



ANNUAL STATEMENT

For the Year Ending December 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

Windsor Health Plan, Inc.

NAIC Group Code	1268 <small>(Current Period)</small>	1268 <small>(Prior Period)</small>	NAIC Company Code	95792	Employer's ID Number	62-1531881
Organized under the Laws of	Tennessee		State of Domicile or Port of Entry	Tennessee		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	05/14/1993		Commenced Business	01/01/1994		
Statutory Home Office	7100 Commerce Way, Suite 285 <small>(Street and Number)</small>		Brentwood, TN 37027 <small>(City or Town, State and Zip Code)</small>			
Main Administrative Office	7100 Commerce Way, Suite 285 <small>(Street and Number)</small>					
	Brentwood, TN 37027 <small>(City or Town, State and Zip Code)</small>		(615)782-7800 <small>(Area Code) (Telephone Number)</small>			
Mail Address	7100 Commerce Way, Suite 285 <small>(Street and Number or P.O. Box)</small>		Brentwood, TN 37027 <small>(City or Town, State and Zip Code)</small>			
Primary Location of Books and Records	7100 Commerce Way, Suite 285 <small>(Street and Number)</small>					
	Brentwood, TN 37027 <small>(City or Town, State and Zip Code)</small>		(615)782-7914 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.windsorhealthgroup.com					
Statutory Statement Contact	Jennifer Giannotti <small>(Name)</small>		(615)782-7914 <small>(Area Code)(Telephone Number)(Extension)</small>			
	jgiannotti@windsorhealthgroup.com <small>(E-Mail Address)</small>		(615)782-7826 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Michael Bailey	President
Willis Jones	Secretary Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Phillip Hertik
Michael Bailey

Willis Jones

State of Tennessee
County of Williamson ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

_____ <small>(Signature)</small> Michael Bailey _____ <small>(Printed Name)</small> 1. President _____ <small>(Title)</small>	_____ <small>(Signature)</small> Willis Jones _____ <small>(Printed Name)</small> 2. Secretary _____ <small>(Title)</small>	_____ <small>(Signature)</small> _____ <small>(Printed Name)</small> 3. Treasurer _____ <small>(Title)</small>
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Subscribed and sworn to before me this _____ day of _____, 2009

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals			317,474			317,474
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .			317,474			317,474

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
ProCare Rx		1,277,877	901,828	511,536	511,536	2,179,705
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables		1,277,877	901,828	511,536	511,536	2,179,705
Claim Overpayment Receivables						
AIM Healthcare Services, Inc.	1,500,000					1,500,000
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables	1,500,000					1,500,000
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	1,500,000	1,277,877	901,828	511,536	511,536	3,679,705

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
ProCare Rx	3,764,373					3,764,373
0199999 Total - Individually Listed Claims Unpaid	3,764,373					3,764,373
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	3,764,373					3,764,373
0599999 Unreported claims and other claim reserves						20,468,817
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						24,233,190
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Windsor Management Services	2,170,926					2,170,926	
0199999 Total - Individually listed receivables	2,170,926					2,170,926	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	2,170,926					2,170,926	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>			
0399999 Total gross payables	X X X			

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	238,950,343	100.000			238,950,343	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	238,950,343	100.000			238,950,343	
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments			X X X	X X X		
13. Total (Line 4 plus Line 12)	238,950,343	100.000	X X X	X X X	238,950,343	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

N O N E



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	6,230									6,230
2. First Quarter	9,081							29		9,052
3. Second Quarter	9,324							41		9,283
4. Third Quarter	9,884							65		9,819
5. Current Year	10,513							107		10,406
6. Current Year Member Months	38,802							242		38,560
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	3,474,749							242,236		3,232,513
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,474,749							242,236		3,232,513
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,986,879							2,842,015		144,864
18. Amount Incurred for Provision of Health Care Services	2,986,879							2,849,184		137,695

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,474,749



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,228							4,551		2,677
2. First Quarter	12,953							8,845		4,108
3. Second Quarter	16,968							12,649		4,319
4. Third Quarter	18,765							14,179		4,586
5. Current Year	19,570							14,828		4,742
6. Current Year Member Months	68,256							50,501		17,755
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	45,088,340							43,606,772		1,481,568
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	45,088,340							43,708,595		1,379,745
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	38,757,746							36,877,995		1,879,751
18. Amount Incurred for Provision of Health Care Services	38,757,746							36,971,014		1,786,732

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....45,088,340



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,796							5,607		4,189
2. First Quarter	20,890							16,349		4,541
3. Second Quarter	27,944							23,144		4,800
4. Third Quarter	30,555							25,142		5,413
5. Current Year	31,960							25,932		6,028
6. Current Year Member Months	111,349							90,567		20,782
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	79,335,463							77,719,207		1,616,256
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	79,335,464							77,809,544		1,525,920
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	68,196,428							64,888,901		3,307,527
18. Amount Incurred for Provision of Health Care Services	68,196,428							65,052,573		3,143,855

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....79,335,463



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter	4,272							1,309		2,963
3. Second Quarter	6,060							2,606		3,454
4. Third Quarter	7,071							3,042		4,029
5. Current Year	8,046							3,404		4,642
6. Current Year Member Months	25,449							10,361		15,088
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	10,813,418							9,466,538		1,346,880
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,813,418							9,466,538		1,346,880
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	9,295,168							8,844,353		450,815
18. Amount Incurred for Provision of Health Care Services	9,295,168							8,844,353		450,815

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....10,813,418



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	31,461							20,670		10,791
2. First Quarter	43,462							27,588		15,874
3. Second Quarter	49,276							33,427		15,849
4. Third Quarter	52,523							36,213		16,310
5. Current Year	54,534							37,407		17,127
6. Current Year Member Months	199,795							134,635		65,160
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	139,267,930							133,476,345		5,791,585
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	139,267,930							133,719,065		5,548,865
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	119,714,122							113,907,987		5,806,135
18. Amount Incurred for Provision of Health Care Services	119,714,122							113,907,987		5,806,135

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....139,267,930



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1268

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95792

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	54,715							30,828		23,887
2. First Quarter	90,658							54,120		36,538
3. Second Quarter	109,572							71,867		37,705
4. Third Quarter	118,798							78,641		40,157
5. Current Year	124,623							81,678		42,945
6. Current Year Member Months	443,651							286,306		157,345
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	277,979,900							264,511,098		13,468,802
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	277,979,901							264,945,978		13,033,923
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	238,950,343							227,361,251		11,589,092
18. Amount Incurred for Provision of Health Care Services	238,950,343							227,625,111		11,325,232

29 Grand Total

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....277,979,900

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>											
0399999 Totals											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Life and Annuity, Non-Affiliates						
92711	35-1817054	01/01/2008	HCC LIFE INS CO	Minnetoka, Minnesota	336,668	
0299999	Total - Life and Annuity, Non-Affiliates				336,668	
0399999	Totals - Life and Annuity				336,668	
0799999	Totals - Life, Annuity and Accident and Health				336,668	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Separate Accounts Authorized - Non-Affiliates												
92711	35-1817054	01/01/2008	HCC LIFE INS CO	Minnetonka, MN	OTH/A/I	488,289						
0999999 Subtotal - Separate Accounts Authorized - Non-Affiliates						488,289						
1099999 Total - Separate Accounts Authorized						488,289						
1499999 Total - Authorized and Unauthorized Separate Accounts						488,289						
1599999 Totals						488,289						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Totals (General Account and Separate Accounts combined)													

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

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	488	328			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	337	42			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	45,016,745		45,016,745
2. Accident and health premiums due and unpaid (Line 13)	6,727,557		6,727,557
3. Amounts recoverable from reinsurers (Line 14.1)	336,668		336,668
4. Net credit for ceded reinsurance	X X X	336,668	336,668
5. All other admitted assets (Balance)	6,995,481		6,995,481
6. Total assets (Line 26)	59,076,451	336,668	59,413,119
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	24,233,190		24,233,190
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	410,371		410,371
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	26,067,295		26,067,295
13. Total liabilities (Line 22)	50,710,856		50,710,856
14. Total capital and surplus (Line 31)	8,365,595	X X X	8,365,595
15. Total liabilities, capital and surplus (Line 32)	59,076,451		59,076,451
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	336,668		
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables	336,668		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers ...			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance	336,668		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	62-1530448 ..	WINDSOR MANAGEMENT SERVICES, INC .....	.....	.....	.....	.....	36,465,847	.....	.....	.....	36,465,847	.....
95792 ..	62-1531881 ..	WINDSOR HLTH PLAN INC .....	.....	.....	.....	.....	(36,465,847)	.....	.....	.....	(36,465,847)	.....
9999999 Totals .....		.....	.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Management fees

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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.

MARCH FILING

- | | |
|---|-----------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | See Explanation |
| 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? | See Explanation |

APRIL FILING

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

JUNE FILING

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

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

MARCH FILING

- | | |
|--|-----|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | Yes |

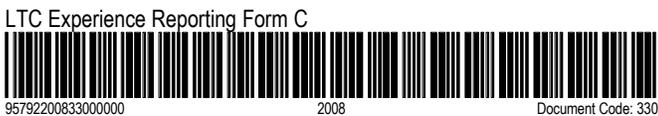
APRIL FILING

- | | |
|---|----|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | No |

Explanations:

- 2. To be filed by March 6, 2009
- 4. To be filed by March 6, 2009

Bar Codes:





Medicare Part D Coverage Supplement (Net of Reinsurance) (To be Filed By March 1)

NAIC Group Code: 1268

NAIC Company Code: 95792

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	13,468,802	X X X		X X X	13,468,802
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	224,203	X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable	748,089	X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	13,693,005	X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	748,089	X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums	14,441,094	X X X		X X X	13,468,802
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	16,101,543	X X X		X X X	16,101,543
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	636,671	X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	534,819	X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	16,203,395	X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims	16,203,395	X X X		X X X	16,101,543
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid	1,917,021	X X X		X X X	1,917,021
15. Expenses Incurred	1,917,021	X X X		X X X	X X X
16. Underwriting Gain/Loss	(3,679,322)	X X X		X X X	X X X
17. Cash Flow Results	X X X	X X X	X X X	X X X	(4,549,762)



LIFE SUPPLEMENTS

To Be Filed By March 1

For the Year **NONE** 2008

Of The Windsor Health Plan, Inc. Insurance Company

Address (City, State and Zip Code) Brentwood, TN 37027

NAIC Group Code 1268 NAIC Company Code 95792 Employer's ID Number 62-1531881

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
NONE					
9999999 Totals - (Net) -Page 3, Line 1					

EXHIBIT 5 - INTERROGATORIES

- | | |
|---|---|
| <p>1.1 Has the reporting entity ever issued both participating and non-participating contracts?
 1.2 If not, state which kind is issued.</p> | <p>Yes[] No[X]</p> |
| <p>2.1 Does the reporting entity at present issue both participating and non-participating contracts?
 2.2 If not, state which kind is issued.</p> | <p>Yes[] No[X]</p> |
| <p>3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.</p> | <p>Yes[] No[X]</p> |
| <p>4. Has the reporting entity any assessment or stipulated premium contracts in force?
 If so, state:</p> | <p>Yes[] No[X]</p> |
| <p>4.1 Amount of insurance?
 4.2 Amount of reserve?
 4.3 Basis of reserve
 4.4 Basis of regular assessments
 4.5 Basis of special assessments
 4.6 Assessments collected during the year</p> | <p>\$ 0
 \$ 0</p> |
| <p>5. If the contract loan interest rate guaranteed in any one or more of its contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts</p> | <p>\$ 0</p> |
| <p>6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
 6.1 If so, state the amount of reserve on such contracts on the basis actually held:
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
 Attach statement of methods employed in their valuation.</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |
| <p>7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
 7.3 State the amount of reserves established for this business:
 7.4 Identify where the reserves are reported in the blank</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |

NONE

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

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

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals											

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance	
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year			
NONE														
1599999 Totals														



PROPERTY / CASUALTY SUPPLEMENTS

(To Be Filed On Or Before March 1)

For the Year **NONE** 2008

Of The Windsor Health Plan, Inc. Insurance Company

Address (City, State and Zip Code) Brentwood, TN 37027

NAIC Group Code 1268 NAIC Company Code 95792 Employer's ID Number 62-1531881

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 Columns 6 + 7							
NONE														
9999999 Totals														

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 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
9999999 Totals																			

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

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

NONE

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

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

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999												... X X X ...
3. 2000												... X X X ...
4. 2001												... X X X ...
5. 2002												... X X X ...
6. 2003												... X X X ...
7. 2004												... X X X ...
8. 2005												... X X X ...
9. 2006												... X X X ...
10. 2007												... X X X ...
11. 2008												... X X X ...
12. Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													... X X X ...
2. 1999													... X X X ...
3. 2000													... X X X ...
4. 2001													... X X X ...
5. 2002													... X X X ...
6. 2003													... X X X ...
7. 2004													... X X X ...
8. 2005													... X X X ...
9. 2006													... X X X ...
10. 2007													... X X X ...
11. 2008													... X X X ...
12. Totals													... X X X ...

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999											
3. 2000											
4. 2001											
5. 2002											
6. 2003											
7. 2004											
8. 2005											
9. 2006											
10. 2007											
11. 2008											
12. Totals	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

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

SCHEDULE P - PART 1A HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1C COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1D

WORKERS' COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1E

COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...	

SCHEDULE P - PART 1F - SECTION 1

MEDICAL MALPRACTICE - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1F - SECTION 2 MEDICAL MALPRACTICE - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												X X X
3. 2000 ...												X X X
4. 2001 ...												X X X
5. 2002 ...												X X X
6. 2003 ...												X X X
7. 2004 ...												X X X
8. 2005 ...												X X X
9. 2006 ...												X X X
10. 2007 ...												X X X
11. 2008 ...												X X X
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1H - SECTION 1

OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1H - SECTION 2 OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 11

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior
2. 2007
3. 2008
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

SCHEDULE P - PART 1J

AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 2007 ...												
3. 2008 ...												
4. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior ...												
2. 2007 ...												
3. 2008 ...												
4. Totals ...												

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2007 ...											
3. 2008 ...											
4. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1K FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior
2. 2007
3. 2008
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

SCHEDULE P - PART 1L OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior
2. 2007
3. 2008
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

SCHEDULE P - PART 1M INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												... X X X ...
3. 2000 ...												... X X X ...
4. 2001 ...												... X X X ...
5. 2002 ...												... X X X ...
6. 2003 ...												... X X X ...
7. 2004 ...												... X X X ...
8. 2005 ...												... X X X ...
9. 2006 ...												... X X X ...
10. 2007 ...												... X X X ...
11. 2008 ...												... X X X ...
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...	

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												X X X
3. 2000 ...												X X X
4. 2001 ...												X X X
5. 2002 ...												X X X
6. 2003 ...												X X X
7. 2004 ...												X X X
8. 2005 ...												X X X
9. 2006 ...												X X X
10. 2007 ...												X X X
11. 2008 ...												X X X
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													X X X
2. 1999 ...													X X X
3. 2000 ...													X X X
4. 2001 ...													X X X
5. 2002 ...													X X X
6. 2003 ...													X X X
7. 2004 ...													X X X
8. 2005 ...													X X X
9. 2006 ...													X X X
10. 2007 ...													X X X
11. 2008 ...													X X X
12. Totals ...													X X X

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 10 - REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999												... X X X ...
3. 2000												... X X X ...
4. 2001												... X X X ...
5. 2002												... X X X ...
6. 2003												... X X X ...
7. 2004												... X X X ...
8. 2005												... X X X ...
9. 2006												... X X X ...
10. 2007												... X X X ...
11. 2008												... X X X ...
12. Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior												... X X X ...	
2. 1999												... X X X ...	
3. 2000												... X X X ...	
4. 2001												... X X X ...	
5. 2002												... X X X ...	
6. 2003												... X X X ...	
7. 2004												... X X X ...	
8. 2005												... X X X ...	
9. 2006												... X X X ...	
10. 2007												... X X X ...	
11. 2008												... X X X ...	
12. Totals												... X X X ...	

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999											
3. 2000											
4. 2001											
5. 2002											
6. 2003											
7. 2004											
8. 2005											
9. 2006											
10. 2007											
11. 2008											
12. Totals	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999												... X X X ...
3. 2000												... X X X ...
4. 2001												... X X X ...
5. 2002												... X X X ...
6. 2003												... X X X ...
7. 2004												... X X X ...
8. 2005												... X X X ...
9. 2006												... X X X ...
10. 2007												... X X X ...
11. 2008												... X X X ...
12. Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior												... X X X ...	
2. 1999												... X X X ...	
3. 2000												... X X X ...	
4. 2001												... X X X ...	
5. 2002												... X X X ...	
6. 2003												... X X X ...	
7. 2004												... X X X ...	
8. 2005												... X X X ...	
9. 2006												... X X X ...	
10. 2007												... X X X ...	
11. 2008												... X X X ...	
12. Totals												... X X X ...	

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999											
3. 2000											
4. 2001											
5. 2002											
6. 2003											
7. 2004											
8. 2005											
9. 2006											
10. 2007											
11. 2008											
12. Totals	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1R - SECTION 1

PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1R - SECTION 2

PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 1999 ...												
3. 2000 ...												
4. 2001 ...												
5. 2002 ...												
6. 2003 ...												
7. 2004 ...												
8. 2005 ...												
9. 2006 ...												
10. 2007 ...												
11. 2008 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...													
2. 1999 ...													
3. 2000 ...													
4. 2001 ...													
5. 2002 ...													
6. 2003 ...													
7. 2004 ...													
8. 2005 ...													
9. 2006 ...													
10. 2007 ...													
11. 2008 ...													
12. Totals ...													

N O N E

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1S

FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 2007 ...												X X X
3. 2008 ...												X X X
4. Totals ...	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior ...												
2. 2007 ...												
3. 2008 ...												
4. Totals ...												

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2007 ...											
3. 2008 ...											
4. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1T WARRANTY

(\$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 (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid			Adjusting and Other Expenses 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		17 Direct and Assumed	NONE		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded								
1. Prior
2. 2007
3. 2008
4. Totals

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year	
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. TOTALS												

NONE

SCHEDULE P - PART 2A HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2D WORKERS' COMPENSATION

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2E COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2F - SECTION 1 MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2H - SECTION 1 OTHER LIABILITY - OCCURRENCE

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX								
10. 2007	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT			
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year		
1. Prior	XXX	XXX	XXX	XXX	NONE			XXX						
2. 2007	XXX	XXX	XXX	XXX				XXX						XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX	XXX			XXX	XXX
4. TOTALS														

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	NONE			XXX						
2. 2007	XXX	XXX	XXX	XXX				XXX						XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX	XXX			XXX	XXX
4. TOTALS														

SCHEDULE P - PART 2K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	NONE									
2. 2007	XXX	XXX	XXX	XXX				XXX						XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX	XXX			XXX	XXX
4. TOTALS														

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	NONE									
2. 2007	XXX	XXX	XXX	XXX				XXX						XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX	XXX			XXX	XXX
4. TOTALS														

SCHEDULE P - PART 2M

INTERNATIONAL

1. Prior														
2. 1999														
3. 2000	XXX													
4. 2001	XXX	XXX												
5. 2002	XXX	XXX	XXX											
6. 2003	XXX	XXX	XXX	XXX	NONE									
7. 2004	XXX	XXX	XXX	XXX										
8. 2005	XXX	XXX	XXX	XXX				XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX				XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
12. TOTALS														

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX											
10. 2007	XXX				XXX							
11. 2008	XXX		XXX	XXX								
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX											
10. 2007	XXX				XXX							
11. 2008	XXX		XXX	XXX								
12. TOTALS												

SCHEDULE P - PART 2R - SECTION 1 PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX								
8. 2005	XXX	XXX	XXX	XXX								
9. 2006	XXX											
10. 2007	XXX				XXX							
11. 2008	XXX		XXX	XXX								
12. TOTALS												

SCHEDULE P - PART 2S FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX								
2. 2007	XXX	XXX	XXX	XXX				XXX				XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

SCHEDULE P - PART 2T WARRANTY

1. Prior	XXX	XXX	XXX	XXX								
2. 2007	XXX	XXX	XXX	XXX				XXX				XXX
3. 2008	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

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