



QUARTERLY STATEMENT

AS OF JUNE 30, 2009
OF THE CONDITION AND AFFAIRS OF THE

York Insurance Company

NAIC Group Code 0156, 0156 NAIC Company Code 24325 Employer's ID Number 36-6064756
(Current Period) (Prior Period)

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

Incorporated/Organized 08/03/1955 Commenced Business 09/01/1955

Statutory Home Office 1275 Wampanoag Trail, East Providence, RI 02915
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1275 Wampanoag Trail East Providence, RI 02915 401-453-7000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1275 Wampanoag Trail, East Providence, RI 02915
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1275 Wampanoag Trail East Providence, RI 02915 401-453-7132
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.provwash.com

Statutory Statement Contact Donald Edward Woellner 401-453-7132
(Name) (Area Code) (Telephone Number) (Extension)
dwoellner@provwashsolutions.com 401-432-3190
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>FRANK NORTON RAY</u>	<u>President & CEO</u>	<u>NANCY RODRIGUES RESENDE</u>	<u>Corporate Secretary</u>
<u>DONALD EDWARD WOELLNER</u>	<u>SVP, CAO & Treasurer</u>		

OTHER OFFICERS

<u>JOHN HOUSTON BALLARD, III</u>	<u>Executive VP, Claims</u>		
----------------------------------	-----------------------------	--	--

DIRECTORS OR TRUSTEES

<u>FRANK NORTON RAY</u>	<u>JOHN HOUSTON BALLARD, III</u>	<u>HANS HEFTI #</u>	<u>JEFFREY SCOTT MACK</u>
<u>DONALD EDWARD WOELLNER #</u>			

State of Rhode Island

ss

County of Providence

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.

FRANK NORTON RAY
President & CEO

NANCY RODRIGUES RESENDE
Corporate Secretary

DONALD EDWARD WOELLNER
SVP, CAO & Treasurer

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

Subscribed and sworn to before me this
3rd day of August, 2009

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

Nancy L. Wass, Notary
March 13, 2013

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

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	17,093,478		17,093,478	21,860,596
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 (\$0), cash equivalents (\$0) and short-term investments (\$3,707,822)	3,707,822		3,707,822	1,120,733
6. Contract loans (including \$ premium notes)			0	0
7. Other invested assets	0		0	0
8. Receivables for securities	1,500,000		1,500,000	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	22,301,300	0	22,301,300	22,981,329
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	162,717		162,717	221,162
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	149,195		149,195	151,519
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	2		2	141
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	3,659,782	3,659,782	0	0
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	1,625	0	1,625	1,625
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	26,274,621	3,659,782	22,614,839	23,355,776
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	26,274,621	3,659,782	22,614,839	23,355,776
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. RECEIVABLE INVESTMENTS	1,625	0	1,625	1,625
2302.			0	0
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)	1,625	0	1,625	1,625

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)	8,860,586	9,230,693
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	1,972,906	2,399,459
4. Commissions payable, contingent commissions and other similar charges	(2,398)	2,202
5. Other expenses (excluding taxes, licenses and fees)	1,026,387	1,173,886
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	162,785	252,438
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	(738)	83,174
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 \$)	505	951
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	695,287	599,082
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)	12,715,320	13,741,885
25. Protected cell liabilities		0
26. Total liabilities (Lines 24 and 25)	12,715,320	13,741,885
27. Aggregate write-ins for special surplus funds	0	0
28. Common capital stock	3,100,000	3,100,000
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	8,458,525	8,458,525
33. Unassigned funds (surplus)	(1,659,006)	(1,944,634)
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)	9,899,519	9,613,891
36. TOTALS	22,614,839	23,355,776
DETAILS OF WRITE-INS		
2301.		0
2302.		0
2303.		0
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.		0
2702.		0
2703.		0
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.		0
3002.		0
3003.		0
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$0)	0	0	0
1.2 Assumed (written \$(2,221))	(1,793)	(4,986)	(59,885)
1.3 Ceded (written \$0)	0	0	0
1.4 Net (written \$(2,221))	(1,793)	(4,986)	(59,885)
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	126,277	(5,228,491)	(6,613,905)
2.2 Assumed	16,683	(132,041)	(3,441,374)
2.3 Ceded	126,277	(5,228,489)	(6,613,904)
2.4 Net	16,683	(132,043)	(3,441,375)
3. Loss adjustment expenses incurred	4,117	16,512	(463,580)
4. Other underwriting expenses incurred	327,836	281,037	564,153
5. Aggregate write-ins for underwriting deductions	0	(107)	(107)
6. Total underwriting deductions (Lines 2 through 5)	348,636	165,399	(3,340,909)
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(350,429)	(170,385)	3,281,024
INVESTMENT INCOME			
9. Net investment income earned	403,800	512,774	978,514
10. Net realized capital gains (losses) less capital gains tax of \$	123,193	(2,721)	(102,264)
11. Net investment gain (loss) (Lines 9 + 10)	526,993	510,053	876,250
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$909 amount charged off \$)	909	299	452
13. Finance and service charges not included in premiums	3	244	269
14. Aggregate write-ins for miscellaneous income	(2,287)	1,429	717
15. Total other income (Lines 12 through 14)	(1,375)	1,972	1,438
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	175,189	341,640	4,158,712
17. Dividends to policyholders	0	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)	175,189	341,640	4,158,712
19. Federal and foreign income taxes incurred	3,421	0	83,174
20. Net income (Line 18 minus Line 19)(to Line 22)	171,768	341,640	4,075,538
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	9,613,890	6,208,885	6,208,888
22. Net income (from Line 20)	171,768	341,640	4,075,538
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$(13,332)	(25,880)	35,863	(3,458)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(234,925)	132,726	(1,368,542)
27. Change in nonadmitted assets	374,666	(147,310)	1,113,103
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	(411,639)
38. Change in surplus as regards policyholders (Lines 22 through 37)	285,629	362,919	3,405,002
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	9,899,519	6,571,804	9,613,890
DETAILS OF WRITE-INS			
0501. CHANGE IN PREMIUM DEFICIENCY RESERVE	0	(107)	(107)
0502.	0	0	0
0503.	0	0	0
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	(107)	(107)
1401. OTHER INCOME (EXPENSE)	(2,212)	1,510	780
1402. LIMITED ASSIGNMENT DISTRIBUTION BUYOUT COST	(75)	(81)	(63)
1403.	0	0	0
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)	(2,287)	1,429	717
3701. CHANGE IN ADDITIONAL PENSION LIABILITY, NET OF TAX	0	0	(411,639)
3702.	0	0	0
3703.	0	0	0
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	(411,639)

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	226	(30,855)
2. Net investment income	504,615	1,032,692
3. Miscellaneous income	(1,375)	1,438
4. Total (Lines 1 to 3)	503,466	1,003,275
5. Benefit and loss related payments	386,790	1,153,320
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	999,787	802,800
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	87,333	3
10. Total (Lines 5 through 9)	1,473,910	1,956,123
11. Net cash from operations (Line 4 minus Line 10)	(970,444)	(952,848)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	6,716,106	13,184,987
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)	6,716,106	13,184,987
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,907,848	13,265,134
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	1,500,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,407,848	13,265,134
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)	3,308,258	(80,147)
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	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	249,276	(163,356)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	249,276	(163,356)
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)	2,587,090	(1,196,351)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,120,733	2,317,084
19.2 End of period (Line 18 plus Line 19.1)	3,707,823	1,120,733

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

(A) Accounting Practices

The financial statements of York Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Rhode Island Insurance Department.

The Rhode Island Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Rhode Island for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Rhode Island Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Rhode Island. The Rhode Island Insurance Department has the right to permit specific practices that deviate from prescribed practices.

The Company, with the explicit permission of the Rhode Island Insurance Department records one specific reinsurance transaction in a manner that differs from prescribed accounting practices. Effective on the closing date of a change in ownership (October 1998), the Company entered into an adverse loss development reinsurance agreement. Under the terms of the agreement, the Company may cede to the reinsurer 100% of the aggregate ultimate net losses for the 1997 and prior accident years in excess of \$226.1 million (retention) up to a maximum limit of \$26 million. This transaction has been accounted for as prospective reinsurance pursuant to a permitted practice extended by the Rhode Island Insurance Department.

Reconciliations of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Rhode Island for the six months ending June 30, 2009 and December 31, 2008 are shown below:

	<u>June 30, 2009</u>	<u>December 31, 2008</u>
1. Net Income (Loss), Rhode Island basis	\$ <u>171,766</u>	\$ <u>4,075,539</u>
2. State Prescribed Practices (Income):	0	0
3. State Permitted Practices (Income):	0	0
Net Income (Loss), NAIC SAP	\$ <u>171,766</u>	\$ <u>4,075,539</u>
4. Statutory Surplus, Rhode Island basis	\$ <u>9,899,517</u>	\$ <u>9,613,891</u>
5. State Prescribed Practices (Surplus):	0	0
6. State Permitted Practices (Surplus):	0	0
Statutory Surplus, NAIC SAP	\$ <u>9,899,517</u>	\$ <u>9,613,891</u>

2. Accounting Changes and Corrections of Errors

No change

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 material change

10. Information Concerning Parent, Subsidiaries and Affiliates

No material change

11. Debt

Not applicable

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

No material change

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

No material change

NOTES TO FINANCIAL STATEMENTS

14. Contingencies
No material change
15. Leases
No material 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 to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans
Not applicable
19. Direct Premiums Written by Managing General Agents/Third Party Administrators
Not applicable
20. Other Items
No material change
21. Events Subsequent
No change
22. Reinsurance
No material change
23. Retrospectively Rated Contracts & Contracts Subject to Redetermination
Not applicable
24. Changes in Incurred Losses and Loss Adjustment Expenses
For the first six months of 2009, the Company has recorded its pool percentage (12%) share of \$173,000 of prior year development. There were additions to net reserves due to maintaining survival ratios on asbestos and environmental reserves, as well as writing off amounts due from insolvent reinsurers. Partially offsetting these unfavorable impacts was a decrease in prior year reserves related to residual market participations.
25. Intercompany Pooling Arrangements
No change
26. Structured Settlements
No change
27. Health Care Receivables
Not applicable
28. Participating Policies
Not applicable
29. Premium Deficiency Reserves
No material change
30. High Deductibles
No material change
31. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
No material change
32. Asbestos/Environmental Reserves
No material change
33. Subscriber Savings Account
Not applicable
34. Multiple Peril Crop Insurance
Not applicable

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:

- 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 [X] NA []
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. 12/31/2006
- 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. 12/31/2006
- 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). 05/06/2008
- 6.4 By what department or departments?
Rhode Island.....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 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 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
- 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
- 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
- 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
- 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: \$
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
- 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).....	\$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
- 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 - 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
State Street Bank & Trust.....	801 Pennsylvania Ave., Kansas City, MO 64105.....

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

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 Central Registration Depository	2 Name(s)	3 Address
107423.....	Conning Asset Management.....	One Financial Plaza, Hartford, CT 06103..

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 [X] NA []

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	2	3	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			0	0	0	0	0	0	0	0

SCHEDULE F—CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
		AFFILIATES		
		US INSURERS		
		POOLS AND ASSOCIATIONS		
		ALL OTHER INSURERS		
NONE				

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

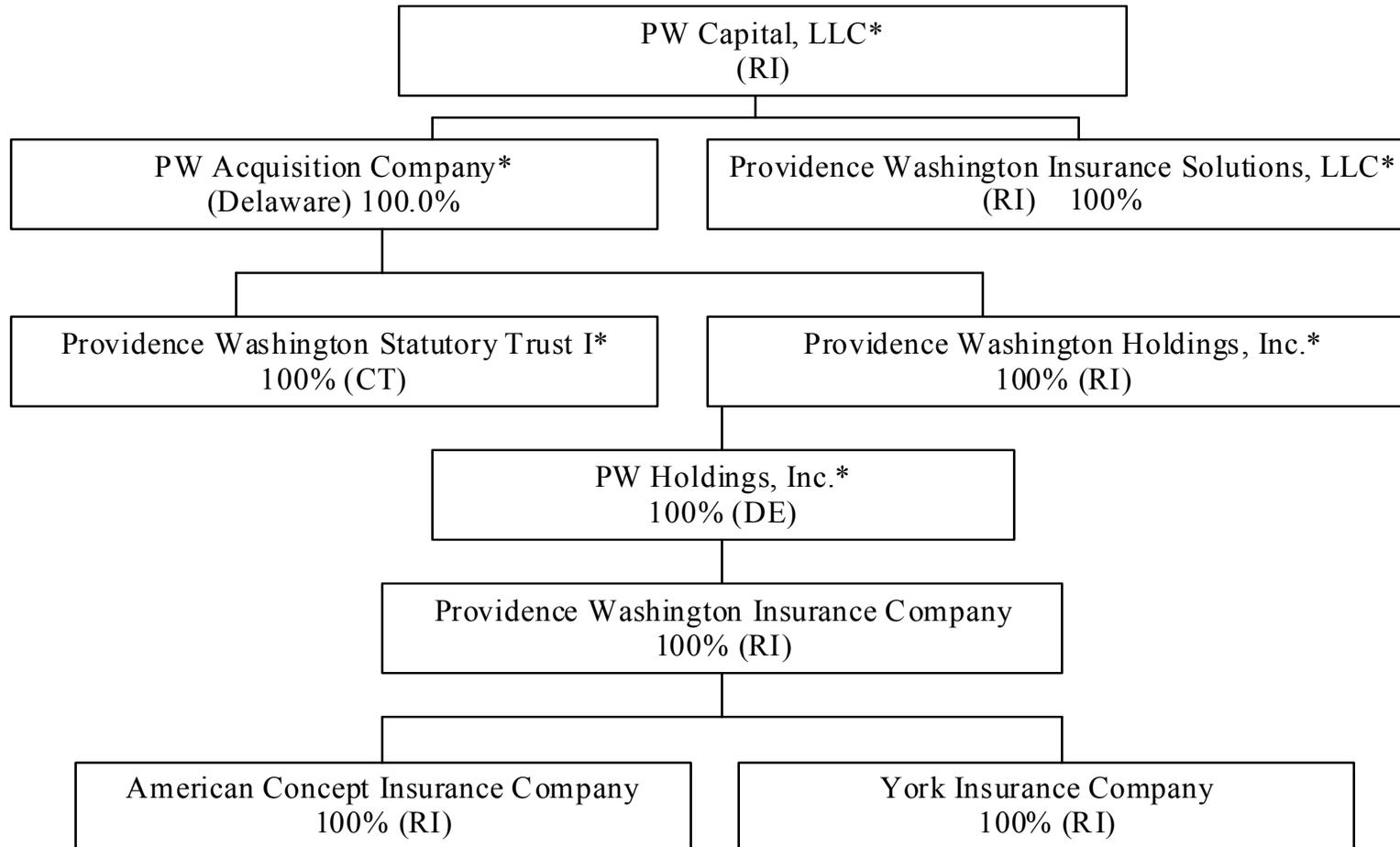
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		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	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	(5,578)	0
2. Alaska	AK	N	0	0	0	0	0
3. Arizona	AZ	L	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0
5. California	CA	L	0	0	0	0	416
6. Colorado	CO	N	0	0	0	0	0
7. Connecticut	CT	L	0	9,542	131,051	716,040	951,314
8. Delaware	DE	L	0	0	0	48,077	65,914
9. District of Columbia	DC	N	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0
11. Georgia	GA	L	0	12,697	982,741	721,976	913,399
12. Hawaii	HI	N	0	0	0	0	0
13. Idaho	ID	L	0	0	0	(3)	844
14. Illinois	IL	L	0	30,295	54,555	1,832,700	2,170,351
15. Indiana	IN	L	0	0	0	6,211	5,377
16. Iowa	IA	L	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0
18. Kentucky	KY	L	0	0	0	1	1
19. Louisiana	LA	N	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	L	0	0	0	5,619	15,006
22. Massachusetts	MA	L	0	34,249	170,145	1,122,195	1,120,989
23. Michigan	MI	N	0	0	0	0	0
24. Minnesota	MN	L	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0
26. Missouri	MO	L	0	0	0	0	11
27. Montana	MT	L	0	0	0	0	0
28. Nebraska	NE	L	0	0	0	0	0
29. Nevada	NV	L	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	L	0	39,139	58,097	710,559	1,006,464
32. New Mexico	NM	L	0	0	0	0	0
33. New York	NY	L	0	0	0	0	206
34. North Carolina	NC	N	0	0	0	466	15,902
35. North Dakota	ND	L	0	0	0	0	0
36. Ohio	OH	N	0	(733)	(750)	33,428	77,867
37. Oklahoma	OK	L	0	0	0	8	31
38. Oregon	OR	L	0	0	0	0	2
39. Pennsylvania	PA	L	0	(13,863)	(5,839)	1,295,655	1,863,516
40. Rhode Island	RI	L	0	92,057	13,463	852,991	988,857
41. South Carolina	SC	L	0	0	0	1,900	1,406
42. South Dakota	SD	L	0	0	0	0	0
43. Tennessee	TN	N	0	57	411	130,252	164,662
44. Texas	TX	L	0	0	0	0	0
45. Utah	UT	N	0	0	49,970	32,281	83,745
46. Vermont	VT	N	0	0	0	0	0
47. Virginia	VA	N	0	35,190	(74,364)	222,920	267,376
48. Washington	WA	N	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0
50. Wisconsin	WI	L	0	0	0	159	1,263
51. Wyoming	WY	N	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals	(a)	29	0	238,630	1,379,480	7,727,857	9,714,919
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**



*Not an insurance company

11

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 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		(146)	0.0	0.0
5. Commercial multiple peril		605,894	0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence			0.0	0.0
11.2 Medical professional liability - 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		(365,649)	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		(15,904)	0.0	0.0
19.3,19.4 Commercial auto liability		(97,568)	0.0	0.0
21. Auto physical damage		(350)	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	0.0
35. TOTALS	0	126,277	0.0	0.0
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

Line of Business	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	0		0
10. Financial guaranty	0		0
11.1 Medical professional liability - occurrence	0		0
11.2 Medical professional liability - 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		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	0	0	0
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

NONE

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2009 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2006 + Prior	4,723	6,902	11,625	816	1	817	4,432	46	6,351	10,829	525	(504)	21
2. 2007	2	3	5	1	0	1	2	0	2	4	1	(1)	0
3. Subtotals 2007 + Prior	4,725	6,905	11,630	817	1	818	4,434	46	6,353	10,833	526	(505)	21
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2008 + Prior	4,725	6,905	11,630	817	1	818	4,434	46	6,353	10,833	526	(505)	21
6. 2009	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals	4,725	6,905	11,630	817	1	818	4,434	46	6,353	10,833	526	(505)	21
8. Prior Year-End's Surplus As Regards Policyholders	9,614										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. 11.1	2. (7.3)	3. 0.2
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.2

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 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:

- 1.
- 2.
- 3.

Bar Code:

- 1. 
2 4 3 2 5 2 0 0 9 4 9 0 0 0 0 0 2
- 2. 
2 4 3 2 5 2 0 0 9 4 5 5 0 0 0 0 2
- 3. 
2 4 3 2 5 2 0 0 9 3 6 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other than temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	0
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 amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
NONE		
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 acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	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. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
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	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	21,860,596	21,932,490
2. Cost of bonds and stocks acquired	1,907,848	13,265,134
3. Accrual of discount	6,067	17,137
4. Unrealized valuation increase (decrease)	(39,212)	(5,239)
5. Total gain (loss) on disposals	123,193	(102,264)
6. Deduct consideration for bonds and stocks disposed of	6,716,106	13,184,987
7. Deduct amortization of premium	48,908	61,675
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	17,093,478	21,860,596
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	17,093,478	21,860,596

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	21,779,880	12,889,437	14,730,063	(21,190)	21,779,880	19,918,064	.0	22,017,118
2. Class 2 (a).....	944,366	.0	27,746	(499,681)	944,366	416,940	.0	964,210
3. Class 3 (a).....	.0	.0	.0	466,295	.0	466,295	.0	.0
4. Class 4 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	22,724,246	12,889,437	14,757,808	(54,576)	22,724,246	20,801,300	0	22,981,329
PREFERRED STOCK								
8. Class 1.....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2.....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3.....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4.....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5.....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	22,724,246	12,889,437	14,757,808	(54,576)	22,724,246	20,801,300	0	22,981,329

(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 \$ 3,707,822 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

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	3,707,822	XXX	3,707,822	0	0

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.....	1,120,733	2,317,084
2. Cost of short-term investments acquired	19,078,080	26,766,532
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	16,490,992	27,962,882
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,707,822	1,120,733
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,707,822	1,120,733

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

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.....	0	0
2. Cost of cash equivalents acquired.....	0	6,987,456
3. Accrual of discount.....	0	12,544
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	0	7,000,000
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

SCHEDULE D - PART 3

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

1 CUSIP Identification	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-HC-7	US TREASURY N/B		06/25/2009	BANQUE PARIBAS		1,607,930	1,500,000	19,840	1
912828-JK-7	US TREASURY N/B		04/01/2009	BARCLAYS AMERICAN		299,918	280,000	785	1
0399999 - Total	- Bonds - U.S. Government					1,907,848	1,780,000	20,625	XXX
8399997 - Total	- Bonds - Part 3					1,907,848	1,780,000	20,625	XXX
8399999 - Total	- Bonds					1,907,848	1,780,000	20,625	XXX
8999999 - Total	- Preferred Stocks					0	XXX	0	XXX
9799999 - Total	- Common Stocks					0	XXX	0	XXX
9899999 - Total	- Preferred and Common Stocks					0	XXX	0	XXX
9999999 - Totals						1,907,848	XXX	20,625	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E04

STATEMENT AS OF JUNE 30, 2009 OF THE York Insurance Company

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)	
31359W-W0-3	FANNIE MAE		06/25/2009	BANQUE PARIBAS		334,047	300,000	312,163	308,740	0	(1,237)	0	(1,237)	0	307,504	0	26,543	26,543	14,343	03/15/2012	1	
36200B-6N-2	GN 596777		06/01/2009	MBS PAYMENT		6,818	6,818	6,967	6,828	0	(10)	0	(10)	0	6,818	0	0	0	167	12/01/2031	1	
36200K-HP-5	GN 603338		06/01/2009	MBS PAYMENT		6,696	6,696	6,843	6,711	0	(15)	0	(15)	0	6,696	0	0	0	181	11/01/2031	1	
36201F-WW-3	GN 582161		06/01/2009	MBS PAYMENT		95	95	97	96	0	0	0	0	0	95	0	0	0	3	02/01/2032	1	
36202D-XD-8	G2 3376		06/01/2009	MBS PAYMENT		23,195	23,195	24,297	23,258	0	(63)	0	(63)	0	23,195	0	0	0	593	04/01/2032	1	
36202E-XB-0	G2 4274		06/01/2009	MBS PAYMENT		100,572	100,572	102,741	100,781	0	(209)	0	(209)	0	100,572	0	0	0	2,176	08/01/2033	1	
36202E-XS-3	G2 4289		06/01/2009	MBS PAYMENT		16,681	16,681	16,720	16,685	0	(4)	0	(4)	0	16,681	0	0	0	363	08/01/2038	1	
36202E-XT-1	G2 4290		06/01/2009	MBS PAYMENT		67,830	67,830	68,964	67,969	0	(139)	0	(139)	0	67,830	0	0	0	1,597	09/01/2038	1	
36206R-HK-5	GN 418834		06/01/2009	MBS PAYMENT		214	214	222	214	0	0	0	0	214	0	0	0	5	06/01/2027	1		
36208Y-C6-4	GN 464593		06/01/2009	MBS PAYMENT		4,953	4,953	5,132	4,955	0	(3)	0	(3)	0	4,953	0	0	0	100	08/01/2027	1	
36294N-SC-3	GN 654915		06/01/2009	MBS PAYMENT		124,298	124,298	126,959	124,381	0	(82)	0	(82)	0	124,298	0	0	0	3,383	04/01/2021	1	
36294S-Y2-7	GN 658729		06/01/2009	MBS PAYMENT		123,415	123,415	126,057	123,667	0	(252)	0	(252)	0	123,415	0	0	0	2,827	11/01/2021	1	
36296X-DV-3	GN 704016		06/01/2009	MBS PAYMENT		225,254	225,254	230,322	226,283	0	(1,029)	0	(1,029)	0	225,254	0	0	0	5,612	10/01/2023	1	
912828-FE-5	US TREASURY N/B		05/15/2009	MATURITY		1,500,000	1,500,000	1,507,500	1,501,417	0	(1,417)	0	(1,417)	0	1,500,000	0	0	0	36,563	05/15/2009	1	
0399999	Bonds - U.S. Governments					2,534,068	2,500,021	2,534,982	2,511,984	0	(4,450)	0	(4,450)	0	2,507,524	0	26,543	26,543	67,913	XXX	XXX	
31280F-Z6-2	FG E61665		06/01/2009	MBS PAYMENT		2,260	2,260	2,309	2,263	0	(4)	0	(4)	0	2,260	0	0	0	66	09/01/2010	1	
31280S-WK-9	FH 162162		05/13/2009	PRIOR YEAR INCOME		0	0	0	0	0	0	0	0	0	0	0	0	0	19,702	10/01/2012	1	
31294J-NP-9	FG E00398		06/01/2009	MBS PAYMENT		2,301	2,301	2,319	2,303	0	(2)	0	(2)	0	2,301	0	0	0	68	09/01/2010	1	
31371F-CY-6	FN 250387		06/01/2009	MBS PAYMENT		2,374	2,374	2,413	2,377	0	(3)	0	(3)	0	2,374	0	0	0	70	08/01/2010	1	
31374Q-YV-1	FN 321224		06/01/2009	MBS PAYMENT		823	823	831	823	0	(1)	0	(1)	0	823	0	0	0	24	09/01/2010	1	
31375A-L4-9	FN 328947		06/01/2009	MBS PAYMENT		810	810	819	811	0	(1)	0	(1)	0	810	0	0	0	7	11/01/2010	1	
31375P-XM-3	FN 340984		06/01/2009	MBS PAYMENT		3,642	3,642	3,628	3,641	0	1	0	1	0	3,642	0	0	0	96	01/01/2011	1	
31377G-5Y-6	FN 377163		06/01/2009	MBS PAYMENT		143	143	142	143	0	0	0	0	0	143	0	0	0	4	03/01/2017	1	
31379D-UM-9	FN 416488		06/01/2009	MBS PAYMENT		311	311	309	311	0	0	0	0	0	311	0	0	0	8	10/01/2017	1	
31379X-WU-5	FN 432759		06/01/2009	MBS PAYMENT		44	44	44	44	0	0	0	0	0	44	0	0	0	1	06/01/2028	1	
31388U-K6-6	FN 615117		06/01/2009	MBS PAYMENT		37	37	37	37	0	0	0	0	0	37	0	0	0	1	07/01/2030	1	
38375K-FT-4	GNR 2007-33 AM		06/01/2009	MBS PAYMENT		67,655	67,655	67,000	67,582	0	74	0	74	0	67,655	0	0	0	1,556	07/01/2011	1	
3199999	Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of					80,399	80,399	79,851	80,334	0	65	0	65	0	80,399	0	0	0	21,620	XXX	XXX	
14911R-AG-4	CATERPILLAR FIN SERV CRP		06/15/2009	MATURITY		500,000	500,000	515,010	501,553	0	(1,553)	0	(1,553)	0	500,000	0	0	0	11,250	06/15/2009	1FE	
361849-ZR-6	GMACC 2003-C3 A2		06/01/2009	MBS PAYMENT		11,799	11,799	11,673	11,779	0	20	0	20	0	11,799	0	0	0	208	07/01/2010	1FE	
61745M-WZ-2	MSC 2004-HQ3 A2		06/01/2009	MBS PAYMENT		5,652	5,652	5,614	5,651	0	1	0	1	0	5,652	0	0	0	95	06/01/2010	1FE	
76110W-UK-0	RASC 2003-KS9 A14		06/01/2009	MBS PAYMENT		27,746	27,746	27,735	27,745	0	0	0	0	0	27,746	0	0	0	501	06/01/2017	2FE	
913017-AW-9	UNITED TECHNOLOGIES CORP		06/01/2009	MATURITY		500,000	500,000	558,760	505,597	0	(5,997)	0	(5,997)	0	500,000	0	0	0	16,250	06/01/2009	1FE	
96683M-AZ-6	WALT 2004-1 A4		06/15/2009	MBS PAYMENT		22,169	22,169	22,166	22,186	0	(17)	0	(17)	0	22,169	0	0	0	293	07/15/2009	1FE	
3899999	Bonds - Industrial and Miscellaneous					1,067,366	1,067,366	1,140,958	1,074,512	0	(7,146)	0	(7,146)	0	1,067,366	0	0	0	28,597	XXX	XXX	
8399997	Bonds - Part 4					3,681,833	3,647,786	3,755,791	3,666,830	0	(11,540)	0	(11,540)	0	3,655,290	0	26,543	26,543	118,130	XXX	XXX	
8399999	Total - Bonds					3,681,833	3,647,786	3,755,791	3,666,830	0	(11,540)	0	(11,540)	0	3,655,290	0	26,543	26,543	118,130	XXX	XXX	
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					3,681,833	XXX	3,755,791	3,666,830	0	(11,540)	0	(11,540)	0	3,655,290	0	26,543	26,543	118,130	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E05

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

NONE

Schedule E - Part 2 - Cash Equivalents

NONE