S. Government				X X X	423,846	450,000.00	1,337	X X X
02R042-47-0	FGCI 4.5 7/08 MBS 15YR		06/15/2009	CANTOR, FITZGERALD LLC		429,980	425,000.00	797	1
3199999	U.S. Total Bonds Special Revenue and Special Assessment and all Non-Guaranteed Obligations				X X X	429,980	425,000.00	797	X X X
20825C-AR-5	CONOCOPHILLIPS		04/14/2009	CITIGROUP GLOBAL MARKETS		257,715	250,000.00	2,955	1FE
26875P-AD-3	EOG RESOURCES INC		05/18/2009	JP MORGAN SECURITIES INC.		249,540	250,000.00		1FE
369604-BC-6	GENERAL ELECTRIC CO		05/14/2009	BARCLAYS CAPITAL		245,843	250,000.00	5,943	1FE
744448-CC-3	PUBLIC SERVICE COLORADO		05/28/2009	PARIBAS CORPORATION		251,030	250,000.00		1FE
949744-AC-0	FDIC GTD TLGP WELLS FARGO & COMPANY		04/30/2009	MORGAN STANLEY & CO		554,703	550,000.00	1,136	1FE
3899999	Total Bonds Industrial and Miscellaneous (Unaffiliated)				X X X	1,558,831	1,550,000.00	10,034	X X X
8399997	Total Bonds Part 3				X X X	2,412,657	2,425,000.00	12,168	X X X
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	2,412,657	2,425,000.00	12,168	X X X
9999999	Totals				X X X	2,412,657	X X X	12,168	X X X

E04

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

### SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year's (Amortization)/Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
3133XP-2W-3	FEDERAL HOME LOAN BANK		06/15/2009	BARCLAYS CAPITAL		206,817	200,000.00	200,817	200,761		(72)		(72)	200,690		6,127	6,127	5,419	02/27/2013	1	
3133XS-CT-3	FEDERAL HOME LOAN BANK		06/15/2009	MORGAN STANLEY & BANK OF AMERICA		206,389	200,000.00	201,522	201,442		(352)		(352)	201,090		5,298	5,298	4,894	10/20/2010	1	
31398A-SD-5	FANNIE MAE		04/13/2009			614,704	575,000.00	569,400	569,811		307		307	570,119		44,586	44,586	16,835	07/12/2013	1	
0399999	Total - Bonds - U.S. Governments				X X X	1,027,910	975,000.00	971,739	972,014		(117)		(117)	971,899		56,011	56,011	27,148	X X X	X X X	
3128H8-CB-4	FEDERAL HOME LOAN MTG CORP #		06/01/2009	PAYDOWN		13,118	13,118.00	13,325	13,101		16		16	13,118				285	05/01/2018	1	
312962-3G-6	FEDERAL HOME LOAN MTG CORP #		06/01/2009	PAYDOWN		16,773	16,773.00	17,038	16,804		(31)		(31)	16,773				388	04/01/2018	1	
312962-VW-0	FEDERAL HOME LOAN MTG CORP #		06/01/2009	PAYDOWN		9,328	9,328.00	9,475	9,314		14		14	9,328				176	02/01/2018	1	
312962-ZK-2	FEDERAL HOME LOAN MTG CORP #		06/01/2009	PAYDOWN		10,041	10,041.00	10,200	10,013		28		28	10,041				198	04/01/2018	1	
312963-PY-1	FEDERAL HOME LOAN MTG CORP #		06/01/2009	PAYDOWN		7,442	7,442.00	7,560	7,452		(9)		(9)	7,442				143	02/01/2018	1	
31393M-FK-2	FEDERAL HOME LOAN MTG CORP 25		05/08/2009	VARIOUS		327,939	323,284.00	317,526	307,391	13,279		13,279	320,670		7,269	7,269	5,699	02/01/2016	1		
31393W-MG-1	FEDERAL HOME LOAN MTG CORP 2		04/13/2009	VARIOUS		190,912	188,766.00	182,897	182,345	4,329		4,329	186,674		4,238	4,238	2,789	02/01/2011	1		
31394D-N3-0	FEDERAL NATIONAL MTG ASSOC 05		06/01/2009	PAYDOWN		9,448	9,448.00	9,384	9,409		39		39	9,448				202	07/01/2013	1	
31395L-KX-8	FEDERAL HOME LOAN MTG CORP 29		06/01/2009	PAYDOWN		29,505	29,505.00	29,588	29,530	(25)		(25)	29,505					626	09/01/2015	1	
31400S-BR-9	FEDERAL NATIONAL MTG ASSOC #6		06/01/2009	PAYDOWN		9,328	9,328.00	9,481	9,321		7		7	9,328				201	10/01/2017	1	
31400S-CF-4	FEDERAL NATIONAL MTG ASSOC #6		06/01/2009	PAYDOWN		13,250	13,250.00	13,467	13,241		9		9	13,250				281	09/01/2017	1	
31401C-LJ-0	FEDERAL NATIONAL MTG ASSOC #7		06/01/2009	PAYDOWN		10,025	10,025.00	10,189	10,013		11		11	10,025				210	12/01/2017	1	
31401X-L4-7	FEDERAL NATIONAL MTG ASSOC #7		06/01/2009	PAYDOWN		13,374	13,374.00	13,594	13,366		8		8	13,374				271	01/01/2018	1	
31405D-KC-0	FEDERAL NATIONAL MTG ASSOC #7		06/01/2009	PAYDOWN		13,332	13,332.00	13,540	13,304		28		28	13,332				319	04/01/2019	1	
31410G-RJ-4	FEDERAL NATIONAL MTG ASSOC #8		06/01/2009	PAYDOWN		19,060	19,060.00	18,774	19,043		17		17	19,060				356	12/01/2017	1	
38374C-J2-8	GOVERNMENT NATL MTG ASSOC 03		06/01/2009	PAYDOWN		8,097	8,097.00	8,086	8,093		4		4	8,097				137	07/01/2010	1	
3199999	U.S. Total - Bonds - Special Revenue and Special Assessment Non-Guaranteed Obl				X X X	700,972	694,171.00	684,124	671,740		17,724		17,724	689,465		11,507	11,507	12,281	X X X	X X X	
61745M-UB-7	MORGAN STANLEY CAPITAL I 03 IQ6		06/01/2009	PAYDOWN		42,110	42,110.00	42,327	41,625		485		485	42,110				732	11/01/2010	1FE	
929766-CR-2	WACHOVIA BK COMM MTG TR 02 C2		06/01/2009	PAYDOWN		11,574	11,574.00	11,782	11,457		117		117	11,574				214	02/01/2012	1FE	
949746-NY-3	WELLS FARGO COMPANY		06/12/2009	CITIGROUP GLOBAL		401,952	400,000.00	384,692	385,767		1,455		1,455	387,221		14,731	14,731	15,410	01/31/2013	1FE	
3899999	Total - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	455,636	453,684.00	438,801	438,849		2,057		2,057	440,905		14,731	14,731	16,356	X X X	X X X	
8399997	Total - Bonds - Part 4				X X X	2,184,518	2,122,855.00	2,094,664	2,082,603		19,664		19,664	2,102,269		82,249	82,249	55,785	X X X	X X X	
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	2,184,518	2,122,855.00	2,094,664	2,082,603		19,664		19,664	2,102,269		82,249	82,249	55,785	X X X	X X X	
9999999	Totals					2,184,518	X X X	2,094,664	2,082,603		19,664		19,664	2,102,269		82,249	82,249	55,785	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

**NONE    Schedule DB - Part A and B - Section 1**

**NONE    Schedule DB - Part C and D - Section 1**



**NONE    Schedule E - Part 2**