



24017201120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

NAIC Group Code 3490 3490 **NAIC Company Code** 24017 **Employer's ID Number** 05-0458697
(Current Period) (Prior Period)

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

Incorporated/Organized July 11, 1990 **Commenced Business** August 12, 1992

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
(Street and Number)
Warwick, RI 02886-1378 401-825-2667
(City or Town, State and Zip Code) (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 401-825-2667
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.beaconmutual.com

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

	Name	Title
1.	<u>James Vincent Rosati</u>	<u>President & CEO</u>
2.	<u>Clifford Leo Parent Jr.</u>	<u>COO & Assistant Secretary</u>
3.	<u>Cynthia Lee Lawlor</u>	<u>Chief Financial Officer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Clifford Leo Parent Jr.</u>	<u>Executive Vice President & COO</u>	<u>Pamela Lee Alarie</u>	<u>Vice President</u>
<u>Timothy Francis Benson #</u>	<u>Vice President</u>	<u>Robert Glenn DeOrsey</u>	<u>Vice President</u>
<u>Michael Dennis Lynch</u>	<u>Vice President</u>	<u>Brian Joseph Spero</u>	<u>Vice President</u>
<u>Rajani Mahadevan</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Margaret Mary Antone</u>	<u>Harry Robert Bacon</u>	<u>Raymond Christopher Coia</u>	<u>Richard James DeRienzo</u>
<u>Charles Joseph Fogarty #</u>	<u>James Vincent Rosati</u>	<u>Michael John Ruggieri</u>	<u>Carol Elaine Saccucci</u>
<u>John Francis Treanor</u>			

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) <u>James Vincent Rosati</u> (Printed Name) 1. President & CEO (Title)	(Signature) <u>Clifford Leo Parent Jr.</u> (Printed Name) 2. COO & Assistant Secretary (Title)	(Signature) <u>Cynthia Lee Lawlor</u> (Printed Name) 3. Chief Financial Officer (Title)
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Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2012, by _____

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



24017201143022100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2011

NAIC Company Code **24017**

NAIC Group Code **3490**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Eamed										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												13,304
17.1 Other liability - Occurrence												
17.2 Other liability - Claims - Made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												13,304
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

19.MA

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 0.



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2011

NAIC Company Code **24017**

NAIC Group Code **3490**

19 RI

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Eamed										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation	89,677,507	88,118,803	2,579,030	44,770,169	70,982,036	45,065,199	182,250,168	4,198,140	2,372,682	6,962,157	8,594,276	8,246,416
17.1 Other liability - Occurrence												
17.2 Other liability - Claims - Made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	89,677,507	88,118,803	2,579,030	44,770,169	70,982,036	45,065,199	182,250,168	4,198,140	2,372,682	6,962,157	8,594,276	8,246,416
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 139,855

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 0.



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2011

NAIC Company Code **24017**

NAIC Group Code **3490**

19.GT

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation	89,677,507	88,118,803	2,579,030	44,770,169	70,982,036	45,065,199	182,250,168	4,198,140	2,372,682	6,962,157	8,594,276	8,259,720
17.1 Other liability - Occurrence												
17.2 Other liability - Claims - Made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	89,677,507	88,118,803	2,579,030	44,770,169	70,982,036	45,065,199	182,250,168	4,198,140	2,372,682	6,962,157	8,594,276	8,259,720
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 139,855

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 0.

SCHEDULE F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
94-1390273 13-2673100	19801 22039	Argonaut Insurance Company General Reinsurance Corporation	IL DE	4,432	426 10	3,585 3,148	4,011 3,158		953	1,947		5,557	9,054	11,966
0599998	Other U.S.	Unaffiliated Insurers - less than \$100,000												
0599999	Total - Other U.S. Unaffiliated Insurers			4,432	436	6,733	7,169		953	1,947		5,557	9,054	11,966
9999999	Grand Total - Schedule F - Part 1			4,432	436	6,733	7,169		953	1,947		5,557	9,054	11,966

NONE Schedule F - Part 2 Premium Portfolio

SCHEDULE F – PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	19 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
06-1430254	10348	Arch Reinsurance Company	NE	0	118														
13-2673100	22039	General Reinsurance Corporation	DE	0	6,198	389	5	37,375	158	9,024	336	77	203	47,567	4			(4)	47,567
36-6067575	24139	Old Republic General Insurance Company	IL	0		5		197	1					203					203
43-0727872	15105	Safety National Casualty Corporation	MO	0	110														(2)
06-0566050	25658	Travelers Indemnity Company	CT	0		2		36						38					38
48-0921045	39845	Westport Insurance Corporation	MO	0		22		484	1					507					507
0599998	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0599999	Total Authorized - Other U.S. Unaffiliated Insurers					6,426	418	5	38,092	160	9,024	336	77	203	48,315	6			48,309
AA-1127400	00000	Lloyd's Syndicate # 1400: Alterra at Lloyd's	GB	0	99										2				(2)
AA-1128987	00000	Lloyd's Syndicate # 2987: BRIT Syndicate	GB	0	17														
AA-1120080	00000	Lloyd's Syndicate # 5151: Montpelier	GB	0	21										1				(1)
0899998	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
0899999	Total Authorized - Other Non-U.S. Insurers					137										3			(3)
0999999	Total Authorized					6,563	418	5	38,092	160	9,024	336	77	203	48,315	9			48,306
AA-3194128	00000	Allied World Assurance Company, Ltd	BM	0	153										3				(3)
AA-3190829	00000	Alterra Bermuda Limited	BM	0	87										1				(1)
AA-3194126	00000	Arch Reinsurance Ltd	BM	0	118														
AA-1120337	00000	Aspen Insurance UK Limited	GB	0	37										1				(1)
AA-3194139	00000	Axis Specialty Limited	BM	0	165										3				(3)
AA-3194130	00000	Endurance Specialty Insurance, Ltd	BM	0	134										2				(2)
AA-1460006	00000	Flagstone Reassurance Swiss S.A.	CH	0	21														
AA-3190838	00000	Tokio Millennium Re, Ltd	BM	0	173										2				(2)

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1) General Reinsurance Corporation	20.00	6,198
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1) General Reinsurance Corp	47,567	6,198	Yes [] No [X]
2) Westport Insurance Corp	507		Yes [] No [X]
3) Old Republic General Insurance	203		Yes [] No [X]
4) Travelers Indemnity Company	38		Yes [] No [X]
5) _____	_____	_____	Yes [] No [X]

SCHEDULE F – PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	19 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
1799998	Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
1799999	Total Unauthorized - Other Non-U.S. Insurers				888										12		(12)		
1899999	Total Unauthorized				888										12		(12)		
1999999	Total Authorized and Unauthorized				7,451	418	5	38,092	160	9,024	336	77	203	48,315	21		48,294		
9999999	Totals				7,451	418	5	38,092	160	9,024	336	77	203	48,315	21		48,294		

22.1

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1) General Reinsurance Corporatio	20.00	6,198
2) _____		
3) _____		
4) _____		
5) _____		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1) General Reinsurance Corp	47,567	6,198	Yes [] No [X]
2) Westport Insurance Corp	507		Yes [] No [X]
3) Old Republic General Insurance	203		Yes [] No [X]
4) Travelers Indemnity Company	38		Yes [] No [X]
5) _____			Yes [] No [X]

SCHEDULE F – PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col.11
				5 Current	Overdue				11 Total Due Cols. 5 + 10			
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days		10 Total Overdue Cols. 6 + 7 + 8 + 9		
13-2673100	22039	General Reinsurance Corporation	DE	208		186			186	394	47.208	
36-6067575	24139	Old Republic General Insurance Corp	IL	5						5		
06-0566050	25658	Travelers Indemnity Company	CT	2						2		
48-0921045	39845	Westport Insurance Corporation	MO	22						22		
0599999	Total Authorized - Other U.S. Unaffiliated Insurers			237		186			186	423	43.972	
0999999	Total Authorized			237		186			186	423	43.972	
1999999	Total Authorized and Unauthorized			237		186			186	423	43.972	
9999999	Totals			237		186			186	423	43.972	

NONE Schedule F - Part 6 Overdue Authorized

NONE Schedule F - Part 7 Overdue Reinsurance

SCHEDULE F – PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	368,942,809		368,942,809
2. Premiums and considerations (Line 15)	28,053,659		28,053,659
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	423,133	(423,133)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	5,018,402		5,018,402
6. Net amount recoverable from reinsurers		48,294,323	48,294,323
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	402,438,003	47,871,190	450,309,193
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	175,851,639	47,611,347	223,462,986
10. Taxes, expenses, and other obligations (Lines 4 through 8)	16,373,492	203,358	16,576,850
11. Unearned premiums (Line 9)	47,721,168	77,273	47,798,441
12. Advance premiums (Line 10)	2,393,522		2,393,522
13. Dividends declared and unpaid (Line 11.1 and 11.2)	3,564,088		3,564,088
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	20,788	(20,788)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	86,224		86,224
17. Provision for reinsurance (Line 16)			
18. Other liabilities	266,968		266,968
19. Total liabilities excluding protected cell business (Line 26)	246,277,889	47,871,190	294,149,079
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	156,160,114	X X X	156,160,114
22. Totals (Line 38)	402,438,003	47,871,190	450,309,193

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X]

If yes, give full explanation:

.....

.....

.....

NONE Schedule H - Part 1

NONE **Schedule H - Part 2, 3 and 4**

NONE Schedule H - Part 5

NONE Schedule P - Part 1A Homeowners/Farmowners

NONE Schedule P - Part 1B Private Passenger

NONE Schedule P - Part 1C Commercial Auto

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	X X X	X X X	X X X	1,681	457	141	8	102		75	1,459	X X X
2. 2002	135,893	9,501	126,392	80,283	43	7,836		12,640		1,966	100,716	18,139
3. 2003	150,662	11,063	139,599	79,586	775	6,913	17	14,264		1,778	99,971	17,510
4. 2004	157,326	9,746	147,580	78,673	645	6,663	6	15,306		2,530	99,991	16,285
5. 2005	169,051	11,054	157,997	77,604	620	6,152	2	18,478		1,541	101,612	15,553
6. 2006	159,213	11,915	147,298	80,009	573	5,729	3	16,685		1,832	101,847	14,322
7. 2007	136,208	11,343	124,865	73,139	926	4,727	4	16,616		1,844	93,552	12,160
8. 2008	118,728	9,972	108,756	62,352		3,591		16,282		837	82,225	9,948
9. 2009	101,670	7,173	94,497	54,948		3,116		12,709		577	70,773	8,591
10. 2010	91,451	8,028	83,423	40,598		2,259		12,746		238	55,603	8,107
11. 2011	92,459	7,451	85,008	21,321		1,726		10,073		20	33,120	7,770
12. Totals	X X X	X X X	X X X	650,194	4,039	48,853	40	145,901		13,238	840,869	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	15,879	9,656	316	63	293	62	22		1,504			8,233	74
2. 2002	7,479	6,361	322	32	55	22	70		774			2,285	17
3. 2003	4,067		1,283	53	261		63		312			5,933	24
4. 2004	5,960	1,874	1,695	139	100	10	56		761			6,549	31
5. 2005	7,504	3,697	2,172	128	204	10	35		954			7,034	46
6. 2006	5,496	1,068	4,519	166	331	7	34		978			10,117	63
7. 2007	16,121	6,653	2,724	226	385	19	31		1,911			14,274	87
8. 2008	8,007		3,631	558	527		59	2	1,143			12,807	122
9. 2009	19,541	4,670	3,250	973	723	12	206	39	2,230			20,256	206
10. 2010	25,899	3,834	5,616	2,036	1,251	14	518	138	3,057			30,319	424
11. 2011	26,538	279	26,687	4,650	2,362	4	982	157	6,130			57,609	1,980
12. Totals	142,491	38,092	52,215	9,024	6,492	160	2,076	336	19,754			175,416	3,074

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	6,476	1,757
2. 2002	109,459	6,458	103,001	80.548	67.972	81.493				1,408	877
3. 2003	106,749	845	105,904	70.853	7.638	75.863				5,297	636
4. 2004	109,214	2,674	106,540	69.419	27.437	72.191				5,642	907
5. 2005	113,103	4,457	108,646	66.905	40.320	68.765				5,851	1,183
6. 2006	113,781	1,817	111,964	71.465	15.250	76.012				8,781	1,336
7. 2007	115,654	7,828	107,826	84.910	69.012	86.354				11,966	2,308
8. 2008	95,592	560	95,032	80.513	5.616	87.381				11,080	1,727
9. 2009	96,723	5,694	91,029	95.134	79.381	96.330				17,148	3,108
10. 2010	91,944	6,022	85,922	100.539	75.012	102.996				25,645	4,674
11. 2011	95,819	5,090	90,729	103.634	68.313	106.730				48,296	9,313
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	147,590	27,826

NONE Schedule P - Part 1E Commercial Multiple Peril

NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurrence

NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made

NONE Schedule P - Part 1G Special Liability

NONE Schedule P - Part 1H - Section 1 Other Liab. Occurrence

NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made

NONE Schedule P - Part 1I Special Property

NONE Schedule P - Part 1J Auto Physical Damage

NONE **Schedule P - Part 1K Fidelity/Surety**

NONE **Schedule P - Part 1L Other**

NONE Schedule P - Part 1M International

NONE Schedule P - Part 1N Nonproportional Assumed Prop.

NONE **Schedule P - Part 10 Nonproportional Assumed Liab.**

NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines

NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurrence

NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made

NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty

NONE Schedule P - Part 1T - Warranty

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE

**SCHEDULE P – PART 2D – WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002	135,464	106,676	111,734	101,296	87,652	76,018	73,936	72,683	71,992	72,820	828	137
3. 2003	109,659	105,890	102,899	94,559	94,708	93,406	92,953	91,819	90,222	89,587	(635)	(2,232)
4. 2004	XXX	106,888	106,294	96,010	94,310	93,342	92,844	91,708	90,054	91,328	1,274	(380)
5. 2005	XXX	XXX	113,292	92,957	99,430	97,573	94,881	93,162	91,037	90,473	(564)	(2,689)
6. 2006	XXX	XXX	XXX	111,683	104,578	99,969	95,144	92,320	90,652	89,214	(1,438)	(3,106)
7. 2007	XXX	XXX	XXX	XXX	113,178	105,827	104,289	97,740	94,709	94,301	(408)	(3,439)
8. 2008	XXX	XXX	XXX	XXX	XXX	107,830	102,174	94,395	92,676	89,299	(3,377)	(5,096)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	84,231	85,750	83,289	77,607	(5,682)	(8,143)
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,563	81,644	76,090	(5,554)	(8,473)
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76,022	70,119	(5,903)	XXX
12. Totals											XXX	XXX

(21,459) (33,421)

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE

NONE Schedule P - Part 2F - Sec. 1 and 2, 2G, 2H Sec. 1 and 2

NONE **Schedule P - Part 2I, 2J, 2K, 2L, 2M**

NONE **Schedule P - Part 2N, 2O, 2P**

NONE **Schedule P - Part 2R Sec. 1 and 2, 2S, 2T**

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
1. Prior	000												
2. 2002													
3. 2003	XXX												
4. 2004	XXX	XXX											
5. 2005	XXX	XXX	XXX										
6. 2006	XXX	XXX	XXX	XXX									
7. 2007	XXX	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P – PART 3B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
1. Prior	000												
2. 2002													
3. 2003	XXX												
4. 2004	XXX	XXX											
5. 2005	XXX	XXX	XXX										
6. 2006	XXX	XXX	XXX	XXX									
7. 2007	XXX	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P – PART 3C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
1. Prior	000												
2. 2002													
3. 2003	XXX												
4. 2004	XXX	XXX											
5. 2005	XXX	XXX	XXX										
6. 2006	XXX	XXX	XXX	XXX									
7. 2007	XXX	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P – PART 3D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
1. Prior	000	25,730	39,888	49,400	55,415	59,049	61,651	63,311	64,734	66,091	23		
2. 2002	25,322	53,220	67,162	76,599	80,631	83,506	85,864	86,946	87,704	88,076	14,935	3,187	
3. 2003	XXX	25,772	54,508	68,310	75,330	80,365	83,225	85,025	85,637	85,707	14,406	3,080	
4. 2004	XXX	XXX	27,779	57,483	71,236	77,887	81,575	83,340	84,127	84,685	13,971	2,283	
5. 2005	XXX	XXX	XXX	26,837	56,603	69,905	77,532	80,097	81,663	83,134	13,366	2,141	
6. 2006	XXX	XXX	XXX	XXX	28,745	56,546	71,459	79,497	82,937	85,162	12,357	1,902	
7. 2007	XXX	XXX	XXX	XXX	XXX	27,723	54,203	65,963	72,997	76,936	10,555	1,518	
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	21,739	45,872	58,896	65,943	8,575	1,251	
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,460	44,923	58,064	7,214	1,171	
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,837	42,857	6,800	883	
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,047	5,018	772	

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
1. Prior	000												
2. 2002													
3. 2003	XXX												
4. 2004	XXX	XXX											
5. 2005	XXX	XXX	XXX										
6. 2006	XXX	XXX	XXX	XXX									
7. 2007	XXX	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

NONE **Schedule P - Part 3F Sec. 1 and 2, 3G, 3H Sec. 1 and 2**

NONE **Schedule P - Part 3I, 3J, 3K, 3L, 3M**

NONE **Schedule P - Part 3N, 3O, 3P**

NONE **Schedule P - Part 3R Sec. 1 and 2, 3S, 3T**

SCHEDULE P – PART 4A – HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	67,651	47,626	39,178	18,118	13,069	6,033	3,502	2,596	817	275
2. 2002	48,621	26,481	14,430	6,329	5,141	3,365	2,966	2,248	954	360
3. 2003	XXX	42,458	27,358	11,371	7,968	5,398	4,450	3,090	1,226	1,293
4. 2004	XXX	XXX	47,210	21,609	11,396	9,214	6,146	3,856	1,875	1,612
5. 2005	XXX	XXX	XXX	49,828	20,336	12,767	9,292	5,898	3,637	2,079
6. 2006	XXX	XXX	XXX	XXX	41,993	19,954	12,371	7,749	4,440	4,387
7. 2007	XXX	XXX	XXX	XXX	XXX	37,123	18,264	9,326	4,836	2,529
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	27,073	12,179	6,547	3,130
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,746	9,312	2,444
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,521	3,960
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,862

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

NONE **Schedule P - Part 4F Sec. 1 and 2, 4G, 4H Sec. 1 and 2**

NONE **Schedule P - Part 4I, 4J, 4K, 4L, 4M**

NONE **Schedule P - Part 4N, 4O, 4P**

NONE **Schedule P - Part 4R Sec. 1 and 2, 4S, 4T**

NONE **Schedule P - Part 5A - Section 1-3**

NONE Schedule P - Part 5B - Section 1-3

NONE Schedule P - Part 5C - Section 1-3

SCHEDULE P – PART 5D – WORKERS' COMPENSATION**(EXCLUDING EXCESS WORKERS' COMPENSATION)****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior	5,871	801	331	195	118	85	32	12	8	23
2. 2002	9,367	13,955	14,452	14,713	14,814	14,856	14,900	14,917	14,921	14,935
3. 2003	XXX	9,146	13,468	14,050	14,231	14,320	14,359	14,381	14,390	14,406
4. 2004	XXX	XXX	8,935	13,163	13,675	13,851	13,918	13,938	13,948	13,971
5. 2005	XXX	XXX	XXX	8,934	12,664	13,125	13,294	13,335	13,353	13,366
6. 2006	XXX	XXX	XXX	XXX	8,380	11,633	12,124	12,267	12,325	12,357
7. 2007	XXX	XXX	XXX	XXX	XXX	7,247	10,116	10,386	10,496	10,555
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	5,904	8,133	8,436	8,575
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,017	6,866	7,214
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,978	6,800
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,018

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior	1,405	800	501	317	207	131	102	93	90	74
2. 2002	5,112	857	458	218	128	89	48	31	31	17
3. 2003	XXX	4,820	799	347	184	104	65	44	40	24
4. 2004	XXX	XXX	4,303	735	302	140	77	59	52	31
5. 2005	XXX	XXX	XXX	3,810	661	273	110	71	59	46
6. 2006	XXX	XXX	XXX	XXX	3,372	601	262	144	91	63
7. 2007	XXX	XXX	XXX	XXX	XXX	2,852	510	237	143	87
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	2,218	489	244	122
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,978	515	206
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,910	424
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,980

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior	963	685	21	10	10	8	3	5	5	6
2. 2002	17,099	18,072	18,111	18,124	18,132	18,135	18,137	18,137	18,138	18,139
3. 2003	XXX	17,068	17,389	17,486	17,502	17,507	17,507	17,507	17,510	17,510
4. 2004	XXX	XXX	15,474	16,222	16,273	16,278	16,280	16,282	16,283	16,285
5. 2005	XXX	XXX	XXX	14,796	15,497	15,540	15,550	15,551	15,553	15,553
6. 2006	XXX	XXX	XXX	XXX	13,781	14,277	14,313	14,316	14,320	14,322
7. 2007	XXX	XXX	XXX	XXX	XXX	11,585	12,152	12,149	12,158	12,160
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	9,395	9,915	9,946	9,948
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,209	8,564	8,591
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,748	8,107
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,770

NONE Schedule P - Part 5E - Section 1-3

NONE Schedule P - Part 5F - Section 1A-3A

NONE Schedule P - Part 5F - Section 1B-3B

NONE Schedule P - Part 5H - Section 1A-3A

NONE Schedule P - Part 5H - Section 1B-3B

NONE Schedule P - Part 5R - Section 1A-3A

NONE **Schedule P - Part 5R - Section 1B-3B**

NONE Schedule P - Part 5T - Warranty

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior											
2. 2002											
3. 2003	XXX										
4. 2004	XXX	XXX									
5. 2005	XXX	XXX	XXX								
6. 2006	XXX	XXX	XXX	XXX							
7. 2007	XXX	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior											
2. 2002											
3. 2003	XXX										
4. 2004	XXX	XXX									
5. 2005	XXX	XXX	XXX								
6. 2006	XXX	XXX	XXX	XXX							
7. 2007	XXX	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	8,268	(376)	(343)	(111)							
2. 2002	127,625	133,921	134,076	133,894	133,890	133,890	133,887	133,887	133,887	133,887	
3. 2003	XXX	144,742	151,860	151,351	151,227	151,485	151,193	151,209	151,179	151,179	
4. 2004	XXX	XXX	150,548	161,699	162,251	162,409	162,423	162,436	162,380	162,380	
5. 2005	XXX	XXX	XXX	158,702	163,813	163,947	163,692	163,754	163,682	163,681	(1)
6. 2006	XXX	XXX	XXX	XXX	153,678	159,160	159,425	159,426	159,403	159,390	(13)
7. 2007	XXX	XXX	XXX	XXX	XXX	130,176	149,483	149,379	149,361	149,355	(6)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	99,692	110,958	112,318	112,283	(35)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90,416	98,234	98,411	177
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82,472	93,881	11,409
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80,928	80,928
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92,459
13. Earned Premiums (Sc P-Pt 1)	135,893	150,662	157,326	169,051	159,213	136,208	118,728	101,670	91,451	92,459	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	571	(19)	7,352	(6)							
2. 2002	8,930	9,265	9,299	9,192	10,198	10,198	10,198	10,198	10,198	10,198	
3. 2003	XXX	10,747	11,089	11,049	11,148	11,380	11,777	11,778	11,775	11,775	
4. 2004	XXX	XXX	9,697	10,141	10,172	9,407	8,538	8,539	8,534	8,534	
5. 2005	XXX	XXX	XXX	10,461	9,643	7,594	7,594	7,284	7,278	7,278	
6. 2006	XXX	XXX	XXX	XXX	11,197	14,842	14,191	12,357	12,242	11,800	(442)
7. 2007	XXX	XXX	XXX	XXX	XXX	10,280	11,884	11,874	11,872	11,871	(1)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	9,490	10,527	10,648	10,645	(3)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,288	8,976	8,991	15
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,350	8,325	975
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,907	6,907
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,451
13. Earned Premiums (Sc P-Pt 1)	9,501	11,063	9,746	11,054	11,915	11,343	9,971	7,173	8,028	7,451	XXX

NONE **Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A**

NONE **Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B**

NONE **Schedule P - Part 6N Sec. 1 and 2, 6O Sec. 1 and 2**

NONE **Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B**

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

Schedule P - Part 1	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation	175,416	1,964	1.120	86,658		
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X	X X X	X X X
17. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X	X X X	X X X
18. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X	X X X	X X X
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	175,416	1,964	1.120	86,658		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior	5,517	4,995	12,834	14,078	13,870	13,574	13,552	12,956	13,626	14,195
2. 2002	3,629	4,424	4,783	4,897	5,188	5,045	5,185	5,421	5,272	5,308
3. 2003	X X X	5,796	6,543	6,955	7,783	6,982	6,625	6,692	6,580	6,621
4. 2004	X X X	X X X	4,933	5,057	5,997	5,338	5,308	5,686	5,709	5,706
5. 2005	X X X	X X X	X X X	519	1,810	1,827	1,750	1,764	1,788	2,019
6. 2006	X X X	X X X	X X X	X X X						
7. 2007	X X X	X X X	X X X	X X X	X X X					
8. 2008	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2011	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	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior	633	271	220							
2. 2002	2,453	508	268							
3. 2003	X X X	4,095	1,221	146	90	138	50	16		
4. 2004	X X X	X X X	3,670	574	151	86	50	30		
5. 2005	X X X	X X X	X X X	357	154	155	74	56		
6. 2006	X X X	X X X	X X X	X X X						
7. 2007	X X X	X X X	X X X	X X X	X X X					
8. 2008	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2011	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	

SCHEDULE P – PART 7A
PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	29,057	27,527	27,579	27,580	27,580	27,580	27,580	27,580	27,439	27,439
2. 2002	974	2,434	2,519	2,642	2,642	2,642	2,642	2,642	2,642	2,642
3. 2003	XXX	1,960	6,891	5,996	5,970	6,280	6,053	6,081	5,999	5,999
4. 2004	XXX	XXX	1,992	6,044	5,949	6,534	6,534	6,534	6,534	6,534
5. 2005	XXX	XXX	XXX	1,191	3,797	3,106	2,943	2,926	2,855	2,855
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	66	117	79							
2. 2002										
3. 2003	XXX	51	524	132	9	259	6	19		
4. 2004	XXX	XXX	221							
5. 2005	XXX	XXX	XXX	537	698	216	(11)	71		
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation	175,416	1,964	1.120	86,658		
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property						
17. Reinsurance-Nonproportional Assumed Liability						
18. Reinsurance-Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	175,416	1,964	1.120	86,658		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7B REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorse "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ _____

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2002		
1.603 2003		
1.604 2004		
1.605 2005		
1.606 2006		
1.607 2007		
1.608 2008		
1.609 2009		
1.610 2010		
1.611 2011		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: 5.1 Fidelity \$ _____
5.2 Surety \$ _____
 (in thousands of dollars)

6. Claim count information is reported per claim or per claimant. (indicate which). Per Claimant _____

If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 An extended statement may be attached

.....

NONE Schedule T - Part 2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
3490	Beacon Mutual Insurance Group	24017	05-0458697				Beacon Mutual Insurance Company	RI						
3490	Beacon Mutual Insurance Group	11837	20-0317088				Castle Hill Insurance Company	RI	DS	Beacon Mutual Insurance Company	Ownership	100.0	Beacon Mutual Insurance Company	
		00000	06-1490630				BMIC Services Corp	RI	DS	Beacon Mutual Insurance Company	Ownership	100.0	Beacon Mutual Insurance Company	

Asterik	Explanation
<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">96</div> <div style="font-size: 48px; font-weight: bold; text-align: center;">NONE</div> </div>	

NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<u>Responses</u>
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The company does not meet the requirements to file the Management's Report of Internal Controls over Financial Reporting

Bar Code:



2401720114200000



2401720113600000



2401720114900000



2401720114010000



2401720114000000



2401720115050000



2401720112250000



2401720112300000



2401720112100000



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2401720112160000



2401720112230000

OVERFLOW PAGE FOR WRITE-INS

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