## **ANNUAL STATEMENT**

#### OF THE

MID-CONTINENT				
	INSURANCE COMPANY			
of	SOMERSET			
in the state of	PENNSL VANIA			

## **TO THE**

**Insurance Department** 

**OF THE** 

STATE OF PENNSYLVANIA

FOR THE YEAR ENDED

**December 31, 2008** 

**PROPERTY AND CASUALTY** 

2008



#### **ANNUAL STATEMENT**

For the Year Ended December 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

**Mid-Continent Insurance Company** 

NAIC Group Code	0000 Irrent Period)	0000 (Prior Period)	NAIC Company Code	11932	Employer's	s ID Number	25-1212201
Organized under the Laws of	•	(Prior Period) NSYLVANIA		State of Domicile or Port of	Entry Pi	ENNSYLVANIA	
Country of Domicile	UNITED STATE						
Incorporated/Organized:		July 9, 19	69	Commenced Busines	ss:	October 21, 1	1969
Statutory Home Office:	124 NORTH	CENTER AVENUE (Street and	Number)	,SOMERSET, PA		tate and Zip Code)	
Main Administrative Office:	124 NOF	(Street and RTH CENTER AVENUE	ivuilibei)	(	(Oily OF FOWIT, ST	ale and Lip Code)	
				Street and Number)			
	SOMER		ate and Zip Code)	814-445-8905 (Area Code) (Tele	phone Number)		
Mail Address: P. C	). BOX 632		. ,	, SOMERSET, PA			
		(Street and Number or F	,		(City or Town, St	tate and Zip Code)	
Primary Location of Books an	id Records:		NTER AVENUE Street and Number)	SOMERSET, PA 15501 (City or Town, State and Zip Co		814-445-8 (Area Code) (Teleg	
Internet Website Address:	WWW.M	IDCONTINENTINSURANC	*	(1.7)			
Statutory Statement Contact:	THO	MAS KEKLAK		814-445-8905-138		(5.1)	
	TVE	I) KLAK@MIDCONTINENTIN	Name)	(Area Code) (Tele	phone Number)	(Extension) 145-3495	
	INE		iil Address)			Number)	
			OFFICERS				
		Name	002.10	Title			
1.	JOHN DOUGLA			PRESIDENT/CEO			
2. 3.	DONALD LEON	FETTEROLF  ELL FETTEROLF		SECRETARY TREASURER/CFO			
0.	WITTON WITTON	ELLILITEROLI					
		_	VICE-PRESIDEN			_	
Name			tle	Name	\///		itle
MARIE CECILE MCNERNY		SENIOR VICE PRESIDE	NI ALL	ISON SUZANNE WALTER		E PRESIDENT	
			<del></del>				
			DIRECTORS OR TRU	ISTEES			
JOHN DOUGLAS WENDEL		DONALD LEON FETTER		RON MITCHELL FETTEROLF	ED	WARD KENT LAN	DEFELD
FRANK JOSEPH THOMAS		PETER LOUIS HERVOY	AVICH JR BRI	AN SCOTT FETTEROLF			
	<del></del>						
O							
State of PENNSYLVAN	IIA						
County of SOMERSET	ss						
The officers of this reporting entity	y being duly sworn,	each depose and say that	they are the described officers of	said reporting entity, and that on the	reporting period	stated above, all o	of the herein describe
, ,			•	xcept as herein stated, and that this			
explanations therein contained, ar	nnexed or referred to	, is a full and true statemer	nt of all the assets and liabilities ar	d of the condition and affairs of the sa	aid reporting entit	ty as of the reporting	g period stated abov
	•		•	NAIC Annual Statement Instructions	_		
		<del>-</del>	· · ·	not related to accounting practices an s the related corresponding electronic	=	=	
-		· ·		quested by various regulators in lieu o	-	-	
		<b>.</b>					
(Signa	ture)		(Signature)			(Signature)	
JOHN DOUGL			DONALD LEON FETT	EROLF	MYRC	N MITCHELL FET	TEROLF
(Printed I	,		(Printed Name) 2.			(Printed Name) 3.	
PRESIDEI			SECRETARY			TREASURER/CF	0
(Title			(Title)			(Title)	
Subscribed and sworn to before m	ne this			a. Is this an	original filing?		[X]Yes []No
23RD day of FEBRUAR	Υ	, 2009		b. If no:	1. State the ame	ndment number	
					2. Date filed		
					3 Number of na	nes attached	

## **ASSETS**

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	19,089,948		19,089,948	23,562,661
	Stocks (Schedule D):				
ı	2.1 Preferred stocks				
	2.2 Common stocks	7,947,537		7,947,537	9,099,991
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
ı	4.1 Properties occupied by the company (less \$0 encumbrances)				
ı	4.2 Properties held for the production of income (less \$0 encumbrances)				
1	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$ 589,819, Schedule E - Part 1), cash equivalents (\$ 0,				
_	Schedule E - Part 2), and short-term investments (\$ 2,833,203, Schedule DA)	3,423,022		3,423,022	2,114,215
	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	00 400 507		00 400 507	04 770 007
10.	Subtotals, cash and invested assets (Lines 1 to 9)	30,460,507		30,460,507	34,776,867
11.	Title plants less \$ 0 charged off (for Title insurers only)	477 440		477 440	200.072
12.	Investment income due and accrued	177,146		177,146	360,673
13.	Premiums and considerations:	E 000 016	056 712	4 442 202	4 747 024
	13.1 Uncollected premiums and agents' balances in the course of collection	5,099,916	956,713	4,143,203	4,747,031
	13.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$ 0 earned but unbilled premiums)  13.3 Accrued retrospective premiums				
14.	Reinsurance:				
14.	14.1 Amounto recoverable from reincurers	1,963,822		1,963,822	2,864,005
	440 F adabath and an effect the state and a second	1,905,022		1,900,022	2,004,005
	14.2 Funds held by or deposited with reinsured companies  14.3 Other amounts receivable under reinsurance contracts	845,283		845,283	642,964
15	Amounts receivable relating to uninsured plans			040,200	072,007
16.1	Current federal and foreign income tax recoverable and interest thereon	4,273,972		4,273,972	1,787,521
	Net deferred tax asset	1,302,307		1,302,307	1,234,728
	Guaranty funds receivable or on deposit				
	Electronic data processing equipment and software	40,859		40,859	54,008
19.	Furniture and equipment, including health care delivery assets (\$ 0)	127,704	127,704		
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$ 0) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets	106,309	66,342	39,967	10,570
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	44,397,825	1,150,759	43,247,066	46,478,367
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	44,397,825	1,150,759	43,247,066	46,478,367

DETAILS OF WRITE-IN LINES				
0901.				
0902. <b>NIANT</b>				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. prepaid assessment/office expenses	27,747	27,747		
2302. ins dept receivables	39,967		39,967	10,570
2303. other receivable	38,595	38,595		
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	106,309	66,342	39,967	10,570

## LIABILITIES, SURPLUS AND OTHER FUNDS

•		1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	15,367,811	11,746,416
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	3,362,444	2,664,836
4.	Commissions payable, contingent commissions and other similar charges	697,306	555,499
5.	Other expenses (excluding taxes, licenses and fees)	197,983	155,421
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$		
7.2	Net deferred tax liability		
8.	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded		
	reinsurance of \$ 193,528 and including warranty reserves of \$ 0)	9,801,814	11,295,383
10.	Advance premium	18,222	39,963
	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.			78,317
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		13,873
15.	Remittances and items not allocated		
16.	Provision for reinsurance (Schedule F, Part 7)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Payable for securities		
21.	Liability for amounts held under uninsured plans		
22.	Capital notes \$ 0 and interest thereon \$ 0		1
23.	A managed a contraction from the billion		
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	29,520,003	26,549,708
	Protected cell liabilities	29,520,003	20,040,100
26.	T.1.11'.1'' (1' 04105)	29,520,003	26,549,708
27.	Aggregate write-ins for special surplus funds		20,343,700
28.		0.400.000	2,100,000
29.	Common capital stock Preferred capital stock		2,100,000
30.			
31.	Aggregate write-ins for other than special surplus funds Surplus notes		
		4 005 000	1,005,000
32.	Gross paid in and contributed surplus	1,085,000	1,085,000
33.	Unassigned funds (surplus)	20,041,988	26,243,584
34.	Less treasury stock, at cost:	0.400.005	0.400.005
	34.1 0 shares common (value included in Line 28 \$ 0)	9,499,925	9,499,925
0.5	34.2 0 shares preferred (value included in Line 29 \$ 0)	10 707 000	10.000.000
35.	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)	13,727,063	19,928,659
36.	Totals (Page 2, Line 26, Col. 3)	43,247,066	46,478,367

,	DETAILS OF WRITE-IN LINES	
2301.		
2302.	NAME	 
2303.	NONE	 
2398.	Summary of remaining write-ins for Line 23 from overflow page	
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	
2701.		 
2702.	NAME	 
2703.	NONE	 
2798.	Summary of remaining write-ins for Line 27 from overflow page	
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	
3001.		 
3002.	NAME	 
3003.	NONE	 
3098.	Summary of remaining write-ins for Line 30 from overflow page	
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	

## **STATEMENT OF INCOME**

•		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)  DEDUCTIONS:	16,492,284	19,284,993
2.	Losses incurred (Part 2, Line 35, Column 7)	13,184,345	15,006,745
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	3,172,380	3,163,658
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	6,539,575	7,213,698
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)	22,896,300	25,384,101
7.	Net income of protected cells		(0.000.100)
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(6,404,016)	(6,099,108)
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	898,398	1,193,751
10.	Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))	(276,655)	198,597
11.	Net investment gain (loss) (Lines 9 + 10)	621,743	1,392,348
	OTHER INCOME		
12	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
	\$ 11,734 amount charged off \$ 210,408)	(198,673)	(79,759)
13.	Finance and service charges not included in premiums	276,287	282,659
14.			
15.	Total other income (Lines 12 through 14)	77,614	202,900
16.	Net income before dividends to policyholders, after capital gains tax and before all other		
	federal and foreign income taxes (Lines 8 + 11 + 15)	(5,704,659)	(4,503,860)
	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before	(= =0 ( 0=0)	(4 =00 000)
40	all other federal and foreign income taxes (Line 16 minus Line 17)	(0.070.050)	(4,503,860)
	Federal and foreign income taxes incurred  Net income (Line 18 minus Line 19) (to Line 22)	(0.405.000)	(1,580,521)
20.	CAPITAL AND SURPLUS ACCOUNT	(3,423,303)	(2,923,339)
0.4		40,000,050	04 000 070
21.	Netterna (for all to 00)	19,928,659	24,369,076
22. 23.	Net income (from Line 20)  Net transfers (to) from Protected Cell accounts	(3,425,303)	(2,923,339)
24.	Net transfers (to) from Protected Cell accounts  Change in net unrealized capital gains or (losses) less capital gains tax of \$  0	(3.450.828)	373,071
2 <del>4</del> . 25.	Change in net unrealized capital gains of (losses) less capital gains tax of \$\phi\$  Change in net unrealized foreign exchange capital gain (loss)	(3,459,828)	373,071
26.	Change in net deferred income tax	C7 770 I	79,562
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)	002 004	(865,801)
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	<ul><li>32.2 Transferred from surplus (Stock Dividend)</li><li>32.3 Transferred to surplus</li></ul>		
33	32.3 Transferred to surplus Surplus adjustments:		
JJ.	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		(1,150,000)
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus	12,736	46,090
38. 30	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(6,201,596)	(4,440,417)
39.	Surplus as regards policyholders, as of December 31 current year (Lines 21 plus Line 38) (Page 3, Line 35)	13,727,063	19,928,659

DETAILS OF WRITE-IN LINES		
0501.		
0502. <b>NIANI</b>		
0503. <b>\\\(\)</b>		
0598. Summary of remaining write-ins for Line 05 from overflow page	]	
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.		
1402.		
1403. N / N		
1498. Summary of remaining write-ins for Line 14 from overflow page	]	
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701. prior period adjustment	12,736	46,090
3702.	]	
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page		
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	12,736	46,090

## **CASH FLOW**

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance		18,220,780
2.	Net investment income		1,311,617
3.	Miscellaneous income		202,900
4.	Total (Lines 1 through 3)	17,066,320	19,735,29
5.		9,746,474	11,430,75
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.		7,879,855	9,681,26
8.			
9.		47.000.000	207,00
10.	3 /		21,319,01
11.	Net cash from operations (Line 4 minus Line 10)	(560,009)	(1,583,71
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	13,492,973	8,997,24
	12.2 Stocks	1,587,439	3,189,91
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains (or losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	15,080,412	12,187,15
13.	Cost of investments acquired (long-term only):	0.040.000	
	13.1 Bonds		8,986,02
	13.2 Stocks		219,79
	13.3 Mortgage loans		
	13.4 Real estate 13.5 Other invested assets		
		12 211 506	9,205,81
14.		13,211,596	9,203,01
15.		1,868,816	2,981,33
10.		1,000,010	2,301,00
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		1,150,00
17	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5		(4.450.00
	plus Line 16.6)		(1,150,00
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,308,807	247,62
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	2,114,215	1,866,59
	19.2 End of year (Line 18 plus Line 19.1)	3,423,022	2,114,21

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

20.0001		
20.0002		
20.0003		

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1 – PREMIUMS EARNED

		1	2	3	4
			Unearned	Unearned	
		Net	Premiums Dec. 31	Premiums Dec. 31	Premiums
		Premiums	Prior Year-	Current Year-	Earned
		Written per	per Col. 3,	per Col. 5	During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire	557,471	510,140	396,022	671,589
	Allied lines	24,144	28,170	41,180	11,134
	Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		20,170		
	Hannan multiple world	345,509	250,648	228,091	368,066
	On an analysis of the little and the	0.440.405	6,614,042	5,635,524	9,425,003
				3,000,024	3,423,000
	Mortgage guaranty  Ocean marine				
	Talandan 2	440.004	60.034		101 507
		119,261	69,034	66,758	121,537
	Financial guaranty				
	Medical malpractice—occurrence				
	Medical malpractice—claims-made				
	Earthquake				
	Group accident and health				
14.	Credit accident and health				
	Other accident and health				
	Workers' compensation				
17.1	Other liability—occurrence	4,146,844	2,905,494	2,569,444	4,482,894
17.2	Other liability—claims-made				
18.1	Products liability—occurrence				
18.2	Products liability—claims-made				
19.1,19.2	Private passenger auto liability				
19.3,19.4	Commercial auto liability				
21.	Auto physical damage	1,354,158	894,383	842,259	1,406,282
22.	Aircraft (all perils)				
	Fidelity				
24.	Surety	4,843	23,473	22,537	5,779
26.	Burglary and theft				
	Boiler and machinery				
	Credit				
	International				
30.	Warranty				
	Reinsurance-Nonproportional				
	Assumed Property				
32	Reinsurance-Nonproportional				
<b>52</b> .	Assumed Liability				
33	Reinsurance-Nonproportional				
55.	Assumed Financial Lines				
31	Aggregate write-ins for other lines				
54.					
25	of business	14 000 745	44 005 204	0 004 045	16 400 004
<i>ა</i> 5.	TOTALS	14,998,715	11,295,384	9,801,815	16,492,284

DETAILS OF WRITE-IN LINES			
3401.			
3402.			
3403.			
3498. Sum of remaining write-ins for	`	NUNE	
Line 34 from overflow page	-		
3499. Totals (Lines 3401 through 3403			
plus 3498) (Line 34 above)			

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1A – RECAPITULATION OF ALL PREMIUMS

		1	2	3	4	5
		'		J	, <del>4</del>	J
		Amount	Amount			
		Unearned	Unearned		Reserve for Rate	Total Reserve
		(Running One Year	(Running More Than	Earned	Credits and	for
		or Less from Date	One Year from Date	but	Retrospective	Unearned
		of Policy)	of Policy)	Unbilled	Adjustments Based	Premiums
	Line of Business	(a)	(a)	Premium	on Experience	Cols. 1 + 2 + 3 + 4
1.	Fire	396,022				396,022
2.	Allied lines	41,180				41,180
3.	Farmowners multiple peril					
4.	Homeowners multiple peril	228,091				228,091
5.	Commercial multiple peril	5,635,524				5,635,524
6.	Mortgage guaranty					
8.	Ocean marine					
9.	Inland marine	66,758				66,758
10.	Financial guaranty					
11.1	Medical malpractice—occurrence					
11.2	Medical malpractice—claims-made					
12.	Earthquake					
13.	Group accident and health					
14.	Credit accident and health					
	(group and individual)					
15.	Other accident and health					
16.	Workers' compensation					
17.1	Other liability—occurrence	2,569,444				2,569,444
17.2	Other liability—claims-made					
18.1	Products liability—occurrence					
18.2	Products liability—claims-made					
19.1,19.2	Private passenger auto liability					
19.3,19.4	Commercial auto liability					
21.	Auto physical damage	842,259				842,259
22.	Aircraft (all perils)					
23.	Fidelity					
24.	Surety	22,537				22,537
26.						
27.	Boiler and machinery					
28.	Credit					
29.	International					
30.	144					
31.	Reinsurance-Nonproportional					
	Assumed Property					
32.	Reinsurance-Nonproportional					
	Assumed Liability					
33.	Reinsurance-Nonproportional					
	Assumed Financial Lines					
34.	Aggregate write-ins for other lines					
	of business					
35.	TOTALS	9,801,815				9,801,815
36.	Accrued retrospective premiums based of	on experience				
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)			,		9,801,815

ı	DETAILS OF WRITE-IN LINES				
3401.					 
3402.					 
3403.			NA	\	
3498.	Sum of remaining write-ins for			NE	
	Sum of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		1101		
3499.	Totals (Lines 3401 through 3403				
	plus 3498) (Line 34 above)				

(a)	State here basis of computation used in each case					

## UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

		1	Reinsurand	ce Assumed	Reinsurar	ce Ceded	6
			2	3	4	5	Net Premiums
		Direct		From		То	Written
		Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
	Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
		. ,			040.000		
1	Fire	767,700			210,229		557,471
	Allied lines	125,824			101,680		24,144
I	Farmowners multiple peril						
I	Homeowners multiple peril	478,696			133,187		345,509
l .	Commercial multiple peril	11,856,671			3,410,186		8,446,485
l	Mortgage guaranty						
1	Ocean marine						
9.	Inland marine	171,818			52,557		119,261
10.	Financial guaranty						
11.1	Medical malpracticeoccurrence						
11.2	Medical malpracticeclaims-made						
12.	Earthquake						
13.	Group accident and health						
14.	Credit accident and health						
	(group and individual)						
15.	Other accident and health						
l	Workers' compensation						
l	Other liability—occurrence	5,513,331			1,366,487		4,146,844
I	Other liability—claims-made						
I	Products liability—occurrence						
I	Products liability—claims-made						
I	Private passenger auto liability						
	Commercial auto liability						
		1,722,058			267 000		1 25/ 150
	Auto physical damage				367,900		1,354,158
	Aircraft (all perils)						
	Fidelity	4.040					4.040
1	Surety	4,843					4,843
	Burglary and theft						
	Boiler and machinery						
ı	Credit						
1	International						
1	Warranty						
31.	Reinsurance-Nonproportional						
	Assumed Property	XXX					
32.	Reinsurance-Nonproportional						
	Assumed Liability	XXX					
33.	Reinsurance-Nonproportional						
	Assumed Financial Lines	XXX					
34.	Aggregate write-ins for other lines						
	of business						
35.	TOTALS	20,640,941			5,642,226		14,998,715

DETAILS OF WRITE-IN LINES			
3401.			
3402.			
3403.			
3498. Sum of remaining write-ins for	N		
3498. Sum of remaining write-ins for Line 34 from overflow page	1 1		
3499. Totals (Lines 3401 through 3403			
plus 3498) (Line 34 above)			

(a)	Does the	company's direct premiums written include premiums recorded on an installment basis?	Yes[]	No [ X ]	
	If yes:	1. The amount of such installment premiums \$			
		2. Amount at which such installment premiums would have been reported had they been record	led on an a	nnualized basis \$	

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

		Losses Paid	Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4  Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	158,322		22,475	135,847	(10,785)	53,858	71,204	10.602%
2. Allied lines	236,233		29,348	206,885	(2,435)	114,963	89,487	803.727%
Farmowners multiple peril								
Homeowners multiple peril	255,997			255,997	223,561	71,756	407,802	110.796%
Commercial multiple peril	11,542,990		4,924,707	6,618,283	9,808,921	8,581,677	7,845,527	83.242%
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine	19,146			19,146	196	304	19,038	15.664%
10. Financial guaranty	l		[					
11.1 Medical malpractice—occurrence								
11.2 Medical malpractice—claims-made								
12. Earthquake	l		l					
13. Group accident and health	l							
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence	2,904,815		1,294,782	1,610,033	5,318,587	2,947,354	3,981,266	88.810%
17.2 Other liability—claims-made								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1,19.2 Private passenger auto liability								
19.3,19.4 Commercial auto liability								
21. Auto physical damage	711,174		(5,585)	716,759	20,396	(32,866)	770,021	54.756%
22. Aircraft (all perils)								
23. Fidelity								
24. Surety					9,370	9,370		
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-Nonproportional Assumed Property	XXX							
32. Reinsurance-Nonproportional Assumed Liability	XXX							
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX							
34. Aggregate write-ins for other lines of business 35. TOTALS	1E 000 C77		6.265.727	0 560 050	15.367.811	44 746 440	13.184.345	70.0420/
33. IUIALS	15,828,677		6,265,727	9,562,950	15,367,811	11,746,416	13,184,345	79.943%

DETAILS OF WRITE-IN LINES					
3401.					
3402.				.	
3403.	.		 	.	1
3498. Sum of remaining write-ins for Line 34 from overflow page		11011			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reporte	d Losses			Incurred But Not Reported	rted 8		9
	1	2	3 Deduct Reinsurance	4 Net	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Recoverable from Authorized and Unauthorized Companies	Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire					(10,835)		(50)	(10,785)	3,571
2. Allied lines	(5,073)		(6,406)	1,333	(4,174)		(406)	(2,435)	585
Farmowners multiple peril									
Homeowners multiple peril	188,361			188,361	36,103		903	223,561	42,430
Commercial multiple peril	12,599,375		6,539,682	6,059,693	6,336,263		2,587,035	9,808,921	2,282,380
6. Mortgage guaranty									
8. Ocean marine					400			400	
Inland marine     To Financial guaranty					196			196	4,422
11.1 Medical malpractice—occurrence									
11.2 Medical malpractice—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence	9,267,304		5,832,192	3,435,112	3,957,138		2,073,663	5,318,587	1,014,659
17.2 Other liability—claims-made									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability									
19.3,19.4 Commercial auto liability					(05.106)		(62)	20.206	12.487
21. Auto physical damage 22. Aircraft (all perils)	40,529			45,529	(25,196)		(03)	20,390	12,401
23. Fidelity									
24. Surety	9 370			9 370				9.370	1.910
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-Nonproportional Assumed Property	XXX				XXX				
32. Reinsurance-Nonproportional Assumed Liability	XXX				XXX				
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX				XXX				
34. Aggregate write-ins for other lines of business 35. TOTALS	22,104,866		12.365.468	9,739,398	10,289,495		4.661.082	15,367,811	3,362,444
35. TOTALS	22,104,000		12,303,400	9,739,390	10,209,490		4,001,002	10,307,011	3,302,444
DETAILS OF WRITE-IN LINES									
3401. 3402.									
3402			<b>                                </b>	~~\\\					
3498. Sum of remaining write-ins for Line 34 from overflow page			······ <b>\                              </b>	DNE					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									
Lille 34 above)								L .	

(a) Including \$ \_\_\_\_\_\_0 for present value of life indemnity claims.

## UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
	Ole be all returned and because	· ·	'	'	
1.	Claim adjustment services:	2 400 004			2 400 004
	1.1 Direct 1.2 Reinsurance assumed	3,460,024			3,460,024
		537,245			537,245
	1.3 Reinsurance ceded 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	· · · · · · · · · · · · · · · · · · ·			2,922,779
2	Commission and brokerage:	2,922,779			2,022,113
۷.	2.1 Direct evaluding centingent		3,974,519		3,974,519
	2.1 Direct, excluding contingent     2.2 Reinsurance assumed, excluding contingent				0,074,010
	2.3 Reinsurance ceded, excluding contingent		115,508		115,508
	2.4 Contingent—direct				
	2.5 Contingent—reinsurance assumed				
	2.6 Contingent—reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+2.5-2.6+2.7)		3,859,011		3,859,011
3.	Allowances to manager and agents				
	Advertising		925		925
	Boards, bureaus and associations		110,699		123,096
	Surveys and underwriting reports		302,961		302,961
	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries	161,696	1,025,099	17,796	1,204,591
	8.2 Payroll taxes	10,357	89,699	1,354	101,410
9.	Employee relations and welfare	29,727	123,761		153,488
	Insurance	862	17,755		18,617
11.	Directors' fees		3,126		3,126
12.	Travel and travel items	702	11,735	81	12,518
	Rent and rent items	F 000	52,466	485	58,219
14.	Equipment	7,287	90,627		97,914
15.	Cost or depreciation of EDP equipment and software	8,463	156,889	602	165,954
16.	Printing and stationery	1,325	25,724		27,049
17.	Postage, telephone and telegraph, exchange and express	7,014	79,978	616	87,608
18.	Legal and auditing	65	132,302	9,564	141,931
19.	Totals (Lines 3 to 18)	245,163	2,223,746	30,498	2,499,407
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty				
	association credits of \$ 0		379,233		379,233
	20.2 Insurance department licenses and fees		22,740		22,740
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		401,973		401,973
	Real estate expenses				
	Real estate taxes				
	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses	4,438	54,845	351,498	410,781
25.	Total expenses incurred	3,172,380	6,539,575	381,996	
	Less unpaid expenses—current year  Add unpaid expenses—prior year	3,362,444	875,290 692,920	19,999	4,257,733
	Add unpaid expenses—prior year  Amounts receivable relating to uninsured plans, prior year	2,664,836	092,920	18,000	3,375,756
	Amounts receivable relating to uninsured plans, prior year  Amounts receivable relating to uninsured plans, current year				
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	2,474,772	6,357,205	379,997	9,211,974
JU.	10 TAL ENGLOTAID (LINES 20 - 20 + 21 - 20 + 23)	2,414,112	0,337,205	313,331	3,211,314

	T			
DETAILS OF WRITE-IN LINES				
2401. miscellaneous	4,438	47,145		51,583
2402. bank service fees		7,700		7,700
2403. management fees			351,498	351,498
2498. Sum of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	4,438	54,845	351,498	410,781

(a) Includes management fees of \$ 197,164 to affiliates and \$ 145,699 to non-affiliates.

## **EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year		2 Earned During Year
1.	U.S. Government bonds	(a)	92,609	99,317
1.1	Bonds exempt from U.S. tax	(a)	949,664	779,932
1.2	Other bonds (unaffiliated)	(a)	144,459	161,670
1.3	Bonds of affiliates	(a)		
2.1	Preferred stocks (unaffiliated)	(b)		
2.11	Preferred stocks of affiliates	(b)		
2.2	Common stocks (unaffiliated)		209,292	177,497
2.21	Common stocks of affiliates			
3.	Mortgage loans	(c)		
4.	Real estate	(d)		
5.	Contract loans			
6.	Cash, cash equivalents and short-term investments	(e)	61,978	61,978
7.	Derivative instruments	(f)		
8.	Other invested assets			
9.	Aggregate write-ins for investment income			
10.	Total gross investment income	1	,458,002	1,280,394
11.	Investment expenses			(g) 381,996
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g)
13.	Interest expense			(h)
14.	Depreciation on real estate and other invested assets			(i)
15.	Aggregate write-ins for deductions from investment income			
16.	Total deductions (Lines 11 through 15)			381,996
17.	Net investment income (Line 10 minus Line 16)			898,398

	DETAILS OF WRITE-IN LINES	
0901.	NAME	
0902.	NIC ) NI II	
0903.	INOINL	
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	
1501.		
1502.	NIONE	
1503.	NUNE	
1598.	Summary of remaining write-ins for Line 15 from overflow page	
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	

(a)	Includes \$	41,291 accrual of discount less \$	61,151 amortization of premium and less \$	20,726 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(c)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its o	wn buildings; and excludes \$ 0 inter	rest on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fees, e	xcluding federal income taxes,
	attributable to s	segregated and Separate Accounts.		-
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other invested as	ssets.

## **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized				
		Gain (Loss)	Other	Total Realized		Change in Unrealized
		on Sales or	Realized	Capital Gain (Loss)	Change in Unrealized	, ,
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	(4,596)		(4,596)		
1.1	Bonds exempt from U.S. tax	(50,384)		(50,384)		
1.2	Other bonds (unaffiliated)	7,078		7,078	(122,270)	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	(228,752)		(228,752)	(3,337,558)	
2.21	Common stocks of affiliates					
	Mortgage loans					
1	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(276,654)		(276,654)	(3,459,828)	

DETAILS OF WRITE-IN LINES			
0901. 0902.	NO	 	 
0903.	INUI		 
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			

## **EXHIBIT OF NONADMITTED ASSETS**

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
-	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2), and short-term			
0	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9. 10	Aggregate write-ins for invested assets  Cubatala, each and invested assets (Line 1 to 0)			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11. 12.	Title plants (for Title insurers only)  Investment income due and accrued			
	Premiums and considerations:			
13.	12.1 Uncellected premiums and agents' belonges in the source of collection	956,713	1,273,694	316,981
	13.2 Deferred premiums, agents' balances and installments booked but deferred	350,715	1,273,094	
	42.2			
14	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds hold by as denocited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	Furniture and equipment, including health care delivery assets		449,826	322,122
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets	66,342	30,260	(36,082)
24.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 10 to 23)	1,150,759	1,753,780	603,021
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	1,150,759	1,753,780	603,021

DETAILS OF WRITE-IN LINES			
0901.			
0902.			
0903. <b>( ) N —</b>			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301. prepaid assessment	27,747	12,902	(14,845
2302. prepaid office expenses			
2303. acct receivable	38,595	17,358	(21,237
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	66,342	30,260	(36,082

#### **NOTES TO FINANCIAL STATEMENTS**

1A. **ACCOUNTING PRACTICES**.- THE FINANCIAL STATEMENTS OF MID-CONTINENT INSURANCE COMPANY ARE PRESENTED ON THE BASIS OF ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE INSURANCE DEPARTMENT OF THE COMMONWEALTH OF PENNSYLVANIA.

THE PA DEPT OF INSURANCE HAS IDENTIFIED THE FOLLOWING PA LAWS AND REGULATIONS RELATING TO FINANANCIAL STATEMENT PRESENTATION THAT MAY REQUIRE DISCLOSURE AS A DEPARTURE FROM THE MANUAL.

PA LAWS & REGULATIONS	NAIC SSAP AND APPENDICES	
31 Pa. Code, Chapter 116 (relating to discounting workers' compensation loss reserves	SSAP No. 55 Unpaid Claims, Losses and Loss Adjustment Expenses and SSAP No 65 Property and Casualty Contracts	N/A
31 Pa Code, Chapter 118 (relating to discounting medical malpractice loss reserves)	SSAP No 55 Unpaid Claims, Losses and Loss Adjustment Expenses and SSAP No. 65 Property and Casualty Contracts	N/A
31 Pa Code, Chapter 84a (relating to minimum reserve standards for individual and group health and accident insurance contracts)	SSAP No 54 Individual and Group Accident and Health Contracts and Appendix A-010 Minimum Reserve Standards for Individual and Group Health Insurance Contracts	N/A
31 Pa Code, 73.138 (relating to reserves for credit life, accident and health insurance)	SSAP No. 59 Credit Life and Accident and Health Insurance Contracts	N/A
Section 320.1 (b) (2) of The Insurance Company Law of 1921 (40 P.S. 443.1(b) (2)) (relating to loans or advances to controlling stockholders)	SSAP No. 25 Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties	N/A
Sections 322.1 & 809 of The Insurance Company Law of 1921 (40 P.S. 445.1 & 919) and 31 Pa. Code, Chapter 105 (relating to surplus notes)	SSAP No. 41 Surplus Notes	N/A
Sections 1405 of The Insurance Company Law of 1921 (40 P.S. 991.1405) (relating to standards and management of an insurer within a holding company system)	Appendix A-440 Insurance Holding Companies	Company does follow PA Laws
31 Pa. Code, 89.901 - 89.921 (relating to long-term care insurance)	Appendix A-641 Long-Term Care Insurance	N/A
Sections 714-716 of The Insurance Company Law of 1921 (40 P.S. 910-14 910-16) (relating to unearned premium reserves of title insurance companies)	SSAP No. 57 Title Insurance and Appendix A-628 Title Insurance	N/A
Order of the Insurance Commissioner dated April 18, 1996 (relating to prepaid premium taxes)	SSAP No. 20 Non-admitted Assets	Company does follow PA Laws but year end no prepaid premium tax.
Section 661 of The Insurance Company Law of 1921 (40 p.s. 832)(relating to surety companies)	SSAP No. 55 Unpaid Claims losses & LAE and SSA No.65 property casualty contracts	N/A
Section 1008 of Ins. Co law of 1921 (40 p.s.968 per reserves of reciprocal and inter insurance exchanges.	SSAP No. 53 Property Casualty contracts Premiums	N/A
31 PA Code Ch 161.8 (relating to credit for reinsurance ceded to alien non-affiliated insurers which write no primary coverage in the U.S.	SSAP No. 62 Property Casualty Reinsurance	N/A
Department Notice No. 94-14 Separate Account Modified Guaranteed Life Insurance	Appendix A-588 Modified Guaranteed Life Ins	N/A

- 1B. USE OF ESTIMATES IN THE PREPARATION OF THE FINANANCIAL STATEMENTS.—THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH SAP REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES. IT ALSO REQUIRES DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF FINANCIAL STATEMENTS AND THE REPORTED AMOUNTS OF REVENUE AND EXPENSES DURING THE PERIOD. ACTUAL RESULTS CAN DIFFER FROM THOSE ESTIMATES.
- 1C. **ACCOUNTING POLICY**-PREMIUMS EARNED OVER THE TERMS OF THE RELATED INSURANCE POLICIES AND REINSURANCE CONTRACTS. UNEARNED PREMIUMS RESERVES ARE COMPUTED BY PRORATA METHODS.

EXPENSES INCURRED IN CONNECTION WITH ACQUIRING NEW BUSINESS, INCLUDING SUCH ACQUISTION COSTS SUCH AS SALES COMMISSIONS, ARE CHARGED TO OPERATIONS AS INCURRED. EXPENSES INCURRED ARE REDUCED FOR CEDING ALLOWANCES RECEIVED OR RECEIVABLE.

- IN ADDITION, THE COMPANY USES THE FOLLOWING ACCOUNTING POLICIES:
- (1.) SHORT TERM INVESTMENTS ARE STATED AT AMORTIZED COST.
- (2.) BONDS ARE STATED AT AMORTIZED COST, UNLESS THE NAIC DESIGNATION IS 3 TO 6, IN WHICH CASE (LOWER OF AMORTIZED COST OR FAIR VALUE)
- $(3.) \ {\tt COMMON} \ {\tt STOCK} \ {\tt AT} \ {\tt MARKET} \ {\tt FROM} \ {\tt NAIC} \ {\tt VALUATION} \ {\tt OF} \ {\tt SECURITIES} \ {\tt AND} \ {\tt PREFERRED} \ {\tt STOCK} \ {\tt ARE} \ {\tt VALUED} \ {\tt ACCORDING} \ {\tt TO} \ {\tt NAIC} \ {\tt ANNUAL} \ {\tt STATEMENT} \ {\tt INSTRUCTIONS}.$
- 2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS--NONE

#### NOTES TO FINANCIAL STATEMENTS

- 3. BUSINESS COMBINATIONS AND GOODWILL-- NOT APPLICABLE.
- 4 DISCONTINUED OPERATIONS--NONE
- 5. INVESTMENTS-- IN MORTGAGE LOANS INCLUDING MEZZANINE REAL ESTATE LOANS, DEBT RESTRUCTING, REVERSE MORTGAGES, LOAN-BACKED SECURITIES, AND REPURCHASE AGREEMENTS--NONE.
- 6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES -- NONE.
- 7. INVESTMENT INCOME -- THERE WAS NO INVESTMENT INCOME DUE AND ACCRUED THAT WAS NOT ADMITTED ON THE FIANCIAL STATEMENTS.
- 8. **DERIVATIVE INSTRUMENTS**-- NONE.
- 9. INCOME TAXES--DEFERRED TAX ASSETS WERE CALCULATED AS FOLLOWS:

	book	tax	difference
discounted unpaid loss reserves:	18,730,255	16,860,282	1,869,973
2. unearned premium:	9,801,714	7,841,371	1,960,343
3. depreciation:	165,954	165,594	0
4. unused realized capital loss(carryover) carryback:	0	0)	0

3,830,316

DTA (admitted):

FEDERAL INCOME TAX ALLOCATION-FETTEROLF GROUP INC, AS A PARENT OF MID-CONTINENT IS RESPONSIBLE FOR THE REMITTANCE OF ALL ESTIMATED AND FINAL TAX PAYMENTS TO THE INTERNAL REVENUE SERVICE.

MID-CONTINENT'S TAX COMPUTATION IS BASED ON THE APPROPRIATE EFFECTIVE TAX RATE ON A CONSOLIDATED BASIS MULTIPLIED BY MID-CONTINENT'S TAXABLE INCOME. MID-CONTINENT, IN TURN WILL REIMBURSE THE FETTEROLF GROUP FOR THIS AMOUNT ON A QUARTERLY BASIS, OR WHEN PAYMENT IS DUE.

10. **INFORMATION CONCERNING PARENT, SUBDIARIES AND AFFILIATES** -- ALL STOCK EXCEPT DIRECTOR'S QUALIFYING SHARES HELD BY THE FETTEROLF GROUP INC 97.9%, AND WOODBINE PROPERTIES, A PARTNERSHIP 2.1%. TRANSACTIONS WITH AFFILIATES -- CASH DIVIDENDS- 0. VALUE OF INVESTMENTS IN AFFILIATES -- NONE. AFFILIATE CONTINGENT EXPOSURE -- NONE. MANAGEMENT CHARGE FOR INVESTMENT MANAGEMENT FEE--\$197,164 --IN 2008. COST SHARING ARRANGEMENT -- NONE.

REPURCHSE 71,111 SHARES OF MID-CONTINENT INSURANCE COMPANY STOCK. PER THE BOARD OF DIRECTORS RESOLUTION AT A SPECIAL VOTE TAKEN ON SEPTEMBER 24, 2002, THE 71,111 SHARES OF COMMON STOCK ARE TO BE REDEEMED AT A PRICE OF \$112.50 PER SHARE TO BE PAID IN CASH, WITH A TOTAL REDEMPTION PRICE OF \$7,999,987.50, AND ARE TO BE HELD BY MID-CONTINENT AS TREASURY STOCK. DATE OF REPURCHASE 12/27/2002. ALSO 11,077 SHARES OF COMMON STOCK WERE REDEEMED AT REDEMPTION PRICE OF \$135.41 PER SHARE WITH A TOTAL REDEMPTION PRICE OF \$1,499,936.57 EFFECTIVE 12/01/2004.

- 11 **DEBT**--NONE
- 12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POST-RETIREMENT BENEFITS PLANS.

THE COMPANY HAS PROVIDED A 401K PLAN EFFECTIVE 1986.

- 13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS. THE MAXIMUM AMOUNT OF DIVIDENDS, WHICH CAN BE PAID BY THE STATE OF PENNSYLVANIA INSURANCE COMPANIES TO SHAREHOLDERS WITHOUT PRIOR APPROVAL OF THE INSURANCE COMMISSIONER IS SUBJECT TO LIMITS IMPOSED BY PA. INSURANCE STATUTE. THE COMPANY HAS NO PREFERRED STOCK OUTSTANDING.
- 14. CONTINGENCIES -- NONE.
- 15. **LEASES**-
  - (2) FOR LEASES HAVING INITIAL OR REMAINING LEASE TERMS IN EXCESS OF ONE YEAR: -- OFFICE LEASE AGREEMENT:

2/1/2008 THRU 1/31/2009 \$2,680 PER MONTH 2/1/2009 THRU 1/31/2010 \$2,174 PER MONTH 2/1/2010 THRU 1/31/2011 \$2,219 PER MONTH 2/1/2012 THRU 1/31/2012 \$2,264 PER MONTH 2/1/2013 THRU 1/31/2013 \$2,310 PER MONTH

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK--NONE.

#### **NOTES TO FINANCIAL STATEMENTS**

- 17. SALE, TRANSFER OF SERVICING FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES -- NONE.
- 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS--NONE.
- 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS--NONF
- 20. OTHER ITEMS--EXTRAORDINARY ITEMS, TROUBLED DEBT RESTRUCTURING DEBTORS, OTHER DISCLOSURES--NONE.
- 21. EVENTS SUBSEQUENT--NONE.
- 22. REINSURANCE
  - A. UNSECURED REINSURANCE RECOVERABLE--NONE.
  - B. REINSURANCE RECOVERABLE IN DISPUTE--NONE.
  - C. REINSURANCE ASSUMED--NONE; REINSURANCE CEDED--REINSURANCE PREMIUM RESERVE: 0; MAXIMUM AMOUNT OF RETURNED COMMISSION IF ALL POLICIES CANCELLED: 0. EFFECTIVE 1/1/2004 COMPANY USES EXCESS TREATY. RETENTION OF 50,000 ALL LINES EXCEPT PRIVATE PASSENGER PHYSICAL DAMAGE AND SURETY. FOR 2006 90,000 RETENTION ON LOSSES WITH DATE OF LOSS 2006. FOR 2007 100,000 RETENTION. FOR 2008 100,000 RETENTION.
  - D. UNCOLLECTIBLE REINSURANCE--NONE.
  - E. COMMUATION OF CEDED REINSURANCE--NONE.
  - F. RETROACTIVE REINSURANCE--NONE.
- 23. RETROSPECTIVELY RATED CONTRACTS--NONE.
- 24. CHANGE IN INCURRED LOSSES AND ADJUSTMENT EXPENSES -- NONE.
- 25. INTERCOMPANY POOLING ARRANGEMENTS--NONE.
- 26. STRUCTURED SETTLEMENTS--NONE.
- 27. HEALTH CARE RECEIVABLES -- NOT APPLICABLE.
- 28. PARTICIPATING POLICIES--NONE.
- 29. PREMIUM DEFICIENCY RESERVES--NONE.
- 30. **HIGH DEDUCTIBLES**--NOT APPLICABLE.
- 31. DISCOUNTING OF LIABILITIES FOR UNPAID LOESSES OR UNPAID LOSS ADJUSTMENT EXPENSES--NONE.
- 32. ASBESTOSIS/ENVIRONMENTAL RESERVES-NONE
- 33. SUBSCRIBER SAVINGS ACCOUNTS-NOT APPLICABLE.
- 34. MULTIPLE CROP INSURANCE-NOT APPLICABLE.

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting	g of two or more affiliated	
	persons, one or more of which is an insurer?		Yes [X] No []
	If yes, did the reporting entity register and file with its domiciliary State Insurance Cor Superintendent or with such regulatory official of the state of domicile of the principal System, a registration statement providing disclosure substantially similar to the standard Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Com and model regulations pertaining thereto, or is the reporting entity subject to standard	insurer in the Holding Company dards adopted by the National pany System Regulatory Act	
	substantially similar to those required by such Act and regulations?		Yes [ X ] No [ ] N/A [ ]
1.3	State Regulating?		Pennsylvania
	Has any change been made during the year of this statement in the charter, by-laws, settlement of the reporting entity?	articles of incorporation, or deed of	Yes[]No[X]
2.2	If yes, date of change:		
3.1	State as of what date the latest financial examination of the reporting entity was made	e or is being made.	12/31/2007
	State the as of date that the latest financial examination report became available from the reporting entity. This date should be the date of the examined balance sheet and completed or released.		12/31/2002
3.3	State as of what date the latest financial examination report became available to other the state of domicile or the reporting entity. This is the release date or completion day not the date of the examination (balance sheet date).	·	07/21/2004
3.5	By what department or departments? PENNSYLVANIA  Have all financial statement adjustments within the latest financial examination report subsequent financial statement filed with departments?	been accounted for in a	Yes [X] No [ ] N/A [ ]
	Have all of the recommendations within the latest financial examination report been of	complied with?	Yes [X] No [ ] N/A [ ]
	During the period covered by this statement, did any agent, broker, sales representat sales/service organization or any combination thereof under common control (other the		
	reporting entity) receive credit or commissions for or control a substantial part (more to business measured on direct premiums) of:	· ·	
	4.11 sales of ne	ew business?	Yes[]No[X]
	4.12 renewals?		Yes[] No[X]
	During the period covered by this statement, did any sales/service organization owner eporting entity or an affiliate, receive credit or commissions for or control a substantial any major line of business measured on direct premiums) of:		
	4.21 sales of ne 4.22 renewals?		Yes[] No[X] Yes[] No[X]
5.2	Has the reporting entity been a party to a merger or consolidation during the period c If yes, provide the name of the entity, NAIC Company Code, and state of domicile (us any entity that has ceased to exist as a result of the merger or consolidation.		Yes[]No[X]
	1	2	3
	Name of Entity	NAIC Company Code	State of Domicile
		00000	
		00000	
		00000	

Yes[]No[X]

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration,

if applicable) suspended or revoked by any governmental entity during the reporting period?

	give full info							
			N			.,		
.1 Does ar	ny foreign	(non-United States) person or entity directly or in	idirectly control 10% or more of the repor	rting entity?		Yes	[ ] No[X]	
0 If was								
.2 If yes,	7.01	Chata the necessary of fereign control						
	7.21 7.22	State the percentage of foreign control.  State the nationality(s) of the foreign pers	an(a) ar antitu(a), ar if the antituing a mut-	ual ar				
	1.22							
		reciprocal, the nationality of its manager of (e.g., individual, corporation, government,		enuty(s)				
		(c.g., marvidual, corporation, government,	, manager or automey-in-lact).					
		1		2				
		Nationality		of Entity				
		,	7	,				
1 Is the co	ompany a	subsidiary of a bank holding company regulated	by the Federal Reserve Board?			Yes	[ ] No[X]	
2 If respon	nse to 8.1	is yes, please identify the name of the bank hold	ling company.					
3 Is the co	ompany af	filiated with one or more banks, thrifts or securities	es firms?			Yes	[ ] No[X]	
C			ervision (OTS), the Federal Deposit Insur					
Corpora		C) and the Securities Exchange Commission (SE						
		C) and the Securities Exchange Commission (SE			4	5	6	7
			C)] and identify the affiliate's primary fed	eral	4	5	6	7
		1	C)] and identify the affiliate's primary fed	eral	4 OCC	5 OTS	6 FDIC	7 SEC
		1 Affiliate	C)] and identify the affiliate's primary fed  2  Location	eral 3				
		1 Affiliate	C)] and identify the affiliate's primary fed  2  Location	eral 3				
		1 Affiliate	C)] and identify the affiliate's primary fed  2  Location	eral 3				
regulato	the name	1 Affiliate Name  and address of the independent certified public and address	C)] and identify the affiliate's primary fed  2  Location (City, State)  accountant or accounting firm retained to	3 FRB				
negulato  N. What is conduct BULOW	the name t the annua V HOTTLE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155	C)] and identify the affiliate's primary fed  2  Location (City, State)  accountant or accounting firm retained to	3 FRB				
D. What is conduct BULOW	the name t the annu V HOTTLE	1 Affiliate Name  and address of the independent certified public all audit?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
. What is conduct BULOW What is associar opinion/	the name the annual of the ann	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providual?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
. What is conduct BULOW What is associar opinion/	the name the annual of the ann	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual provide	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
. What is conduct BULOW What is associar opinion/	the name the annual of the ann	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providual?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
What is conduct BULOW. What is associar opinion/	the name the annual of the ann	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providual?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
What is conduct BULOW. What is associar opinion/	the name the annual of the ann	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providual?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to	3 FRB				
. What is conduct BULOW What is associar opinion/ G.M.W.	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providual?	C)] and identify the affiliate's primary fed  2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720	FRB		OTS		SEC
What is conduct BULOW.  What is associar opinion/ G.M.W.	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  , address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing.  AS,MAAA 4313 FRUITWOOD COURT BOWIE	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720	FRB indirectly?		OTS	FDIC	SEC
D. What is conduct BULOW.  D. What is associar opinion/	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  , address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing.  AS,MAAA 4313 FRUITWOOD COURT BOWIE	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial , MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com	FRB indirectly?		OTS	FDIC	SEC
What is conduct BULOW.  What is associar opinion/ G.M.W.	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  , address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing.  AS,MAAA 4313 FRUITWOOD COURT BOWIE	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	FRB indirectly?		OTS	FDIC	SEC
. What is conduct BULOW What is associar opinion/ G.M.W.	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit?  & CO. 113 W. MAIN ST. SOMERSET, PA. 155  , address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing.  AS,MAAA 4313 FRUITWOOD COURT BOWIE	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial , MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com	FRB indirectly?		OTS	FDIC	SEC
. What is conduct BULOW	or.  It the name It the annual It HOTTLE It the name	Affiliate Name  and address of the independent certified public all audit? & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing. CAS, MAAA 4313 FRUITWOOD COURT BOWIE.	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	FRB indirectly?		OTS	FDIC	SEC
. What is conduct BULOW	or.  Ithe name It the annual ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	Affiliate Name  and address of the independent certified public all audit? & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing. CAS, MAAA 4313 FRUITWOOD COURT BOWIE.	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	FRB indirectly?		OTS	FDIC	SEC
. What is conduct BULOW	or.  It the name It the annual It HOTTLE It the name	Affiliate Name  and address of the independent certified public all audit? & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing. CAS, MAAA 4313 FRUITWOOD COURT BOWIE.	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	FRB indirectly?		OTS	FDIC	SEC
. What is conduct BULOW	or.  It the name It the annual It HOTTLE It the name	Affiliate Name  and address of the independent certified public all audit? & CO. 113 W. MAIN ST. SOMERSET, PA. 155  address and affiliation (officer/employee of the in actuarial consulting firm) of the individual providing. CAS, MAAA 4313 FRUITWOOD COURT BOWIE.	2 Location (City, State)  accountant or accounting firm retained to 01  reporting entity or actuary/consultant ding the statement of actuarial MD. 20720  g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	FRB indirectly?		OTS	FDIC	SEC

12.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
12.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
12.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes[]No[X]
12.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[X] N/A []
13.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  (c) Compliance with applicable governmental laws, rules, and regulations;	
	<ul><li>(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</li><li>(e) Accountability for adherence to the code.</li></ul>	Yes[X] No[]
		100[X] 110[]
13.11	If the response to 13.1 is no, please explain:	
13.2	Has the code of ethics for senior managers been amended?	Yes[] No[X]
13.21	If the response to 13.2 is yes, provide information related to amendment(s).	
13.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes[]No[X]
13.31	If the response to 13.3 is yes, provide the nature of any waiver(s).	
	BOARD OF DIRECTORS	
14.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a	
	subordinate committee thereof?	Yes[X] No[]
15.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes[X] No[]
	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?	Yes[X] No[]
	FINANCIAL	
17.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes[] No[X]
18.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	
	18.11 To directors or other officers	50
	18.12 To stockholders not officers	5 <u>0</u>
	18.13 Trustees, supreme or grand (Fraternal only)	,

18.2	Total amount of loans outstanding at the end of year (inclusive of Se	eparate Accounts, exclusive of policy loans):	
		18.21 To directors or other officers	\$0 \$0
		18.22 To stockholders not officers	\$0
		18.23 Trustees, supreme or grand (Fraternal only)	\$0
19 1	Were any assets reported in this statement subject to a contractual	obligation to transfer to another party without the	
	liability for such obligation being reported in the statement?	orngator to talloto to another party militaria.	Yes [ ] No [X]
19.2	If yes, state the amount thereof at December 31 of the current year:		
		19.21 Rented from others	\$
		19.22 Borrowed from others	\$
		19.23 Leased from others	\$
	•	19.24 Other	\$
20.1	Does this statement include payments for assessments as described	d in the Annual Statement Instructions other than	
	guaranty fund or guaranty association assessments?		Yes[] No[X]
20.2	If answer is yes:		
LU.L	-	20.21 Amount paid as losses or risk adjustment	\$
		20.22 Amount paid as expenses	\$
		20.23 Other amounts paid	\$
		·	
21.1	Does the reporting entity report any amounts due from parent, subsi	diaries or affiliates on Page 2 of this	V
	statement?		Yes[] No[X]
21.2	If yes, indicate any amounts receivable from parent included in the F	Page 2 amount:	\$
		INVESTMENT	
22.1	Were all the stocks, bonds and other securities owned December 31	1 of current year, over which the reporting entity has	
	exclusive control, in the actual possession of the reporting entity on	said date (other than securities lending programs	
	addressed in 22.3)?		Yes[]No[X]
22.2	If no, give full and complete information relating thereto: INVESTMENTS ARE HELD BY ALIGNED PARTNERS TRUST(CUS	STODIAN)	
22.3	For security lending programs, provide a description of the program securities, and whether collateral is carried on or off-balance sheet. information is also provided)  Mid-Continent Insurance does not lend securities		
22.4	Does the company's security lending program meet the requirement Risk-Based Capital Instructions?	is for a conforming program as outlined in the	Yes[]No[X]
22.5	If answer to 22.4 is yes, report amount of collateral.		\$0
22.6	If answer to 22.4 is no, report amount of collateral.		\$ 0
22.0	in answer to 22.4 is no, report amount of condition.		Ψ
23.1	Were any of the stocks, bonds or other assets of the reporting entity exclusively under the control of the reporting entity or has the report a put option contract that is currently in force? (Exclude securities s	ing entity sold or transferred any assets subject to	Yes[X] No[]
23.2	If yes, state the amount thereof at December 31 of the current year:		
	23.2	1 Subject to repurchase agreements	\$0
	23.2	, ,	\$ 0
	23.2	, ,	\$ 0
	23.2		\$ 0
	23.2	, ,	\$0
	23.20	-	\$0
	23.2	· · · · · · · · · · · · · · · · · · ·	\$ 0
	23.2	8 On deposit with state or other regulatory body	\$ 503,501
	23.2	9 Other	\$ 0

23.3 For category (23.27) provide the following:

1	2	3
Nature of Restriction	Description	Amount
		0
		0
		0

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[]No[X]

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

Yes [ ] No [ ] N/A [X]

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year.

\$

26. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

1	2	
Name of Custodian(s)	Custodian's Address	
ALIGNED PARTNERS TRUST CO	707 GRANT ST, 2008 GULFTOWER PITTSBURGH, PA	

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

Yes[]No[X]

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

26.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name(s)	Address
0	ALIGNED PARTNERS	PITTSBURGH, PA
0	BPU	PITTSBURGH, PA
0	J P MORGAN	NEW YORK, NY
0	FIDELITY	NEW YORK, NY

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes[X] No[]

#### 27.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
256206-10-3	DODGE & COX INTL STOCK FUND	247,091
277911-65-7	EATON VANCE TAX MGD VALUE CL	841,126
464287-20-0	ISHARS TRUST S&P 500 INDEX FD	2,305,615
72366V-10-8	PIONEER EQUITY INCOME CL A	778,128
808509-64-0	LAUDIS INTL MARKET MASTERS FUN	258,199
68380U-10-0	OPPENHEIMER INTL SMALL CO. CL A	73,412
315911-88-3	SPARTAN EXT MKT INDEX	518,725
315911-87-5	SPARTAN INTL INDEX	348,948
315912-82-4	SPARTAN 500 INDEX	359,983
19765J-76-4	COLUMBIA SMALL CAP VALUE FD	252,898
32008F-10-1	FIRST EAGLE OVERSEAS CLASS A	358,910
746802-85-9	PUTNAM INTERNATIONAL CAPITAL	104,454
779562-10-7	T ROWE PRICE NEW HORIZON FD	402,370
27.2999 TOTAL		6,849,859

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
DODGE & COX INTL	NOVARTIS	9,464	12/31/2008
EATON VANCE T-M VAL	JP MORGAN CHASE	26,243	12/31/2008
ISHARES S&P 500	AT&T INC	49,340	12/31/2008
PIONEER EQUITY INCOME	GORMAN RUPP CO	25,600	12/31/2008
LAUDUS INTL MKMAST SEL	POTASH CP SASKATCHEW	5,190	12/31/2008
OPPENHEIMER INTL SM CO	OPERA SOFTWARE	3,810	12/31/2008
T ROWE PRICE NEW HORIZO	HENRY SCHEIN INC	13,761	12/31/2008
FIDELITY SPARTAN EXT MKT	BERKSHIRE HATHAWAY	31,020	12/31/2008
FIDELITY SPARTAN INTL IND	BP PLC	6,525	12/31/2008
FIDELITY SPARTAN 500 INDE	EXXON MOBIL CORP	18,575	12/31/2008
COLUMBIA SMALL CAP VALU	ARGO GROUP INTL	3,693	12/31/2008
FIRST EAGLE OVERSEAS	GOLD COMMODITY IN OUNC	26,702	12/31/2008
PUTNAM INTL CAPITAL OPPO	ACTELION LTD	1,327	12/31/2008

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
28.1 Bonds	19,089,904	19,260,431	170,527
28.2 Preferred stocks		00	
28.3 Totals	19,089,904	19,260,431	170,527

28.4	Describe the sources or methods utilized in determining the fair values: USED SVO AND ALSO BROKER MARKET VALUES.	
29.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?	Yes [X] No []
29.2	If no, list exceptions:	

**OTHER** 

30.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any?

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
INSURANCE SERVICES OFFICE INC	119,704
	0
	0

31.1 Amount of payments for legal expenses, if an	y?	0

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	0
	0
	0

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments	
of government, if any?	\$ 0

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	0
	0
	0

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direction	ect Medicare Supp	plement Insurance in force?	Yes [ ] No [	X ]
1.2 If yes, indicate premium earned on U.	S. business only.		\$	0_
1.3 What portion of Item (1.2) is not report 1.31 Reason for excluding	ted on the Medica	re Supplement Insurance Experience Exhibit?	\$	0
1.4 Indicate amount of earned premium a 1.5 Indicate total incurred claims on all Me		adian and/or Other Alien not included in Item (1.2) above. nt insurance.	\$ \$	0
1.6 Individual policies:	Most	nursent three years		
	1.61	current three years:  Total premium earned	\$	0
	1.62	Total incurred claims	\$	0
	1.63	Number of covered lives		0
		ars prior to most current three years:  Total premium earned	¢	0
	1.64 1.65	Total incurred claims	\$	0
	1.66	Number of covered lives	<u> </u>	0
1.7 Group policies:				
		current three years:	¢	0
	1.71 1.72	Total premium earned Total incurred claims	\$	0
	1.73	Number of covered lives	<b>*</b>	0
	All yea	ars prior to most current three years:		
	1.74	Total premium earned	\$	0
	1.75	Total incurred claims	\$	0
2. Health Test:	1.76	Number of covered lives 1 2	-	
E. Flouidi Foot.		Current Year Prior Year		
	2.1	Premium Numerator         \$		
	2.2 2.3	Premium Denominator         \$         0         \$         0           Premium Ratio (2.1/2.2)         0.00         0.00		
	2.3 2.4	Premium Ratio (2.1/2.2)		
	2.5	Reserve Denominator \$ 0 \$ 0		
	2.6	Reserve Ratio (2.4/2.5) 0.00 0.00		
3.1 Does the reporting entity issue both pa	articipating and no	on-participating policies?	Yes[]No[	X1
3.2 If yes, state the amount of calendar ye				•
, , , , , , , , , , , , , , , , , , , ,	3.21	Participating policies	\$	0
	3.22	Non-participating policies	\$	0
4. For Mutual reporting entities and Reci			·	
4.1 Does the reporting entity issue assess			Yes [ ] No [	X 1
4.2 Does the reporting entity issue non-as			Yes [ ] No [	
4.3 If assessable policies are issued, wha			100[ ]100[	0%
•		I during the year on deposit notes or contingent premiums.	\$	0
For Reciprocal Exchanges Only:	ordered to be paid	rading the year on deposit holes of contingent promiting.	Ψ	
	sto 0		Van I INa I	V I
5.1 Does the exchange appoint local ager	IIS?		Yes [ ] No [	<b>^</b> ]
5.2 If yes, is the commission paid:	5.04	0.4.64	V 7 1N 7	V 1 N I / A F 1
	5.21 5.22	Out of Attorney's-in-fact compensation As a direct expense of the exchange	Yes [ ] No [ Yes [ ] No [	
			165[ ]110[	V]WV[]
5.3 What expenses of the Exchange are r				
5.4 Has any Attorney-in-fact compensatio	n, contingent on fo	ulfillment of certain conditions, been deferred?	Yes [ ] No [	X ]
5.5 If yes, give full information				
		itself from an excessive loss in the event of a catastrophe under a workers'		
compensation contract issued without DO NOT WRITE WORKERS' COMPE		RANCE		

## PART 2 – PROPERTY & CASUALTY INTERROGATORIES 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures

	comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:	
	Commercial and homeowners property-Philadelphia and Baltimore Calculated by reinsurance intermediary using Risk Llnk 6.0.	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  Purchased XOL cat coverage through Willis Re 1st layer 100% \$1,900,000 xs \$300,000; 2nd layer 100% \$1,300,000 xs \$2,200,000.	
6.4	Doce the reporting entity carry entectrophe rejecurance protection for at least one rejectatement, in an amount sufficient to cover its	
	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X]No[]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would	
	limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit	
	or any similar provisions)?	Yes[]No[X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes[]No[X]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes[]No[X]
8.2	If yes, give full information	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes [ ] No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes[]No[X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes[]No[X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	100[ ]Ho[X]
0 6		
ສ.0	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  (a) The entity does not utilize reinsurance; or,	Yes[]No[X]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation	
	supplement; or  (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes[]No[X] Yes[]No[X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	
	to that which the drightal entity would have been required to charge had it retained the risks. That this been done?	Yes [ ] No [ ] N/A [ X

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

]

	Has the reporting entity guaranteed policies issued by any other entity and now in force:  If yes, give full information	Yes[]No[X]
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:	
	12.11 Unpaid losses	\$0
	12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$0
12.2	Of the amount on Line 13.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$0
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes[]No[X]N/A[
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:	
	12.41 From	0.00%
	12.42 To	0.00%
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes[]No[X]
12.6	If yes, state the amount thereof at December 31 of current year:	
	12.61 Letters of Credit	\$0
	12.62 Collateral and other funds	\$0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$100,000
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes[]No[X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.	2
14.1	Is the company a cedant in a multiple cedant reinsurance contract?	Yes[]No[X]
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:	
14 3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance	
11.0	contracts?	Yes[]No[X]
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?	Yes[X]No[]
14.5	If the answer to 14.4 is no, please explain:	
15.1	Has the reporting entity guaranteed any financed premium accounts?	Yes[]No[X]
15.2	If yes, give full information	
16 1	Does the reporting entity write any warranty business?	Yes[]No[X]
10.1	If yes, disclose the following information for each of the following types of warranty coverage:	roof Indixi
	1 2 3 4 5 Direct Losses Direct Written Direct Premium Direct Premium Incurred Unpaid Premium Unearned Earned	
	Incurred         Unpaid         Premium         Unearned         Earned           16.11         Home         \$         0         \$	
	16.12 Products \$ 0 \$ 0 \$ 0 \$ 0	
	16.13 Automobile \$ 0 \$ 0 \$ 0 \$ 0	
	16.14 Other* \$ 0 \$ 0 \$ 0 \$ 0	
	* Disclose type of coverage:	

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5. Yes[]No[X] Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption: 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 0 17.12 Unfunded portion of Interrogatory 17.11 0 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 0 17.14 Case reserves portion of Interrogatory 17.11 0 \$ 17.15 Incurred but not reported portion of Interrogatory 17.11 \$ 0 17.16 Unearned premium portion of Interrogatory 17.11 0 17.17 Contingent commission portion of Interrogatory 17.11 0 Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above. 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F - Part 5 0 17.19 Unfunded portion of Interrogatory 17.18 0 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 0 17.21 Case reserves portion of Interrogatory 17.18 \$ 0 17.22 Incurred but not reported portion of Interrogatory 17.18 \$ 0 17.23 Unearned premium portion of Interrogatory 17.18 \$ 0

17.24 Contingent commission portion of Interrogatory 17.18

0

## FIVE - YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

		1	2	3	4	5
		2008	2007	2006	2005	2004
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	$Liability\ lines\ (Lines\ 11.1,\ 11.2,\ 16,\ 17.1,\ 17.2,\ 18.1,\ 18.2,\ 19.1,\ 19.2\ \&\ 19.3,\ 19.4)$	5,513,331	6,162,993	6,676,462	6,320,297	5,738,701
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,787,400	3,059,098	3,018,493	3,330,961	3,517,911
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	12,335,367	14,247,719	16,391,297	16,936,809	16,816,458
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	4,843	19,753	2,774	600	20,336
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)  Net Premiums Written (Page 8, Part 1B, Col. 6)	20,640,941	23,489,563	26,089,026	26,588,667	26,093,406
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3,19.4)	4,146,844	4,764,028	5,086,290	4,795,769	4,632,069
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,055,034	2,383,977	2,487,740	2,687,451	2,995,314
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	8,791,994	10,716,027	12,596,126	12,851,457	13,573,622
10.		4,843	19,753	2,774	590	20,067
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
l	Total (Line 35)	14,998,715	17,883,785	20,172,930	20,335,267	21,221,072
	Statement of Income (Page 4)	: :,,,,,,,				
13	Net underwriting gain (loss) (Line 8)	(6,404,016)	(6,099,108)	2,775,180	3,727,427	1,545,623
14.		621,743	1,392,348	2,203,140	1,316,672	524,195
15.	T ( 1 0 1 1 7)	77,614	202,900	126,987	168,392	131,004
16.	Dividende te melle deldere (Line 47)		202,000	120,507	100,032	101,004
17.	Fordered and foreign income toward (Line 40)	(2,279,356)	(1,580,521)	1,354,582	820,161	1,109,643
l	Not income (Line 20)	(3,425,303)	(2,923,339)	3,750,725	4,392,330	1,091,179
10.		(3,423,303)	(2,923,339)	3,730,723	4,592,550	1,091,179
10	Balance Sheet Lines (Pages 2 and 3)  Total admitted assets excluding protected call business (Page 2 Line 24 Cal 3)	43,247,066	46,478,367	46,254,057	42,933,655	20 222 240
I	Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)	43,247,000	40,470,307	40,254,057	42,933,033	38,233,219
20.	Premiums and considerations (Page 2, Col. 3)	4 4 4 2 2 0 2	4 747 004	E 027 002	E 700 040	F 407 70F
	20.1 In course of collection (Line 13.1)	4,143,203	4,747,031	5,637,283	5,706,612	5,107,705
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21.	, , , , , , , , , , , , , , , , , , , ,	29,520,003	26,549,708	21,884,981	20,417,236	18,923,262
22.	Losses (Page 3, Line 1)	15,367,811	11,746,416	6,553,306	4,982,059	4,340,233
l	Loss adjustment expenses (Page 3, Line 3)	3,362,444	2,664,836	1,568,733	1,259,690	535,000
24.	Unearned premiums (Page 3, Line 9)	9,801,814	11,295,383	12,696,592	12,975,624	12,924,299
25.	/	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
26.	Surplus as regards policyholders (Page 3, Line 35)	13,727,063	19,928,659	24,369,076	22,516,419	19,309,957
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	(560,009)	(1,583,718)	2,440,456	(1,136,014)	2,259,604
	Risk-Based Capital Analysis					
28.	Total adjusted capital	13,727,063	19,928,659	24,369,076	22,516,419	19,365,399
29.	Authorized control level risk-based capital  Percentage Distribution of Cash, Cash Equivalents and Invested Assets	3,759,141	3,324,665	2,552,702	2,400,069	2,786,345
	(Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
30.	Bonds (Line 1)	62.7%	67.8%	63.6%	61.1%	54.5%
31.	Stocks (Lines 2.1 & 2.2)	26.1%	26.2%	31.4%	28.4%	28.2%
32.					0.1%	0.1%
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)		6.1%	5.0%	10.4%	16.2%
35.	Contract loans (Line 6)		1			
36.	Other invested assets (Line 7)					
37.						
38.	A					
l	Aggregate write-ins for invested assets (Line 9)  Cash, cash equivalents and invested assets (Line 10)	100.0%	100.0%	100.0%	100.0%	100.0%
00.	Investments in Parent, Subsidiaries and Affiliates	100.0%	1	1		1
40.	Afflicted bands (Cab D. Common Line OF Cal 4)					
41.						
41.	Affiliated assumed atopic (Cal. D. Communi, Line E2, Cal. 4)					
43.	Affiliated short-term investments (Schedule DA Verification, Col. 5,					
	Line 10)					
	Affiliated mortgage loans on real estate					
1	All other affiliated					
46.						
47.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 46 above divided by Page 3, Col. 1, Line 35 x 100.0)					

## FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2008	2007	2006	2005	2004
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 24)	(3,459,828)	373,071	186,849	(390,510)	792,028
49.	Dividends to stockholders (Line 35)		(1,150,000)	(1,150,000)	(750,000)	(400,000
50.	Change in surplus as regards policyholders for the year (Line 38)	(6,201,596)	(4,440,417)	1,852,657	3,206,462	503,581
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
51.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,904,815	4,285,244	1,827,386	2,483,580	2,468,248
52.		1,124,875	1,311,050	1,752,329	2,134,863	2,230,214
53.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	11,798,987	10,262,750	8,147,147	9,415,952	5,240,62
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
55. 56	Nonproportional reinsurance lines (Lines 31, 32 & 33)  Total (Line 35)	15,828,677	15,859,044	11,726,862	14,034,395	9,939,09
00.	Total (Ellic 66)	10,020,077	10,000,011	11,720,002	14,004,000	, , , , , , , , , , , , ,
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,610,033	2,173,987	1,162,761	1,167,082	973,01
58.	· · · · · · · · · · · · · · · · · · ·	1,078,637	1,139,650	1,438,627	1,588,620	1,464,954
59.		6,874,280	6,499,998	4,679,876	4,125,859	3,414,262
60.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
61.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
62.	Total (Line 35)	9,562,950	9,813,635	7,281,264	6,881,561	5,852,229
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
63.	Premiums earned (Line 1)	100.0%	100.0%	100.0%	100.0%	100.0
		79.9%	77.8%	43.3%	37.1%	39.2%
65.	Loss expenses incurred (Line 3)	19.2%	16.4%	7.7%	7.1%	4.29
	Other underwriting expenses incurred (Line 4)	39.7%	37.4%	35.4%	37.5%	49.0%
67.	Net underwriting gain (loss) (Line 8)	(38.8%)	(31.6%)	13.6%	18.3%	7.6%
	Other Percentages					
68.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0	43.1%	39.2%	35.3%	35.5%	45.8%
69.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3	00.00/	0.4.00/	54.00/	44.00/	40.40
70	divided by Page 4, Line 1 x 100.0)  Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35	99.2%	94.2%	51.0%	44.2%	43.4%
70.	divided by Page 3, Line 35, Col. 1 x 100.0)	109.3%	89.7%	82.8%	90.3%	109.6%
	One Year Loss Development (000 omitted)					
71.	Development in estimated losses and loss expenses incurred prior to current					
	year (Schedule P, Part 2-Summary, Line 12, Col. 11)	3,200	5,324	1,886	(126)	42
72.	Percent of development of losses and loss expenses incurred to policyholders'					
	surplus of prior year end (Line 71 above divided by Page 4, Line 21,					
	Col. 1 x 100.0)	16.1%	21.8%	8.4%	(0.7%)	2.2%
	Two Year Loss Development (000 omitted)					
73.	Development in estimated losses and loss expenses incurred 2 years before					
	the current year and prior year (Schedule P, Part 2-Summary, Line 12,					
	Col. 12)	7,308	5,438	1,165	964	827
74.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 73 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)	30.0%	24.2%	6.0%	5.1%	5.0%

# SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

	Pr	emiums Earne	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported -
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	8	6	21	3	1			21	XXX
2. 1999	4,654	2,475	2,179	1,568	701	79	46	85	47	84	938	XXX
3. 2000	3,988	2,398	1,590	1,840	1,099	162	107	75	49	25	822	XXX
4. 2001	6,520	4,078	2,442	3,156	1,946	320	227	217	144	70	1,376	XXX
5. 2002	12,736	7,558	5,178	7,046	4,398	398	280	342	212	92	2,896	XXX
6. 2003	19,772	11,407	8,365	11,544	6,772	730	437	527	360	86	5,232	XXX
7. 2004	24,979	4,874	20,105	12,672	5,303	801	121	562	140	96	8,471	XXX
8. 2005	26,537	6,252	20,285	15,252	6,822	1,538	543	984	197	262	10,212	XXX
9. 2006	26,368	5,917	20,451	10,695	3,474	757	96	593	35	157	8,440	XXX
10. 2007	24,721	5,437	19,284	10,717	2,756	440	57	603	53	174	8,894	XXX
11. 2008	22,111	5,619	16,492	5,905	1,198	31		388	5	95	5,121	XXX
12. Totals	XXX	XXX	XXX	80,403	34,475	5,277	1,917	4,377	1,242	1,141	52,423	XXX

****		Losses	Unpaid	<u> </u>	Defens	se and Cost (	Containment	Unpaid	Adjusti	ing and	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk + IBNR		Other Unpaid				Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	228		105		5						5	338	XXX
2. 1999	(9)	(6)										(3)	XXX
3. 2000	191	140			12		(19)	(16)	(3)	(3)	3	60	XXX
4. 2001	25	24	1	1	5		(2)	(2)	1	1		6	XXX
5. 2002	243	194	3		16	3	(20)	(22)	(3)	(4)		68	XXX
6. 2003	73	13	78	2	5		(5)	3	4	2	13	135	XXX
7. 2004	873	557	32	39	56	11	9	23	7	4	2	353	XXX
8. 2005	5,508	4,342	922	926	362	26	57	74	56	(18)	405	1,555	XXX
9. 2006	3,784	1,798	1,518	697	234	10	555	72	134	19	846	3,629	XXX
10. 2007	3,648	1,665	3,566	1,509	214	13	535	126	329	77	437	4,902	XXX
11. 2008	7,541	3,640	4,064	1,488	479	44	1,032	545	566	277	389	7,688	XXX
12. Totals	22,105	12,367	10,289	4,662	1,388	97	2,142	803	1,091	355	2,100	18,731	XXX

		Т Т	otal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	ar Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	333	5
2.	1999	1,723	788	935	37.022%	31.838%	42.910%				(3)	
3.	2000	2,258	1,376	882	56.620%	57.381%	55.472%				51	9
4.	2001	3,723	2,341	1,382	57.101%	57.406%	56.593%				1	5
5.	2002	8,025	5,061	2,964	63.010%	66.962%	57.242%				52	16
6.	2003	12,956	7,589	5,367	65.527%	66.529%	64.160%				136	(1)
7.	2004	15,012	6,188	8,824	60.098%	126.959%	43.890%				309	44
8.	2005	24,679	12,912	11,767	92.998%	206.526%	58.008%				1,162	393
9.	2006	18,270	6,201	12,069	69.289%	104.800%	59.014%				2,807	822
10.	2007	20,052	6,256	13,796	81.113%	115.063%	71.541%				4,040	862
11.	2008	20,006	7,197	12,809	90.480%	128.083%	77.668%				6,477	1,211
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	15,365	3,366

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 2 - SUMMARY

			Incurred Net Losses and Defense and Cost Containment Expenses Reported At Year End (\$000 OMITTED)										OPMENT
Years i	in	1	2	3	4	5	6	7	8	9	10	11	12
Which	h												
Losses W	Vere											One	Two
Incurre	ed	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Year	Year
1. Prior	)r	62	265	288	335	323	340	383	488	895	874	(21)	386
2. 1999	9	858	815	828	879	883	904	901	917	900	897	(3)	(20)
3. 2000	0	XXX	649	611	720	779	772	848	862	844	856	12	(6)
4. 2001	1	XXX	XXX	1,022	1,004	1,344	1,345	1,319	1,330	1,298	1,309	11	(21)
5. 2002	2	XXX	XXX	XXX	2,195	2,031	2,599	2,764	2,823	2,803	2,833	30	10
6. 2003	3	XXX	XXX	XXX	XXX	4,278	4,100	4,387	4,710	5,196	5,198	2	488
7. 2004	4	XXX	XXX	XXX	XXX	XXX	7,866	7,198	7,961	8,548	8,399	(149)	438
8. 2005	5	XXX	XXX	XXX	XXX	XXX	XXX	8,017	8,612	10,771	10,906	135	2,294
9. 2006	6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,657	9,429	11,396	1,967	3,739
10. 2007	7	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,778	12,994	1,216	XXX
11. 2008	8	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,137	XXX	XXX
										12. Totals		3,200	7,308

## SCHEDULE P - PART 3 - SUMMARY

	Cu	mulative Paid	Net Losses a	nd Defense ar	nd Cost Conta	inment Expen	ses Reported	At Year End (	\$000 OMITTE	ED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Payment	Payment
1. Prior	000	122	191	324	335	335	350	356	516	536	XXX	XXX
2. 1999	699	801	812	878	883	881	900	900	900	900	XXX	XXX
3. 2000	XXX	412	591	710	741	760	768	794	795	796	XXX	XXX
4. 2001	XXX	XXX	625	950	1,048	1,251	1,271	1,285	1,296	1,303	XXX	XXX
5. 2002	XXX	XXX	XXX	1,371	1,918	2,312	2,639	2,692	2,744	2,766	XXX	XXX
6. 2003	XXX	XXX	XXX	XXX	2,285	3,789	4,127	4,468	4,884	5,065	XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX	3,725	5,647	6,703	7,657	8,049	XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX	4,386	6,887	7,864	9,425	XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,834	6,426	7,882	XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,829	8,344	XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,738	XXX	XXX

## SCHEDULE P - PART 4 - SUMMARY

		Bulk and IBNR	Reserves On Ne	t Losses and De	efense and Cost (	Containment Expe	enses Reported	At Year End (\$0	000 OMITTED)	
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
1. Prior									150	105
2. 1999	91						1	17		
3. 2000	XXX	97					6	19	1	(3
4. 2001	XXX	XXX	114				26		(3)	
5. 2002	XXX	XXX	XXX	341			32	41	(17)	5
6. 2003	XXX	XXX	XXX	XXX	795		180	69	26	68
7. 2004	XXX	XXX	XXX	XXX	XXX	2,045	803	206	179	(21
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX	1,424	275	789	(21
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,583	1,187	1,304
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,667	2,466
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,063

## **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

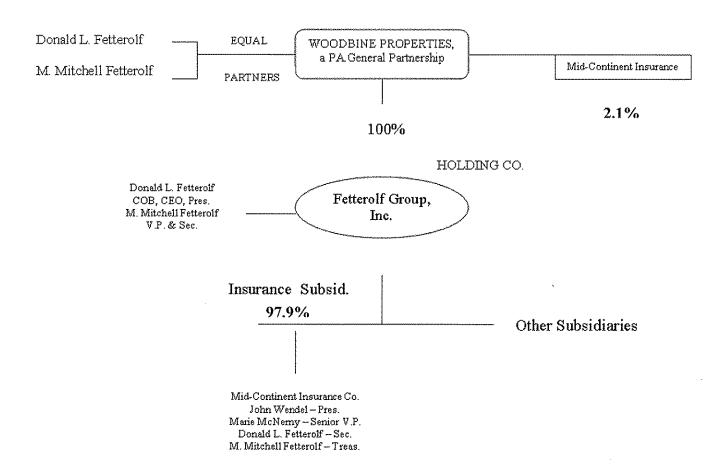
Allocated By States and Territories

		1	and Members Return Premium	, Including Policy hip Fees Less s and Premiums Not Taken	4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
	States, Etc.	Active Status	2 Direct Premiums Written	3 Direct Premiums Earned	Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL Alaska AK	N N								
	Arizona AZ	N N								
4. 5.	Arkansas AR California CA	N N								
6.	Colorado CO	N								
7. 8.	Connecticut CT Delaware DE	N N								
9.	District of Columbia DC	N								
10. 11.	Florida FL Georgia GA	N N								
12.	Hawaii HI	N								
13. 14.	Idaho ID Illinois IL	N								
15.	Indiana IN	E	47,787	58,007		26,106	16,674	(4,432)	110	
16. 17	lowa IA Kansas KS	N								
18.	Kentucky KY	N N								
19. 20.	Louisiana LA Maine ME	N								
21.	Maryland MD	L	1,219,261	1,315,089		784,862	1,146,787	2,584,925	2,890	
22.	Massachusetts MA Michigan MI	N N								
23. 24.	Michigan MI Minnesota MN	N N								
	Mississippi MS	N								
26. 27.	Missouri MO Montana MT	N								
28.	Nebraska NE	N								
29. 30.	Nevada NV New Hampshire NH	N								
31.	New Jersey NJ	N								
32. 33.	New Mexico NM New York NY	N N								
34.	North Carolina NC	N N								
35. 36.	North Dakota ND Ohio OH	N	1 510 416	1 527 620		455,006	2 200 702	2 620 046	27 120	
37.	Oklahoma OK	. L   N	1,512,416	1,537,629		455,906	2,398,702	3,639,846	37,130	
	Oregon OR	N	47.004.477	40 000 475		44.504.000	40,000,504	00 474 000	000 457	
39. 40.	Pennsylvania PA Rhode Island RI	L   N	17,861,477	19,200,475		14,561,803	16,069,501	26,174,022	236,157	
41.	South Carolina SC	N								
42. 43.	South Dakota SD Tennessee TN	<u>N</u> .								
44.	Texas TX	N								
45. 46.	Utah UT Vermont VT	N N								
47.	Virginia VA	N								
48. 49.	Washington WA West Virginia WV	N								
50.	Wisconsin WI	N								
51. 52.	Wyoming WY American Samoa AS	N N								
52. 53.	Guam GU	N N								
54.	Puerto Rico PR U.S. Virgin Islands VI	N N								
55. 56.	Northern Mariana Islands MP	N N								
57.	Canada CN	N								
58. 59.	Aggregate Other Alien OT Totals	(a) 3	20,640,941	22,111,200		15,828,677	19,631,664	32,394,361	276,287	
	DETAILS OF WRITE-INS									
5801.	PETRICO OF MINIE-1110	XXX								
5802.		XXX								
5803. 5898.	Summary of remaining	XXX								
J030.	Summary of remaining write-ins for Line 58									
5899	from overflow page Totals (Lines 5801	XXX								
5555.	through 5803 plus 5898)				NOI	NE				
	(Line 58 above)	XXX								

																		E	ΧĮ	ola	an	at	ic	n	0	fk	oa	IS	is	0	fa	all	00	a	tic	or	1	of	pı	e	m	iu	m	ıs	b	у	st	at	te	s,	e	tc.															
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#### **PART 1 - ORGANIZATIONAL CHART**

## FETTEROLF GROUP, INC. CORPORATE STRUCTURE



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## **OVERFLOW PAGE FOR WRITE-INS**

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