U.S. Treasury Schedule F Instructions For the year ended December 31, 2012 Spreadsheet Version 1.0

Please Enter Your	Company	Name in	the Box
-------------------	---------	---------	---------

Following is a series of worksheets that have been designed to provide those companies filing U.S. Treasury Schedule F with a spreadsheet based program for completing the Schedule. Each individual section of the U.S. Treasury Schedule F has been given a separate worksheet that can be accessed by clicking on the appropriate TAB Button located at the bottom of this worksheet. Please note that all TABS may not be immediately viewable within your computer screen but can be accessed using the scrolling arrows located in the bottom left corner of your worksheet. The TABS have been color coded for easy identification.

Within this worksheet you will find the following U.S. Treasury Schedule F Sections:

(Please note there are 36 total printable pages (excluding over-flow pages)- all pages will print in black and white (without color, shading, or any other formats that have been included in this spreadsheet for presentation purposes only.)

- **1. Section I -** Treasury Authorized Companies (11 printable pages)
- 2. Section II Other Treasury Authorized Companies (1 printable page)
- 3. Section III Treasury Authorized Pools and Associations & Lloyds Syndicates(11 printable pages)
- 4. Section IV THRU V Other Treasury Authorized Pools and Associations (1 printable page)
- 5. Section VI Treasury Unauthorized Pools and Associations (3 printable pages)
- 6. Section VII Other Treasury Unauthorized Pools and Associations (1 printable page)
- 7. Section VIII Treasury Unauthorized Companies (3 printable pages)
- 8. Funds Held Section Funds Held Securing Reinsurance Recoverables from Unauthorized Companies (2 printable pages)
- 9. Summary Page Summary Total of Treasury Unauthorized Reinsurance (1 printable page)

Overflow Pages have been included as separate TAB items and may be used if additional pages of the above-listed sections are required in order to complete your company's Treasury Schedule F.

If you enter data in the overflow pages it will be automatically carried to the appropriate Treasury Schedule F summary page sections.

If you require more overflow pages than those provided, you will need to reproduce the related worksheet and manually enter any totals from your reproduced worksheet(s) on the appropriate summary page. Rows and columns have been established on the summary pages to allow for these types of entries.

Overflow Pages included with this spreadsheet program are:

- 10. Section II Overflow Page Other Treasury Authorized Companies (Add-on to Section II above)
- 11. Section IV Overflow Page Other Treasury Authorized Pools and Associations (Add-on to Section IV above)
- 12. Section VII Overflow Page Other Treasury Unauthorized Pools and Associations (Add-on to Section VII above)
- 13. Section VIII Overflow Page Treasury Unauthorized Companies (Add-on to Section VIII above)
- 14. Funds Held Overflow Page Funds Held Securing Reins. Recoverables from Unauth. Companies (Add-on to Funds Held section)

Note:

Certain cell ranges within these worksheets have been write-protected to provide for easier data entry. Normally such protected cells contain formulas or information that should not change. If you need to edit a protected cell (normally shaded green), you may unlock the cell by accessing the following menu options "tools" "protection" unprotect" and entering the password " f ".

If you need to reproduce any of the overflow pages you will first need to unprotect the worksheet and then reproduce the worksheet via normal copy/past keystrokes. For any reproduced worksheets, you'll need to enter your company totals manually in the appropriate summary page in the spaces provided.

Printing - All pages in this worksheet are designed to print on legal size paper. When printing your Schedule F for filing with the Treasury, you should print all pages in sections I through the Summary Page.

In printing the overflow pages you may wish to specify the page(s) to print, otherwise blank overflow pages from a respective worksheet will print.

If you experience problems with this spreadsheet, please contact the Surety Bond Branch at (202) 874-6850 for assistance.

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

					iou riomouru		omber 01, 0uii	Jii 1001 (000 0	· Ommerou,						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)	Re Expense, Da		Losses and s Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded					(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
						(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Expense	Схрепзе		25131017)
SECTION I			•			•		•							
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compa	nies in this section.	. All s	such reinsurance	is unauthorized an	d should be listed u	nder Section VIII.							
59-1362150	26379	ACCREDITED SURETY AND CASUALTY COMPANY, INC.	Florida						-	-	-				-
36-2704802	22950	ACSTAR INSURANCE COMPANY	Illinois						-	-	-				-
23-2035821	33898	Aegis Security Insurance Company	Pennsylvania						-	-	-				-
05-0254496	10014	Affiliated FM Insurance Company	Rhode Island						-	-	-				-
34-0935740	20222	ALL AMERICA INSURANCE COMPANY	Ohio						-	-	-				-
25-0315340	13285	Allegheny Casualty Company	Pennsylvania						-	-	-				-
25-1548154	34541	ALLEGHENY SURETY COMPANY	Pennsylvania						-	-	-				-
42-1201931	42579	ALLIED Property and Casualty Insurance Company	Iowa						-	-	-				-
06-1182357	22730	Allied World Reinsurance Company	New Hampshire						-	-	-				-
06-1481194	10829	Alterra Reinsurance USA Inc.	Connecticut						-	-	-				-
42-6054959	19100	AMCO Insurance Company	lowa						-	-	-				-
36-2661954	10103	American Agricultural Insurance Company	Indiana						-	-	-				-
I	19720	AMERICAN ALTERNATIVE INSURANCE CORPORATION	Delaware						-	-	-				-
22-1608585	21849	American Automobile Insurance Company	Missouri						-	-	-				-
59-0593886	10111	AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA	Florida						-	-	-				-
23-0342560	20427	American Casualty Company of Reading, Pennsylvania	Pennsylvania						-	-	-				-
95-4290651	10216	AMERICAN CONTRACTORS INDEMNITY COMPANY	California						-	-	-				-
35-1044900	19690	American Economy Insurance Company	Indiana						-	-	-				-
L	24066	American Fire and Casualty Company	Ohio						-	-	-				-
36-6071400	26247	American Guarantee and Liability Insurance Company	New York						-	-	-				-
13-5124990	19380	American Home Assurance Company	New York						-	-	-				-
22-0731810	21857	American Insurance Company (The)	Ohio						-	-	-				-
38-1630841	19631	AMERICAN ROAD INSURANCE COMPANY (THE)	Michigan						-	-	-				-
58-2056755	39969	American Safety Casualty Insurance Company	Oklahoma						-	-	-				-
36-3223936	42897	AMERICAN SERVICE INSURANCE COMPANY, INC.	Illinois						-	-	-				-
58-6016195	10235	American Southern Insurance Company	Kansas						-	-	-				-
I	19704	American States Insurance Company	Indiana						-	-	-				-
95-3730189	31380	American Surety Company	Indiana	1[1		-	-	-				-

Wri

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		ecoverable on Paic Paid Lo Days Overdue			(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D)	Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I	-								-							
TREASURY A	UTHORIZI	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section.	Alls	uch reinsurance	is unauthorized ar	nd should be listed	under Section VIII.								
	'															
38-0829210	23396	Amerisure Mutual Insurance Company	Michigan	T						-	-	-				-
00.4207260	10200	A-Ell In-	D t - Di													
98-4207369		Antilles Insurance Company	Puerto Rico							-	-	-				-
43-0990710		Arch Insurance Company	Missouri	 -						-	-	-				-
06-1430254 94-1390273		Arch Reinsurance Company	Nebraska Illinois	 -						-		-				-
94-1390273	19801	Argonaut Insurance Company	IIIIIIOIS	·						-	-	-				-
75-2344200	43460	ASPEN AMERICAN INSURANCE COMPANY	Texas							-	-	-				-
22-1708002	21865	Associated Indemnity Corporation	California							-	-	-				-
41-1435765	41769	ATHENA ASSURANCE COMPANY	Connecticut							-	-	-				-
38-0315280	18988	Auto-Owners Insurance Company	Michigan							-	-	-				-
06-0848755	19062	Automobile Insurance Company of Hartford, Connecticut (The)	Connecticut							-	-	-				-
52-0795746	10367	AVEMCO INSURANCE COMPANY	Maryland							-	-	-				-
39-1338397		AXIS Insurance Company	Illinois	1						-	-	-				-
51-0434766	20370	AXIS Reinsurance Company	New York							-	-	-				-
59-1673015	33162	Bankers Insurance Company	Florida	1						-	-	-				-
04-2656602	37540	Beazley Insurance Company, Inc.	Connecticut							-	-	-				-
47-0574325	32603	Berkley Insurance Company	Delaware							-	_	-				_
43-1432586		Berkley Regional Insurance Company	Delaware	·						-	-	-				-
36-0810360	20095	BITUMINOUS CASUALTY CORPORATION	Illinois	1						-	-	-				-
36-6054328	20109	BITUMINOUS FIRE AND MARINE INSURANCE COMPANY	Illinois							-	-	-				-
36-2761729		BOND SAFEGUARD INSURANCE COMPANY	Illinois	·						-	-	-				-
46-0310317		Boston Indemnity Company, Inc.	South Dakota	1						-	-	-				-
64-0911627	10993	Brierfield Insurance Company	Mississippi							-	-	-				-
75-1509104	32875	BRITISH AMERICAN INSURANCE COMPANY	Texas	1 1						-	-	-				-
39-0971527		Capitol Indemnity Corporation	Wisconsin	1						-	-	-				-
59-3499140	10908	Capitol Preferred Insurance Company, Inc.	Florida	1 1						-	-	-				-
59-0733942	10510	Carolina Casualty Insurance Company	lowa							-	-	-				-
63-0701609		Centennial Casualty Company	Alabama	1 1		<u> </u>				-	-	-				-
34-4202560	20230	CENTRAL MUTUAL INSURANCE COMPANY	Ohio							-	-	-				-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

								•						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance Premiums	(2)		ecoverable on Paid Paid Los Days Overdue	Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I														
TREASURY A	UTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section. <i>I</i>	All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
42-1194107	42765	Centurion Casualty Company	lowa					-	-	-				-
31-0936702	36951	CENTURY SURETY COMPANY	Ohio					-	-	-				-
06-0291290	1	Charter Oak Fire Insurance Company (The)	Connecticut					-	-	-				-
25-1118791	19402	Chartis Property Casualty Company	Pennsylvania					-	-	-				-
38-3464294	10642	Cherokee Insurance Company	Michigan					-	-	-				-
22-3291862		CHUBB INDEMNITY INSURANCE COMPANY	New York					-	-	-				-
31-0826946	28665	Cincinnati Casualty Company (The)	Ohio					-	-	-				-
31-0542366	10677	Cincinnati Insurance Company (The)	Ohio					-	-	-				-
38-0421730	31534	CITIZENS INSURANCE COMPANY OF AMERICA	Michigan					-	-	-				-
52-1096670	34347	COLONIAL AMERICAN CASUALTY AND SURETY COMPANY	Maryland					-	-	-				-
23-0485115	10758	COLONIAL SURETY COMPANY	Pennsylvania					-	-	-				-
47-0530077	27812	Columbia Insurance Company	Nebraska					_	_	_				-
13-1938623	•	COMMERCE AND INDUSTRY INSURANCE COMPANY	New York					-	-	-				-
57-0768836	12157	COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY	South Carolina					-	_	-				-
36-2114545		Continental Casualty Company	Illinois					-	-	-				-
87-0363183	4	CONTINENTAL HERITAGE INSURANCE COMPANY	Florida					-	-	-				-
13-5010440		Continental Insurance Company (The)	Pennsylvania					-	-	-				-
91-1082952	37206	CONTRACTORS BONDING AND INSURANCE COMPANY	Washington					-	-	-				-
66-0257478	18163	Cooperativa de Seguros Multiples de Puerto Rico	Puerto Rico					-	_	-				-
38-1775863		CorePointe Insurance Company	Michigan					-	-	-				-
22 2060540	21240	Crum S Forster Indomnity Company	Dolawara					_	_					_
22-2868548		Crum & Forster Indemnity Company CRUM AND FORSTER INSURANCE COMPANY	Delaware New Jersey					-	-	-				-
22-2404174	424/1	CROW AND FORSTER INSURANCE COMPANY	New Jersey					-		-				
39-0972608	10847	CUMIS INSURANCE SOCIETY, INC.	lowa					-	-	-				-
56-0997452	16624	Darwin National Assurance Company	Delaware					-	-	-				-
42-0429710	12718	Developers Surety and Indemnity Company	lowa					-	-	-				-
39-0264050	21458	Employers Insurance Company of Wausau	Wisconsin					-	-	-				-
42-0234980	21415	Employers Mutual Casualty Company	Iowa					-	-	-				-
04-1288420	20648	EMPLOYERS' FIRE INSURANCE COMPANY (THE)	Massachusetts					-	-	-				-

Schedule F - Part 1

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

								•						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance + Premiums	(2)		ecoverable on Paid L Paid Loss Days Overdue	osses and Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I													i	
TREASURY	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien com	panies in this sectio	n. All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
03-0350908	10641	Endurance American Insurance Company	Delaware					-	-	-				-
35-2293075	11551	Endurance Reinsurance Corporation of America	Delaware					-	-	-			ı	-
25-1232960	L	Erie Insurance Company	Pennsylvania					-	-	-				-
54-1132719	39020	ESSEX INSURANCE COMPANY	Delaware					-	-	-			ļ	-
36-2950161	35378	EVANSTON INSURANCE COMPANY	Illinois					-	-	-			ļ	-
22-2005057	26921	Everest Reinsurance Company	Delaware					-	-	-			ļ	-
36-2467238	12750	Evergreen National Indemnity Company	Ohio					-	-	-			ı	-
13-2912259	35181	Executive Risk Indemnity Inc.	Delaware					-	-	-				-
94-2784519	40029	Explorer Insurance Company	California					-	-	-				-
05-0316605	21482	Factory Mutual Insurance Company	Rhode Island					-	-	-			ı	-
13-3333610	35157	Fair American Insurance and Reinsurance Company	New York					-	-	-			ı	-
48-0214040	19194	Farmers Alliance Mutual Insurance Company	Kansas					-	-	-			ļ	-
42-0245840		FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA	Iowa					-	-	-				-
06-1067463	+	Farmington Casualty Company	Connecticut					-	-	-			·····	-
	13838	Farmland Mutual Insurance Company	lowa					-	-	-			······	-
	10178	FCCI Insurance Company	Florida					-	-	-				-
13-1963496	A	Federal Insurance Company	Indiana					-	-	-			,	-
41-0417460	+	FEDERATED MUTUAL INSURANCE COMPANY	Minnesota					-	-	-				-
13-3046577 42-1091525	39306	Fidelity and Deposit Company of Maryland FIDELITY AND GUARANTY INSURANCE COMPANY	Maryland Iowa						-	-				-
52-0616768		Fidelity and Guaranty Insurance Underwriters, Inc.	Wisconsin					-		-			 I	-
	25180	Fidelity National Insurance Company	California											
16-0986300		Fidelity National Property and Casualty Insurance Company	New York					-	-	-			<u> </u>	-
75-2304982	35009	Financial Casualty & Surety, Inc.	Texas					-	-	-			1	-
68-0111081	31453	Financial Pacific Insurance Company	California					-	-	-				-
06-1325038	39136	Finial Reinsurance Company	Connecticut					-	-	-				-
94-1610280	21873	Fireman's Fund Insurance Company	California					-	-	-				-
36-2694846		FIRST FINANCIAL INSURANCE COMPANY	Illinois					-	-	-			ļ	-
20-1384826	12150	First Founders Assurance Company	New Jersey					-	-	-			J	-

EDITION OF 12-2009 IS OBSOLETE

Schedule F - Part 1

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

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary .	(1) Reinsurance Premiums	(2)		decoverable on Paid Paid Lo: Days Overdue	Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I														
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien con	mpanies in this section. A	II such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
99-0218317	41742	First Insurance Company of Hawaii, Ltd.	Hawaii					-	-	-				-
04-3058503	33588	First Liberty Insurance Corporation (The)	Illinois					-	-	-				-
91-0742144		First National Insurance Company of America	New Hampshire					-	-	-				-
66-0561082	10972	First Net Insurance Company	Guam					-	-	-				-
22-3129711	29930	First Trenton Indemnity Company	Connecticut					-	-	-				-
39-0301590	24414	General Casualty Company Of Wisconsin	Wisconsin					-	-	-				-
91-0231910	24732	General Insurance Company of America	New Hampshire					-	-	-				-
13-2673100	22039	General Reinsurance Corporation	Delaware					-	-	-				-
13-1958482	11967	GENERAL STAR NATIONAL INSURANCE COMPANY	Ohio					-	-	-				-
33-0763205	10836	GOLDEN EAGLE INSURANCE CORPORATION	New Hampshire					-	-	-				-
31-1769414	11136	GRANGE INSURANCE COMPANY OF MICHIGAN	Ohio					-	-	-				-
31-4192970		GRANGE MUTUAL CASUALTY COMPANY	Ohio					-	-	-				-
73-1282413	26310	GRANITE RE, INC.	Oklahoma					-	-	-				-
02-0140690	23809	Granite State Insurance Company	Pennsylvania					-	-	-				-
72-1326720		GRAY CASUALTY & SURETY COMPANY (THE)	Louisiana					-	-	-				-
72-0824217	36307	GRAY INSURANCE COMPANY (THE)	Louisiana					-	-	-				-
95-1542353	26832	Great American Alliance Insurance Company	Ohio					-	-	-				-
	16691	Great American Insurance Company	Ohio					-	-	-				-
13-5539046	22136	GREAT AMERICAN INSURANCE COMPANY OF NEW YORK	New York					-	-	-				-
41-0729473		Great Northern Insurance Company	Indiana					-	-	-				-
95-1479095	22322	Greenwich Insurance Company	Delaware					-	-	-				-
38-2907623	36650	Guarantee Company of North America USA (The)	Michigan					-	-	-				-
13-5129825	22292	Hanover Insurance Company (The)	New Hampshire					-	-	-				-
13-6108721	26433	HARCO NATIONAL INSURANCE COMPANY	Illinois					-	-	-				-
04-1989660	26182	Harleysville Worcester Insurance Company	Pennsylvania					-	-	-				-
06-0383030	22357	Hartford Accident and Indemnity Company	Connecticut					-	-	-				-
06-0294398	29424	Hartford Casualty Insurance Company	Indiana					-	-	-				-
06-0383750	19682	Hartford Fire Insurance Company	Connecticut					-	-	-				-
06-1010609	38288	Hartford Insurance Company of Illinois	Illinois		1			-	-	-				-

Page 5

OMB No. 1510-0012 OMB Expiration Date: 9-30-2013

Schedule F - Part 1

								•						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance + Premiums	(2)		Recoverable on Paid L Paid Loss Days Overdue	Losses and a Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I					1 00	01 220	370. 123							
	UTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section.	All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
06-1008026	37478	Hartford Insurance Company of the Midwest	Indiana					-	-	-				-
06-1013048	38261	Hartford Insurance Company of the Southeast	Connecticut					-	-	-				-
06-0384680	11452	Hartford Steam Boiler Inspection and Insurance Company (The)	Connecticut					_	_	_				_
06-1222527	4	Hartford Underwriters Insurance Company	Connecticut					-	-	-				-
74-2195939	4	Houston Casualty Company	Texas					-	-	-				-
13-5150451	25054	Hudson Insurance Company	Delaware					-	-	-				-
13-2930697	35408	IMPERIUM INSURANCE COMPANY	Delaware					-	-	-				-
42-0333150		IMT Insurance Company	lowa					-	-	-				-
95-2545113	25550	Indemnity Company of California	California					-	-	-				-
64-0838376	18468	Indemnity National Insurance Company	Mississippi					-	-	-				-
76-0430879	10024	Independence Casualty and Surety Company	Texas					-	-	-				-
35-0410420	14265	Indiana Lumbermens Mutual Insurance Company	Indiana					-	-	-				-
47-6025666		Inland Insurance Company	Nebraska					-	-	-				-
13-5540698	19429	Insurance Company of the State of Pennsylvania (The)	Pennsylvania					-	-	-				-
95-2769232	27847	Insurance Company of the West	California					-	-	-				-
74-2262949	43273	Insurors Indemnity Company	Texas					-	-	-				-
66-0317672	26778	INTEGRAND ASSURANCE COMPANY	Puerto Rico					-	-	-				-
39-0367560	14303	Integrity Mutual Insurance Company	Wisconsin					-	_	-				_
22-1010450		International Fidelity Insurance Company	New Jersey					-	-	-				-
99-6004946	22845	ISLAND INSURANCE COMPANY, LIMITED	Hawaii					-	_	-				-
48-0287450	15962	Kansas Bankers Surety Company (The)	Kansas					-	-	-				_
25-1149494	19437	Lexington Insurance Company	Delaware					-	-	-				-
52-1662720		LEXINGTON NATIONAL INSURANCE CORPORATION	Maryland					-	-	-				-
76-0128873	4	Lexon Insurance Company	Texas					-	-	-				-
03-0316876	•	Liberty Insurance Corporation	Illinois					-	-	-				-
04-1924000		Liberty Mutual Fire Insurance Company	Wisconsin					-	-	-				-
04-1543470	23043	Liberty Mutual Insurance Company	Massachusetts					-	-	-				-

Schedule F - Part 1

				Ceue	eu Remourar	ice as of Dece	Simper 31, Our	Trent real (000 s	3 011	iitteaj						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Paid L Paid Loss Days Overdue			(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D)	Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I												'			·	
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compa	nies in this section	n. All su	uch reinsurance i	is unauthorized an	ıd should be listed	under Section VIII.							ļ	
04-3058504	33600	LM Insurance Corporation	Illinois					"			-	-		1	i	-
43-1139865		Lyndon Property Insurance Company	Missouri					 		-	-	-		ĺ	·······	-
22 2206506	125007							Ţ						ĺ	· ····································	
23-2086596		Manufacturers Alliance Insurance Company	Pennsylvania					/		-				ļ	;	
54-1398877 36-3101262		Markel American Insurance Company MARKEL INSURANCE COMPANY	Virginia Illinois					/			-		ł	ł	,i	-
04-2217600		Massachusetts Bay Insurance Company	New Hampshire			-				-			ł	ł	 i	-
42-0410010		Merchants Bonding Company (Mutual)	lowa							-	-		ł	ł	i	
11-3658357		Merchants National Bonding, Inc.	lowa			-				-		-		1	 i	-
			10W4					/						1	 i	
38-0828980		Michigan Millers Mutual Insurance Company	Michigan					J		-	-	- '		1	4	-
95-6016640		Mid-Century Insurance Company	California					J		-	-	- '			ļ	-
73-0556513		MID-CONTINENT CASUALTY COMPANY	Ohio					J		-	-	- '			ļ	-
22-3818012		Mitsui Sumitomo Insurance Company of America	New York							-	-	- /			ļ	-
13-3467153		Mitsui Sumitomo Insurance USA Inc.	New York					J		-	-	-			į	-
41-0299900		Motorists Commercial Mutual Insurance Company	Ohio							-	-	- /			·····	-
31-4259550	14621	Motorists Mutual Insurance Company	Ohio							-	-	- 1		ļ	r	-
38-0855585	22012	Motors Insurance Corporation	Michigan					"		-	-	-		1	i	-
13-4924125		Munich Reinsurance America, Inc.	Delaware					·		-	-	-		[i	-
47-0247300		National American Insurance Company	Oklahoma							-	-	-			<u> </u>	-
38-0865250	11991	National Casualty Company	Wisconsin					/			-	-			<u> </u>	-
84-0982643	16217	NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY	Wisconsin					<i> </i>		-	-	-		1	i	-
		National Fire & Marine Insurance Company	Nebraska					7		-	-	-		[······	-
06-0464510	20478	National Fire Insurance Company of Hartford	Illinois					Ţ,		-	-	-			1	-
47-0355979	20087	National Indemnity Company	Nebraska							-	-	-				-
36-2704643	21881	National Surety Corporation	Illinois							-	-	-			T	-
62-0729866	20141	NATIONAL TRUST INSURANCE COMPANY	Indiana					/		-	-	-			T	-
25-0687550	19445	National Union Fire Insurance Company of Pittsburgh, PA	Pennsylvania					/		-	-	-			·····	-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

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

NAIC Company	Name of Reinsurer	Domiciliary .	(1) Reinsurance Premiums	(2)		Paid Loss		(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Code		Junsulction	Ceded	(A) Current and	(B)	(C) Over 120	(D)	(C0I 2B + 2C)	(C013/C012D)	Adjustment Expense	Expense	Premiums	(Cols 2D+5+6+7)
				1-90	91 - 120	Over 120	Total						
UTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien co	mpanies in this section. A	II such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
		,											
10070	Nationwide Indemnity Company	Ohio		T	<u> </u>		-	-	-				-
23779	Nationwide Mutual Fire Insurance Company	Ohio					-	-	-				-
23787	Nationwide Mutual Insurance Company	Ohio					-	-	-				-
42307	NAVIGATORS INSURANCE COMPANY	New York					-	-	-				-
41629	New England Reinsurance Corporation	Connecticut					-	-	-				-
23841	New Hampshire Insurance Company	Pennsylvania					-	-	-				-
35432	New Jersey Re-Insurance Company	New Jersey					-	-	-				-
14788	NGM Insurance Company	Florida					-	-	-				-
27073	NIPPONKOA Insurance Company, Limited (U.S. Branch)	New York						-	-				-
29874	NORTH AMERICAN SPECIALTY INSURANCE COMPANY	New Hampshire					-	-	-				-
21105	North River Insurance Company (The)	New Jersey					-	-	-				-
38369	Northern Assurance Company of America (The)	Massachusetts					-	-	-				-
20338	NORTHWESTERN PACIFIC INDEMNITY COMPANY	Oregon					_	_	-				-
42552	NOVA Casualty Company	New York					-	-	-				-
23680	Odyssey Reinsurance Company	Connecticut					-	-	-				-
24074	Ohio Casualty Insurance Company (The)	Ohio					-	-	-				-
24104	Ohio Farmers Insurance Company	Ohio					-	-	-				-
26565	Ohio Indemnity Company	Ohio					-	-	-				-
23426	Oklahoma Surety Company	Ohio					-	-	-				-
40231	OLD DOMINION INSURANCE COMPANY	Florida					-	-	-				-
24139	Old Republic General Insurance Corporation	Illinois					-	-	-				-
24147	Old Republic Insurance Company	Pennsylvania					-	-	-				-
40444	Old Republic Surety Company	Wisconsin					-	-	-				-
20621	OneBeacon America Insurance Company	Massachusetts					-	-	-				-
21970	OneBeacon Insurance Company	Pennsylvania					-	-	-			,	-
22748	Pacific Employers Insurance Company	Pennsylvania					-	-	-				-
20346	Pacific Indemnity Company	Wisconsin					-	-	-				-
18380	PACIFIC INDEMNITY INSURANCE COMPANY	Guam					-	-	-				-
	Company Code 10070 23779 23787 42307 41629 23841 35432 14788 27073 29874 21105 38369 20338 42552 23680 24074 24104 26565 23426 40231 24139 24147 40444 20621 21970 22748 20346	Company Code Nationwide Indemnity Company 23779 Nationwide Indemnity Company 23787 Nationwide Mutual Fire Insurance Company 23787 Nationwide Mutual Insurance Company 23787 Nationwide Mutual Insurance Company 23841 New England Reinsurance Corporation 23841 New Hampshire Insurance Company 35432 New Jersey Re-Insurance Company 14788 NGM Insurance Company 27073 NIPPONKOA Insurance Company 2874 NORTH AMERICAN SPECIALTY INSURANCE COMPANY 21105 North River Insurance Company (The) 38369 Northern Assurance Company of America (The) 20338 NORTHWESTERN PACIFIC INDEMNITY COMPANY 42552 NOVA Casualty Company 24074 Ohio Casualty Insurance Company (The) 24104 Ohio Farmers Insurance Company 26565 Ohio Indemnity Company 23426 Oklahoma Surety Company 40231 OLD DOMINION INSURANCE COMPANY 24139 Old Republic General Insurance Corporation 24147 Old Republic Insurance Company 20621 OneBeacon America Insurance Company 20748 Pacific Employers Insurance Company 20748 Pacific Employers Insurance Company 20748 Pacific Indemnity Company	Code Name of Reinsurer Domiciliary Jurisdiction Domiciliary Domicilian Domiciliary Domicilian Domicil	Company Code Name of Reinsurer Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction All such reinsurance Domiciliary Jurisdiction Domiciliary Jurisdiction All such reinsurance All such reinsurance Jurisdiction All such reinsurance J	NAIC Company Code Name of Reinsurer Name of Reins	NAIC Company Code Name of Reinsurer Domiciliary Jurisdiction Legislary Section All such reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and the section and should be listed to alien demantic company and should be listed and should be	NAIC Company Code Name of Reinsurer Domiciliary Jurisdiction AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. AUTHORIZED COMPANIES: Do not include reinsurance Company Ohio New York New York New York New York New Hampshire Insurance Company New Jersey North AMERICAN SECLALTY INSURANCE COMPANY New Hampshire New Jersey North AMERICAN SECLALTY INSURANCE COMPANY New Hampshire New Hamps	NAID Corporative Code Name of Reinsurer Demiciliary Junsdiction All such reinsurance Premitures Ceded (A) Current and 1-90 (B) 91-120 (C) Core 120 (D) Total AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. Authorized Company Driving Company Onio Nationwide Mutual Fire insurance Company Onio Nationwide Mutual insurance Company Nationwide Mutual insurance Company Onio Nationwide Mutual insurance Company Na	Name of Reinsurer Dennicitary Jurisdiction Automatic Ceded Remourance (A) Currer and	Name of Reinsurer	Name of Reinsure Code Name of Reinsure Domicinary Jurisdiction Preventures Coded C	Authorities Name of Ressuer Production Production Production Product Pro	Description Name of Reinsauer Description Part Description D

Page 8

Federal ID Number	NAIC Company	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance + Premiums Ceded	(2)		ecoverable on Paid Paid Los Days Overdue	Losses and s Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable
	Code		Junsuiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(C012B + 2C)	(C01 3/C01 2D)	Adjustment Expense	Expense Expense	Premiums	(Cols 2D+5+6+7)
SECTION I														
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compa	anies in this section	. All such reinsurand	e is unauthorized ar	nd should be listed	under Section VIII.							
06-1401918		Pacific Insurance Company, Limited	Connecticut					-	-	-				-
04-1590940	11835	PARIS RE America Insurance Company	Delaware					-	-	-				-
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	New York					-	-	-				-
13-3531373	10006	PARTNERRE INSURANCE COMPANY OF NEW YORK	New York					-	-	-				-
02-0177030	L	Peerless Insurance Company	New Hampshire					-	-	-				-
37-6028411	24228	Pekin Insurance Company	Illinois					-	-	-				-
23-1471444		Pennsylvania General Insurance Company	Pennsylvania					-	-	-				-
23-2217934		Pennsylvania Manufacturers Indemnity Company	Pennsylvania					-	-	-				-
23-1642962	A	Pennsylvania Manufacturers' Association Insurance Company	Pennsylvania					-	-	-			,	-
23-0961349	•	Pennsylvania National Mutual Casualty Insurance Company	Pennsylvania					-	-	-			,	-
23-1738402	18058	PHILADELPHIA INDEMNITY INSURANCE COMPANY	Pennsylvania					-	-	-			,	-
06-0303275		Phoenix Insurance Company (The)	Connecticut					-	-	-				-
52-1952955	10357	PLATINUM UNDERWRITERS REINSURANCE, INC.	Maryland					-	-	-				-
56-0997453		PLATTE RIVER INSURANCE COMPANY	Nebraska					-	-	-				-
58-1140651	30945	Plaza Insurance Company	Missouri					-	-	-				-
94-6078027		ProCentury Insurance Company	Texas					-	-	-				-
34-6513736		Progressive Casualty Insurance Company	Ohio					-	-	-				-
34-1318335		PROGRESSIVE NORTHERN INSURANCE COMPANY	Wisconsin					-	-	-				-
91-1187829		Progressive Northwestern Insurance Company	Ohio					-	-	-				-
35-6021485		Protective Insurance Company	Indiana					-	-	-				-
06-1206728		PXRE Reinsurance Company	Connecticut					-	-	-				-
23-1641984	10219	QBE Reinsurance Corporation	Pennsylvania					-	-	-				-
39-6062860	L	Regent Insurance Company	Wisconsin					-	-	-				-
41-0451140	•	ReliaStar Life Insurance Company	Minnesota					-	-	-				-
31-4290270		Republic - Franklin Insurance Company	Ohio					-	-	-				-
	28860	RLI Indemnity Company	Illinois					-	-	-				-
L	A	RLI Insurance Company	Illinois					-	-	-				-
59-2136562	†	Roche Surety and Casualty Company, Inc.	Florida					-	-	-				-
25-1620138		Rockwood Casualty Insurance Company	Pennsylvania					-	-	-				-
91-0742148	24740	SAFECO Insurance Company of America	New Hampshire					-	-	-	<u> </u>			-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

							•	·						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance Premiums	(2)		Recoverable on Paid I Paid Loss Days Overdue	Losses and s Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I					1 - 90	91 - 120	Over 120	Total						-
	UTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien com	npanies in this section. A	all such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.						I	
01 1115011	Innain	To the second se	T											
91-1115311		SAFECO Insurance Company of Illinois	Illinois					-	-	-				-
91-0885519	24759	Safeco National Insurance Company	New Hampshire					-	-	-			,	-
43-0727872	15105	Safety National Casualty Corporation	Missouri					-	-	-			1	-
35-1524574		Sagamore Insurance Company	Indiana					-	-	-			1	-
75-1444207	30058	SCOR REINSURANCE COMPANY	New York					-	-	-			ı	-
39-0355180	22543	SECURA INSURANCE, A Mutual Company	Wisconsin					-	-	-			ı	-
22-1272390		Selective Insurance Company of America	New Jersey					-	-	-			l	-
16-1209233	13730	Selective Insurance Company of New York	New York					-	-	-			ļ	-
56-0564874	19259	Selective Insurance Company of South Carolina	Indiana					-	-	-			I	-
56-1285899	39926	Selective Insurance Company of the Southeast	Indiana					-	-	-			I	-
22-2001995		Selective Way Insurance Company	New Jersey					-	-	-				-
13-2941133	10936	Seneca Insurance Company, Inc.	New York					-	-	-			1	-
06-1552103	11000	SENTINEL INSURANCE COMPANY, LTD.	Connecticut					-	-	-			ļ	-
39-0333950	24988	 Sentry Insurance A Mutual Company	Wisconsin					-	-	-			I	-
36-2674180	21180	Sentry Select Insurance Company	Wisconsin					-	-	-			I	-
59-1786118	36560	SERVICE INSURANCE COMPANY	Florida					-	-	-				-
22-2842279	28240	 SERVICE INSURANCE COMPANY INC. (THE)	New Jersey					_	_	_			I	_
13-2997499		SIRIUS AMERICA INSURANCE COMPANY	New York					-	-	-				-
20-3248706		SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY	Arizona					_						_
04-1027270		SPARTA Insurance Company	Connecticut					-					I	-
41-0406690		St. Paul Fire and Marine Insurance Company	Connecticut					-						-
41-0963301		ST. PAUL GUARDIAN INSURANCE COMPANY	Connecticut					-					I	-
41-1435766		St. Paul Medical Liability Insurance Company	Connecticut					-						-
41-0881659		St. Paul Mercury Insurance Company	Connecticut					-		-				-
36-2542404	19224	ST. PAUL PROTECTIVE INSURANCE COMPANY	Illinois					-	-	-				-
06-6033509	19070	Standard Fire Insurance Company (The)	Connecticut					-	-	-				-
38-2626205	18023	Star Insurance Company	Michigan					-	-	-				-
22-3590451	40045	StarNet Insurance Company	Delaware					-	-	-			L	-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

							•							
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance Premiums	(2)		ecoverable on Paid I Paid Loss Days Overdue	Losses and s Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I													ı	
TREASURY	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien com	panies in this section	n. All such reinsuranc	e is unauthorized ar	nd should be listed	under Section VIII.						ı	
57-6010814	25127	State Auto Property and Casualty Insurance Company	lowa							-				-
31-4316080	25135	State Automobile Mutual Insurance Company	Ohio							-				-
37-0533080	25143	State Farm Fire and Casualty Company	Illinois							-			i	_
13-3031274	39187	Suecia Insurance Company	New York							-				-
76-0568746	10916	SureTec Insurance Company	Texas							-			1	-
46-0417363	24047	SURETY BONDING COMPANY OF AMERICA	South Dakota							-				-
13-1675535	25364	Swiss Reinsurance America Corporation	New York							-				-
75-1161565	20389	TEXAS PACIFIC INDEMNITY COMPANY	Texas							-				-
20-0940754	32301	TNUS Insurance Company	New York							-			1	-
13-2918573	42439	TOA REINSURANCE COMPANY OF AMERICA (THE)	Delaware							-				-
13-6108722	12904	Tokio Marine & Nichido Fire Insurance Co., Ltd.	New York							-				-
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	New York							-				-
06-6033504	19038	Travelers Casualty and Surety Company	Connecticut							-				-
06-0907370		Travelers Casualty and Surety Company of America	Connecticut							-				-
06-1286266	36170	Travelers Casualty Company of Connecticut	Connecticut							-				-
06-0876835	19046	Travelers Casualty Insurance Company of America	Connecticut							-			1	-
06-1286268	36137	Travelers Commercial Insurance Company	Connecticut							-				-
06-0566050	25658	Travelers Indemnity Company (The)	Connecticut							-				-
58-6020487	25666	TRAVELERS INDEMNITY COMPANY OF AMERICA (THE)	Connecticut							-				-
06-0336212	25682	Travelers Indemnity Company of Connecticut (The)	Connecticut							-				-
36-3703200	38130	Travelers Personal Insurance Company	Connecticut							-				-
36-2719165	25674	Travelers Property Casualty Company of America	Connecticut							-				-
59-2174734	†	TRITON INSURANCE COMPANY	Texas							-				-
06-1184984	27120	Trumbull Insurance Company	Connecticut							-				-
06-0732738	29459	Twin City Fire Insurance Company	Indiana							-				-
52-1504975		U.S. Specialty Insurance Company	Texas							-				-
91-6027360	25747	Unigard Insurance Company	Wisconsin			1				-]]			-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

				AT											
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Paid Paid Los , Days Overdue	id Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	S Loss Adjustment Expense	: Premiums	(Cols 2D+5+6+7)
SECTION I										'		'	,	1	'
TREASURY /	AUTHORIZE	ZED COMPANIES: Do not include reinsurance applicable to alien compa	unies in this section	i. All	such reinsurance	, is unauthorized \mathbf{a}^r	.nd should be lister'	J under Section VIII.		· ·		'	,	1	'
1	т				- T	.	t	p			.,			4	
58-1847495	36226	UNITED CASUALTY AND SURETY INSURANCE COMPANY	Massachusetts						-			4			-
42-0644327	13021	United Fire & Casualty Company	lowa	J ,					-		-	<u> </u>			_
74-6045664	19496	UNITED FIRE & INDEMNITY COMPANY	Texas	J					-		7	'			-
52-0515280		United States Fidelity and Guaranty Company	Connecticut						-		-	1	Ţ	1	-
13-5459190	21113	United States Fire Insurance Company	Delaware						-		-	1	Ţ	1	-
52-1976385	10656	United States Surety Company	Maryland						-		-		J		-
66-0457223	44423	UNITED SURETY AND INDEMNITY COMPANY	Puerto Rico	ļ					-		7	'	'	1	-
47-0363416	25933	Universal Surety Company	Nebraska						-		-	<u> </u>	,	1	-
43-1249228	41181	UNIVERSAL UNDERWRITERS INSURANCE COMPANY	Kansas	1					-		-		,	1	-
15-0476880	25976	Utica Mutual Insurance Company	New York						-		-	1	Ţ	1	-
13-1963495	20397	Vigilant Insurance Company	New York						-		-		J	1	-
36-2860812		Washington International Insurance Company	New Hampshire	1					-		-	<u> </u>	J	.1	-
			Indiana	1					-		-		Įl	.1	-
39-0698170	15350	WEST BEND MUTUAL INSURANCE COMPANY	Wisconsin	1					-		-				-
92-0040526	10030	Westchester Fire Insurance Company	Pennsylvania	J					-		7	/	'	1	-
41-0430825	15377	Western National Mutual Insurance Company	Minnesota	7					-		-	1	Ţ	1	-
46-0204900	13188	Western Surety Company	South Dakota						-		7			1	-
34-6516838			Ohio						-		-	<u> </u>	,	1	-
34-1022544	24120	Westfield National Insurance Company	Ohio	1					-		-		1	1	-
48-0921045	39845	Westport Insurance Corporation	Missouri						-		-	1	,	1	-
13-1290712	20583	XL Reinsurance America Inc.	New York						-		-		J	1	-
		XL Specialty Insurance Company	Delaware						-		-		J	1	-
95-1651549	13269	ZENITH INSURANCE COMPANY	California	1					-		-		Į.	.1	-
36-4233459		1 2	New York	' لــــــــــــــــــــــــــــــــــــ					-				<u> </u>	1	-
SECTION I T	OTALS WII	ILL BE ENTERED IN SECTION V			-		A	<u>-</u>	-		-	- /	-	-	-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

			Ce	eded	Reinsurance	e as of Decemi	ber 31, Currer	nt Year (000's	Omitted)						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid Lo ays Overdue	id Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
Section II	LCUDY AU	THORIZED COMPANIES:													
		THORIZED COMPANIES:													
Credit ma	be allowed	subsidiaries (other affiliated companies are unauthorized and s d for reinsurance cessions to subsidiaries not shown under Section	I. List the names of s	such c	ompanies, compl										
correspon	ding columr	ns, and submit a completely executed financial statement for each l	isted company. If you	requ	ire additional wor	ksheets goto the ov	verflow page for Se	ction II (orange ta	b)						
									-	-	-				-
									-	-	-				
									-	-					-
				·					-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-					
									-	-	-				-
(B) Reinsu	ance with	other Treasury authorized companies.		·					-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
				-					-	-	-				
				†					-	-	-				-
				1		İ		1	-	-	-				-
				1					-	-	-				-
									-	-	-				-
SECTION II T	OTALS WI	LL BE ENTERED IN SECTION V			-	-	-	-	-	-	-	-	-	-	-

F	Authorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	(B) 91 - 120	Paid	n Paid Losses and d Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
TREA	SURY AUTH	ORIZED POOLS AND ASSOCIATIONS: Show percentages as indicated, of	authorized reinsura	nce	in this section. I	f percentage is les	s than 100%, shov	remainder unde	r Section VI.						
	64	Alabama Commercial Automobile Procedure (AIPSO)	Johnston, RI						-	-	-				-
	67	Alabama Workers' Compensation Reinsurance Pool for Coal Mine Risks (NCCI)	Boca Raton, FL						-	-	-				_
	•••••••••••••••••••••••••••••••••••••••	Alaska Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL						-	-	-				-
	85	American Hull Insurance Syndicate	New York, NY						-	-	-				-
	84	American Nuclear Insurers - Domestic Liability Syndicate	West Hartford, CT						-	-	-				-
	96	American Nuclear Insurers - Domestic Property Syndicate	West Hartford, CT						-	-	-				-
	78	American Nuclear Insurers - Foreign Property and Liability Syndicate	West Hartford, CT						-	-	-				-
	100	American Offshore Insurance Syndicate	New York, NY						-	-	-				-
	69	Arizona Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	63	Arkansas Commercial Automobile Insurance Procedure	Johnston, RI						-	-	-				-
	86	Arkansas Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL						-	-	-				-
	55	Arkansas Stock Pool for Assigned Risks (NCCI)	Boca Raton, FL						-	-	-				-
	88	Associated Aerospace Underwriters	Short Hills, NJ						-	-	-				-
	75	Associated Aviation Underwriters	Short Hills, NJ						-	-	-				-
	67	California Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	62	Colorado Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	24	Commonwealth Automobile Reinsurers	Boston, MA						-	-	-				-
	85	Connecticut Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	62	Delaware Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	85	District of Columbia Commercial Automobile Insurance Procedure	Washington, DC						-	-	-				-
	100	Excise Bond Underwriters	New York, NY						-	-	-				-
	69	Georgia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	90	Global Aerospace Underwriters	Short Hills, NJ						-	-	-				-
	57	Idaho Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	63	Illinois Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	67	Illinois Fair Plan Association	Chicago, IL						-	-	-				-
	72	Illinois Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL						-	-	-				-

Authorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(A) Current and	Expense, Da	Paid	n Paid Losses and d Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
					1 - 90	91 - 120	Over 120	Total		***************************************				
55	Illinois Stock Pool For Assigned Risks (NCCI)	Boca Raton, FL						-	-	-				-
62	Illinois Workers Compensation Reinsurance Pool For Coal Mine Risks	Door Doton El												
62 78	(NCCI) Indiana Commercial Automobile Insurance Procedure (AIPSO)	Boca Raton, FL Johnston, RI						-	-	-				-
62	lowa Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI	·					-	<u>-</u>					-
02	iowa Coninierda Adoniobie insurance Procedure (APSO)	Johnston, Ki												
57	Iowa Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-	-				-
68	Kansas Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI	1					-	-	-				-
79	Kentucky Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
69	Kentucky Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-	-				-
100	Lloyd's Underwriters	London, DC						-	-	-				-
64	Louisiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
59	Maine Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
58	Maine Workers Compensation Reinsurance Pool	Boca Raton, FL						-	-	-				-
	Massachusetts Voluntary Non-Stock Assigned Risk Pool For Workmens Compensation Insurance	Boston, MA						-	-	-				-
44	Massachusetts Workers Compenstation Assigned Risk Pool (NCCI)	Boca Raton, FL						-	-	-				-
16	Michigan Catastrophic Claims Association (MCCA)	Livonia, MI						-	-	-				-
43	Michigan Workers Compensation Placement Facility (NCCI)	Boca Raton, FL						-	-	-				-
63	Minnesota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
62	Minnesota Workers' Compensation Insurers Association, Inc.	Minneapolis, MN						-	-	-				-
57	Mississippi Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
49	Missouri Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
72	Montana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
50	Mutual Reinsurance Bureau	Cherry Valley, IL						-	-	-				-
44	National Workers' Compensation Reinsurance Pool (NCCI)	Boca Raton, FL						-	-	-				-
59	Nebraska Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
70	Nevada Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
60	New Hampshire Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
41	New Hampshire Reinsurance Facility Automobile (AIPSO)	Johnston, RI	1					-	-	-				-
61	New Jersey Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
66	New Mexico Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
46	New Mexico Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL						-	-	-				-

Authorized Percentage	Name of Reinsurer) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Da (B) 91 - 120	Paid	Paid Losses and Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
65	New York Special Risk Distribution Program (AIPSO)	Johnston, RI						-	-	-				-
43	North Carolina Reinsurance Facility (AIPSO)	Johnston, RI						-	-	-				-
56	North Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
78	Ohio Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
74	Oklahoma Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
49	Oregon Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI	<u> </u>					-	-	-				-
66	Pennsylvania Pooled Commercial Assignment Procedure (AIPSO)	Johnston, RI	ļļ					-	-	-				-
67	Pennsylvania Workers Compensation Insurance Plan and Reinsurance Pool (NCCI)	Boca Raton, FL						-	-	-				-
77	Rhode Island Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
69	South Carolina Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
45	South Carolina Reinsurance Facility (AIPSO)	Johnston, RI						-	-	-				-
52	South Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
63	Tennessee Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
62	Tennessee Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-	-				-
67	United States Aircraft Insurance Group	New York, NY						-	-	-				-
71	Utah Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
65	Vermont Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
73	Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
60	Virginia Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-	-				-
59	Washington Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
84	West Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
72	Wisconsin Compensation Rating Bureau	Milwaukee, WI	 					-	-	-				_
65	Wisconsin Special Risk Distrib. Program (AIPSO)	Johnston, RI	 					-	-	-				-
42	Workers Compensation Reinsurance Association	St. Paul, MN	<u> </u>					-	-	-				-
	Workers' Compensation Reinsurance Bureau (The)	Minneapolis, MN	 					-	-	-				-
66	Wyoming Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI	 					-	-	-				-
			 					-	-	-				-
			ļļ					-	-	-				-
			ļ					-	-	-				

Authorized	Name of Reinsurer	+	(1) Reinsurance Premiums	(2)	Expense, Da	Paid	n Paid Losses and I Loss Adjustment	Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage			Ceded					(Col 2B + 2C)	(Col 3/Col	and Unpaid Loss	Loss Adjustment	Premiums	(Cols
				(A)					2D)	Adjustment Expense	Expense		2D+5+6+7)
				Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total						
				1 - 30	31 - 120	OVEI 120	-	-	_				
							-	-					-
							_	-	_				
							-	-					-
	Syndicates for Lloyds' Underwriters												
AIIN													
	oyds of London (Authorized)	London					-	-	-				-
AA1126002	2	London					-	-	-				-
AA1126028	28	London					-	-	-				-
AA1126033	33	London					-	-	-				-
AA1126034	34	London					-	-	-				-
AA1126040	40	London					-	-	-				-
AA1126047	47	London					-	-	-				-
AA1126048	48	London					-	-	-				-
AA1126051	51	London					-	-	-				-
AA1126052	52	London					-	-	-				-
AA1126053	53	London					-	-	-				-
AA1126055	55	London					-	-	-				-
AA1126062	62	London					-	-	-				-
AA1126079	79	London					-	-	-				-
AA1126102	102	London					-	-	-				-
AA1126112	112	London					-	-	-				-
AA1126122	122	London					-	-	-				-
AA1126123	123	London					-	-	-				-
AA1126136	136	London					-	-	-				-
AA1126138	138	London					-	-	-				-
AA1126159	159	London					-	-	-				-
AA1126172	172	London					-	-	-				-
AA1126173	173	London					-	-	-				-
AA1126178	178	London					-	-	-				-
AA1126179	179	London					-	-	-				-
AA1126183	183	London					-	-	-				-
AA1126187	187	London	L	<u> </u>	I	<u> </u>	-	-	-	[-

Autorized Personale Reviews of Re														
AAL128200 204 0.0000 0		Name of Reinsurer	+	Reinsurance Premiums	(A) Current and	(B)	Paid lys Overdue (C)	d Loss Adjustment (D)	Total Overdue	Percentage Overdue (Col 3/Col	(Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment	Incurred But Not Reported Losses and Loss Adjustment	Unearned	Total Recoverable (Cols
AA1120205	ΔΔ1126100	190	London			01 120	370. 220	-	_	_				
AA1126209 206 Uordon								_		_				
AA1126218 218														
AA136229 219														
ALIZEZEZ 227														
AA1126278 228								-						
AA1126290 250 London								-		-				
AA1126270 270 London								-		-				
AA1126271 271								-		-				
AA1126324 282								-		-				
AA1126314 314 London London								-		-				
AA1126318 318 Undon								-		-				
AA1126322 322 London								-		-				
AA1126328 328 London								-		-				
A1126329 3.29 London										-				
AA1126340 340 London Image: Control of the control										-				
A1126360 360 London I										-				
AA1126372 362 London Image: Control of the control								-	-	-				
AA1126375 375 London I								-		-				
AA1126376 376 London Image: Control of the control								-	-	-				
AA1126382 382 London Image: Control of the control								-	-	-				
AA1126386 386 London Indon								-	-	-				
AA1126397 397 London								-	-	-				
AA1126431 431 London								-	-	-				-
AA1126435 435 London								-	-	-				-
AA1126441 441 London								-	-	-				-
AA1126456 456 London -			London					-	-	-				-
AA1126457 457 London Indon			London					-	-	-				-
AA1126473 473 London -								-	-	-				-
AA1126483 483 London								-	-	-				
AA1126484 484 London -			London					-	-	-				-
AA1126488 488 London			London					-	-	-				-
		484	London					-	-	-				-
AA1126490 490 London	AA1126488		London					-	-	-				-
	AA1126490	490	London					-	-	-				-

Authorized Percentage	Name of Rein	isurer	+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Day (B) 91 - 120	Paid	n Paid Losses and d Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
AA1126500	500	Lo	ondon		1 00	01 120	0701120	-	-	_				-
AA1126506	506		ondon					-	-	-				-
AA1126507	507		ondon					-	-	-				-
AA1126510	510		ondon					-	-	-				-
AA1126529	529		ondon					-	-	-				-
AA1126535	535		ondon					-	-	-				-
AA1126536	536		ondon					-	-	-				-
AA1126538	538	Lo	ondon					-	-	-				-
AA1126539	539	Lo	ondon					-	-	-				-
AA1126545	545	Lo	ondon					-	-	-				-
AA1126552	552	Lo	ondon					-	-	-				-
AA1126557	557	Lo	ondon					-	-	-				-
AA1126566	566	Lo	ondon					-	-	-				-
AA1126570	570	Lo	ondon					-	-	-				-
AA1126575	575	Lo	ondon					-	-	-				-
AA1126582	582	Lo	ondon					-	-	-				-
AA1126588	588	Lo	ondon					-	-	-				-
AA1126590	590	Lo	ondon					-	-	-				-
AA1126609	609	Lo	ondon					-	-	-				-
AA1126623	623	Lo	ondon					-	-	-				-
AA1126624	624	Lo	ondon					-	-	-				-
AA1126625	625	Lo	ondon					-	-	-				-
AA1126626	626	Lo	ondon					-	-	-				-
AA1126658	658	Lo	ondon					-	-	-				-
AA1126672	672	Lo	ondon					-	-	-				-
AA1126683	683	Lo	ondon					-	-	-				-
AA1126702	702	Lo	ondon					-	-	-				-
AA1126718	718	Lo	ondon					-	-	-				-
AA1126724	724	Lo	ondon					-	-	-				-
AA1126727	727	Lo	ondon					-	-	-				-
AA1126732	732		ondon					-	-	-				-
AA1126734	734	Lo	ondon					-	-	-				-
AA1126735	735		ondon					-	-	-				-
AA1126741	741	Lo	ondon		<u> </u>	<u> </u>	l	-	-	-				-

Authorized Percentage	Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Da (B) 91 - 120	Paid	n Paid Losses and I Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
AA1126744	744	London					-	-	-				-
AA1126765	765	London					-	-	-				-
AA1126766	766	London					-	-	-				-
AA1126780	780	London					-	-	-				-
AA1126800	800	London					-	-	-				-
AA1126807	807	London					-	-	-				-
AA1126808	808	London					-	-	-				-
AA1126822	822	London					-	-	-				-
AA1126823	823	London					-	-	-				-
AA1126824	824	London					-	-	-				-
AA1126839	839	London					-	-	-				-
AA1126858	858	London					-	-	-				-
AA1126861	861	London					-	-	-				-
AA1126902	902	London					-	-	-				-
AA1126920	920	London					-	-	-				-
AA1126923	923	London					-	-	-				-
AA1126925	925	London					-	-	-				-
AA1126947	947	London					-	-	-				-
AA1126955	955	London					-	-	-				-
AA1126957	957	London					-	-	-				-
AA1126958	958	London					-	-	-				-
AA1126959	959	London					-	-	-				-
AA1126960	960	London					-	-	-				-
AA1126963	963	London					-	-	-				-
AA1126990	990	London					-	-	-				-
AA1126991	991	London					-	-	-				-
AA1126994	994	London					-	-	-				-
AA1126998	998	London					-	-	-				-
AA1127003	1003	London					-	-	-				-
AA1127007	1007	London					-	-	-				-
AA1127009	1009	London					-	-	-				-
AA1127010	1010	London					-	-	-				-
AA1127019	1019	London					-	-	-				-
AA1127023	1023	London	.1	I	L	1		-	-				-

				_									
Authorized	Name of Reinsurer		(1) Reinsurance Premiums	(2)	Expense, Da	Paid	n Paid Losses and d Loss Adjustment	Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage			Ceded					(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
				(A) Current and	(B)	(C)	(D)			Expense	Σλροιίου		25 (6) (6)
				1 - 90	91 - 120	Over 120	Total						
AA1127027	1027	London					-	-	-				-
AA1127028	1028	London					-	-	-				-
AA1127036	1036	London					-	-	-				-
AA1127038	1038	London					-	-	-				-
AA1127047	1047	London					-	-	-				-
AA1127051	1051	London					-	-	-				-
AA1127055	1055	London					-	-	-				-
AA1127057	1057	London					-	-	-				-
AA1127069	1069	London					-	-	-				-
AA1127084	1084	London					-	-	-				-
AA1127087	1087	London					-	-	-				-
AA1127093	1093	London					-	-	-				-
AA1127095	1095	London					-	-	-				-
AA1127096	1096	London					-	-	-				-
AA1127101	1101	London					-	-	-				-
AA1120105	1110	London					-	-	-				-
AA1127115	1115	London					-	-	-				-
AA1127119	1119	London					-	-	-				-
AA1127121	1121	London					-	-	-				-
AA1127124	1124	London					-	-	-				-
AA1127141	1141	London					-	-	-				-
AA1127165	1165	London					-	-	-				-
AA1127173	1173	London					-	-	-				-
AA1127175	1175	London					-	-	-				-
AA1127176	1176	London					-	-	-				-
AA1127179	1179	London					-	-	-				-
AA1127183	1183	London					-	-	-				-
AA1127185	1185	London					-	-	-				-
AA1127200	1200	London					-	-	-				-
AA1127202	1202	London					-	-	-				-
AA1127203	1203	London					-	-	-				-
AA1127204	1204	London					-	-	-				-
AA1127205	1205	London					-	-	-				-
AA1127206	1206	London		1		<u> </u>	-	-	-	l	<u> </u>		-

			_										
Authorized	Name of Reinsurer		(1) Reinsurance Premiums Ceded	(2)	Expense, Da	Paid	n Paid Losses and I Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(C0I 2B + 2C)	2D)	Adjustment Expense	Expense Expense	Premiums	2D+5+6+7)
AA1127207	1207	London					-	-	-				-
AA1127208	1208	London					-	-	-				-
AA1127209	1209	London					-	-	-				-
AA1127210	1210	London					-	-	-				-
AA1127211	1211	London					-	-	-				-
AA1127212	1212	London					-	-	-				-
AA1127213	1213	London					-	-	-				-
AA1127214	1214	London					-	-	-				-
AA1127215	1215	London					-	-	-				-
AA1127218	1218	London					-	-	-				-
AA1127221	1221	London					-	-	-				-
AA1127223	1223	London					-	-	-				-
AA1127224	1224	London					-	-	-				-
AA1127225	1225	London					-	-	-				-
AA1127227	1227	London					-	-	-				-
AA1127229	1229	London					-	-	-				-
AA1127232	1232	London					-	-	-				-
AA1127234	1234	London					-	-	-				-
AA1127236	1236	London					-	-	-				-
AA1127239	1239	London					-	-	-				-
AA1127241	1241	London					-	-	-				-
AA1127242	1242	London					-	-	-				-
AA1127243	1243	London					-	-	-				-
AA1127245	1245	London					-	-	-				-
AA1127251	1251	London					-	-	-				-
AA1127265	1265	London					-	-	-				-
AA1120085	1274	London					-	-	-				-
AA1127301	1301	London					-	-	-				-
AA1127308	1308	London					-	-	-				-
AA1120095	1318	London					-	-	-				-
AA1127323	1323	London					-	-	-				-
AA1127400	1400	London					-	-	-				-
AA1127411	1411	London					-	-	-				-
AA1127414	1414	London					-	-	-				-

Authorized	Name of Reinsurer		(1) Reinsurance Premiums Ceded	(2)	Expense, Da	Paid	n Paid Losses and I Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(C0I 2B + 2C)	2D)	Adjustment Expense	Expense Expense	Premiums	2D+5+6+7)
AA1127415	1415	London					-	-	-				-
AA1120102	1458	London					-	-	-				-
AA1127511	1511	London					-	-	-				-
AA1127607	1607	London					-	-	-				-
AA1127611	1611	London					-	-	-				-
AA1127688	1688	London					-	-	-				-
AA1127861	1861	London					-	-	-				-
AA1120096	1880	London					-	-	-				-
AA1120109	1882	London					-	-	-				-
AA1120054	1886	London					-	-	-				-
AA1120131	1897	London					-	-	-				-
AA1127900	1900	London					-	-	-				-
AA1120083	1910	London					-	-	-				-
AA1120064	1919	London					-	-	-				-
AA1120124	1945	London					-	-	-				-
AA1120084	1955	London					-	-	-				-
AA1120103	1967	London					-	-	-				-
AA1120106	1969	London					-	-	-				-
AA1127999	1999	London					-	-	-				-
AA1128000	2000	London					-	-	-				-
AA1128001	2001	London					-	-	-				-
AA1128003	2003	London					-	-	-				-
AA1120071	2007	London					-	-	-				-
AA1128010	2010	London					-	-	-				-
AA1128011	2011	London					-	-	-				-
AA1120104	2012	London					-	-	-				-
AA1120114	2015	London					-	-	-				-
AA1128020	2020	London					-	-	-				-
AA1128021	2021	London					-	-	-				-
AA1128027	2027	London					-	-	-				-
AA1120072	2112	London					-	-	-				-
AA1128121	2121	London					-	-	-				-
AA1128147	2147	London					-	-	-				-
AA1128176	2176	London					-	-	-				-

					501 02 , 0 011011	(0000							
Authorized	Name of Reinsurer	+	(1) Reinsurance Premiums	(2)	Expense, Da	Paid	n Paid Losses and d Loss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage			Ceded					(Col 2B + 2C)	(Col 3/Col	and Unpaid Loss	Loss Adjustment	Premiums	(Cols
				(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total		2D)	Adjustment Expense	Expense		2D+5+6+7)
AA1128183	2183	London					-	-	-				-
AA1128227	2227	London					-	-	-				-
AA1120112	2232	London					-	-	-				-
AA1128241	2241	London					-	-	-				-
AA1120081	2243	London					-	-	-				-
AA1128271	2271	London					-	-	-				-
AA1128322	2322	London					-	-	-				-
AA1128323	2323	London					-	-	-				-
AA1128341	2341	London					-	-	-				-
AA1128345	2345	London					-	-	-				-
AA1128376	2376	London					-	-	-				-
AA1120097	2468	London					-	-	-				-
AA1128488	2488	London					-	-	-				-
AA1128490	2490	London					-	-	-				-
AA1128506	2506	London					-	-	-				-
AA1128591	2591	London					-	-	-				-
AA1128607	2607	London					-	-	-				-
AA1128623	2623	London					-	-	-				-
AA1128658	2658	London					-	-	-				-
AA1128659	2659	London					-	-	-				-
AA1128724	2724	London					-	-	-				-
AA1128734	2734	London					-	-	-				-
AA1128741	2741	London					-	-	-				-
AA1128791	2791	London					-	-	-				-
AA1128923	2923	London					-	-	-				-
AA1128947	2947	London					-	-	-				-
AA1128987	2987	London					-	-	-				-
AA1129000	3000	London					-	-	-				-
AA1120082	3010	London					-	-	-				-
AA1129030	3030	London					-	-	-				-
AA1129210	3210	London					-	-	-				-
AA1120113	3334	London					-	-	-				-
AA1120055	3623	London					-	-	-				-
AA1120098	3624	London		1	<u> </u>	<u></u>	-	-	-		<u> </u>		-

Authorized		Name of Reinsurer	+	(1) Reinsurance Premiums	(2)	Expense, Day	Paid	n Paid Losses and I Loss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage				Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
AA1120056	3786		London					-	-	-				-
AA1120068	3820		London					-	-	-				-
AA1120116	3902		London					-	-	-				-
AA1126005	4000		London					-	-	-				-
AA1120075	4020		London					-	-	-				-
AA1120069	4040		London					-	-	-				-
AA1120086	4141		London					-	-	-				-
AA1120067	4242		London					-	-	-				-
AA1126004	4444		London					-	-	-				-
AA1126006	4472		London					-	-	-				-
AA1120090	4711		London					-	-	-				-
AA1126003	5000		London					-	-	-				-
AA1120080	5151		London					-	-	-				-
AA1120065	5555		London					-	-	-				-
AA1120048	5820		London					-	-	-				-
								-	-	-				-
					1			_	_	_				_

SECTION III TOTALS WILL BE ENTERED IN SECTION V

Schedule F - Part 1

	Schedule F - Part 1 Ceded Reinsurance as of December 31, Current Year (000's Omitted)														
Authorized Percentage	Name of Reinsurer	-	(1) Reinsurance + Premiums	(2) (A) Current and	Expense, I	Recoverable on P Paid I Days Overdue (C)	aid Losses and .oss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)		
SECTION IV				1 - 90	91 - 120	Over 120	Total								
	Y AUTHORIZED POOLS AND ASSOCIATIONS:														
1	ot shown in Section III) in which Treasury authorized companies part	ticipate. The Treasury auth	orized percentage r	may be computed I	by determining										
the percentage of	f participation of Treasury authorized companies in the pool. Do not	include percentages of par	rticipation of any alie	en reinsurer. List t	the pools										
alphabetically, ins	serting the computed percentage to the left of each name and compl	lete Columns 1 through 8.	In instances where	the percentage is I	less than 100%,										
the remainder sh	ould be shown under Section VII. Submit on a separate sheet the na	ames and percentage of pa	arti <mark>cipation of compa</mark>	anies comprising th	ne pools.										
	ailure to submit this information will result in Treasury nonadmitting the cessions to these pools. Sur require additional worksheets to complete this section, goto Section IV of the overflow pages (orange tabs).														
If you require addi	tional worksheets to complete this section, goto Section IV of t	he overflow pages (orang	ge <mark>tabs).</mark>												
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
							-	-							
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
							-	-	-				-		
SECTION IV TOTAL	LS WILL BE ENTERED IN SECTION V						-	-	-				-		
SECTION IV TOTAL	LS WILL BE ENTERED IN SECTION V		-	-	-	-	-	-	-	-	-	-			
SECTION V															
TREASURY AUTHO	ORIZED:														
	ls automatically copied from section I)		-	-			-	-	-	-	-	-	-		
Total Section II			-	-	-		-	-	-	-	-	-	-		
	rflow Page (s) if applicable		-	-	_		-	-	-	-	-	-	-		
Total Section III Total Section IV			-	-	-		-	-	-	-	-	-	-		
	erflow Page (s) if applicable		-	-	-		-	-		-	-	<u> </u>	1		
	rance from company produced worksheets not included in tota	als above					-	-	_				_		
	The state of the s														

+ = Footnote d = Disputed Items J = Delinquency

FMS FORM 6314

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

		Ceded R	lein	surance as	of Decembe	r 31, Current	Year (000's	Omitted)						
Unauthorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(2) Losses and Loss	s Adjustment Expe		erable on Paid Paid rdue	(3) Total Overdue (Col 2B +	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
					(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	2C)	2D)	Loss Adjustment Expense	Expense		2D+5+6+7)
SECTION VI														
TREASURY UNAU	JTHORIZED POOLS AND ASSOCIATIONS:													
36	Alabama Commercial Automobile Procedure (AIPSO)	Johnston, RI						-	-	-				-
33	Alabama Workers' Compensation Reinsurance Pool for Coal Mine Risks (NCCI)	Boca Raton, FL						-	_	-				-
64	Alaska Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL						-	-	-				-
15	American Hull Insurance Syndicate	New York, NY						-	-	-				-
16	American Nuclear Insurers - Domestic Liability Syndicate	West Hartford, CT						-	-	-				_
4	American Nuclear Insurers - Domestic Property Syndicate	West Hartford, CT						-	-	-				-
22	American Nuclear Insurers - Foreign Property and Liability Syndicate	West Hartford, CT						_	_	_				_
	American Offshore Insurance Syndicate	New York, NY						-	-	-				-
	Arizona Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
	Arkansas Commercial Automobile Insurance Procedure	Johnston, RI						-	-	-				-
	Arkansas Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL						-	-	-				-
	Arkansas Stock Pool for Assigned Risks (NCCI)	Boca Raton, FL						-	-	-				-
	Associated Aerospace Underwriters	Short Hills, NJ						-	-	-				-
25	Associated Aviation Underwriters	Short Hills, NJ						-	-	-				-
33	California Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
38	Colorado Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
76	Commonwealth Automobile Reinsurers	Boston, MA						-	-	-				-
15	Connecticut Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
38	Delaware Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
15	District of Columbia Commercial Automobile Insurance Procedure	Washington, DC						-	-	-				-
0	Excise Bond Underwriters	New York, NY						-	-	-				-
31	Georgia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
10	Global Aerospace Underwriters	Short Hills, NJ						-	-	-				-
43	Idaho Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-
37	Illinois Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-	-				-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

Unauthorized Percentage	Name of Reinsurer		(1) Reinsurance Premiums Ceded		Adjustment Expe		verable on Paid Paid erdue (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
33	Illinois Fair Plan Association	Chicago, IL					-	-	-				-
28	Illinois Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL					-	-	-				-
45		Boca Raton, FL					-	-	-				-
	Illinois Workers Compensation Reinsurance Pool For Coal Mine Risks												
38		Boca Raton, FL					-	-	-				-
22	Indiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
38	Iowa Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
43	Iowa Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL					-	-	-				-
32	Kansas Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
21	Kentucky Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-	***************************************			-
31	Kentucky Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL					-	-	-				-
0	Lloyd's Underwriters	London, DC					-	-	-				-
36	Louisiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
41	Maine Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
42	Maine Workers Compensation Reinsurance Pool	Boca Raton, FL					-	-	-				-
30	Massachusetts Voluntary Non-Stock Assigned Risk Pool For Workmens Compensation Insurance	Boston, MA					-	-	-				-
56	Massachusetts Workers Compenstation Assigned Risk Pool (NCCI)	Boca Raton, FL					-	-	-				-
84	Michigan Catastrophic Claims Association (MCCA)	Livonia, MI					-	-	-				-
57	Michigan Workers Compensation Placement Facility (NCCI)	Boca Raton, FL					-	-	-				-
37	Minnesota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
38	Minnesota Workers' Compensation Insurers Association, Inc.	Minneapolis, MN					-	-	-				-
43	Mississippi Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
51	Missouri Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
28	Montana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
50		Cherry Valley, IL					-	-	-				-
56	National Workers' Compensation Reinsurance Pool (NCCI)	Boca Raton, FL					-	-	-				-
41	Nebraska Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-	-				-
30	Nevada Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		<u> </u>	<u> </u>	<u> </u>	-	-	-				-

OMB No. 1510-0012 OMB Expiration Date: 9-30-2013

Schedule F - Part 1

	authorized ercentage	Name of Reinsurer		(1) Reinsuran + Premiums Ceded	(B) 91 - 120	rerable on Paid Paid rdue (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
1		· · · · · · · · · · · · · · · · · · ·	5.									
		New Hampshire Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	-	-	-				
		New Hampshire Reinsurance Facility Automobile (AIPSO)	Johnston, RI		 	 -	-	-				-
		New Jersey Commercial Automobile Insurance Procedure (AIPSO) New Mexico Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-	-				-
			Johnston, RI Boca Raton, FL		 	 <u>-</u>	-					-
	35	New York Special Risk Distribution Program (AIPSO)	Johnston, RI		 	 _	-					-
1	57	North Carolina Reinsurance Facility (AIPSO)	Johnston, RI			 _	-					-
 	44	North Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 _	-	_				-
		Ohio Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 _	-	-				-
		Oklahoma Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 _	-	-				-
		Oregon Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-	-				-
			Johnston, RI		 	 -	-	-				-
		Pennsylvania Workers Compensation Insurance Plan and Reinsurance	Boca Raton, FL			 -	-	-				-
		Rhode Island Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-			,	-
	31	South Carolina Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	55	South Carolina Reinsurance Facility (AIPSO)	Johnston, RI			 -	-	-				-
	48	South Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-	-				-
	37	Tennessee Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	38	Tennessee Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL			-	-	-				-
	33	United States Aircraft Insurance Group	New York, NY			 -	-	-				-
	29	Utah Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-	-				-
	35	Vermont Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	27	Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	40	Virginia Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL			-	-	-				-
	41	Washington Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	16	West Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-	-				-
	28	Wisconsin Compensation Rating Bureau	Milwaukee, WI			-	-	-				-

Schedule F - Part 1

					•	`	•						
Unauthorized Percentage	Name of Reinsurer) Reinsurance Premiums Ceded		Adjustment Expe (B) 91 - 120			(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
35	Wisconsin Special Risk Distrib. Program (AIPSO)	Johnston, RI					-	-	-				-
	•	St. Paul, MN	 				-	-	-				-
22	Workers' Compensation Reinsurance Bureau (The)	Minneapolis, MN	 				-	-	-				-
		Johnston, RI	 				-	-	-				-
			 				-	-	-				-
SECTION VI TOTA	ALS WILL BE ENTERED IN SECTION IX		-	-	-	-	-	-	-	-	-	-	-

					501 52 , 5 4110	nt rear (000 3	• · · · · · · · · · · · · · · · · · · ·						
Unauthorized Percentage	Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(2)		Recoverable on Pa Paid L Days Overdue	aid Losses and oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	Unpaid Losses	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
				(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(55.22 25)	2D)	Adjustment Expense	Expense		2D+5+6+7)
SECTION VII													
OTHER TREASURY	UNAUTHORIZED POOLS AND ASSOCIATIONS:												
	ciations as shown in Section IV. Show the percentage of unauthori												
Section IV and 1000	%. Also, list other pools and associations appearing on Schedule F	of your annual financial state	ment and not liste	ed in Sections III, IV	, or VI.								
If you require addition	al worksheets to complete this section, goto the overflow page for S	Section VII (orange tab).											-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
							-	-	-				-
					<u> </u>		-	-	-				-
					·		-	-	-				-
							-	-	-				-
					·		-	-	-				-
SECTION VII TOTAL	S WILL BE ENTERED IN SECTION IX	1	-	-	-	-	-	-	_	-	-	_	-

Write or Sta

				eaec	a Reinsurance	e as of Decem	ber 31, Currer	it Year (000's	Omitted)						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid L ays Overdue	uid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION VIII			•		•	•									
		RIZED COMPANIES:													
		names of all companies appearing in Schedu		cial st	tatement which are	e not listed in									
		ding unauthorized parents and affiliates, and													
If you require	additional w	vorksheets to complete this section, goto the	overflow pages for section VIII (orange tab	s).	T	T									
									-	-	-				-
									-	-	-				-
									-		-				-
									-	-	-				-
						-			-	-	-				-
									-	-	-				-
									-	-	-				-
				<u> </u>					-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
	ļ								-	-	-				-
ļ									-	-	-				
									-	-	-				-
						<u> </u>	-		-	-					-
									-	-	-				-
				+		†	+		-	-	-				-
				+	·	†	<u> </u>		-	-	-				-
				1					-	-	-				-
				1					-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
<u> </u>	1				<u> </u>				-	-	-				-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	(B) 91 - 120	Recoverable on Pa Paid Li ays Overdue (C) Over 120	aid Losses and oss Adjustment (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
			***************************************						-	-	-	•		***************************************	-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
					ļ	ļ			-	-	-				-
									-	-	-				-
									-	-	-				-
						-			-	-					
						-			-	-	-				-
						-			-	-	-				-
						T			-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
					ļ				-	-	-				-
						-			-	-	-				-
									-	-	-				-
						-			-	-	-				-
						 	·		-	-	-		<u> </u>		-
									-	-	-				-
						-			-	-	-				-
						†			-	-	-				-
				1					-	-	-				-
									-	-	-				-
									-	-	-				-
				I					-	-	-				-

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Schedule F - Part 1

				-			Der G1, Garrer	(0000							
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid Lo ays Overdue	id Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
											-				
											- - -				- - -
SECTION VII	I TOTALS V	VILL BE ENTERED IN SECTION IX			-	-	-	-	- - -		- - -	-	-	-	- - -
SECTION IX TREASURY I		RIZED:													
Total Section	VI				-	-	-	-	-	-	-	-	-	-	-
Total Section					-	-	-	-	-	-	-	-	-	-	-
		v Page (s) if applicable			-	-	-	-	-	-	-	-	-	-	-
Total Section					-	-	-	-	-	-	-	-	-	-	-
		w Page (s) if applicable			-	-	-	-	-	-	-	-	-	-	-
Unauthorized	d Reinsurar	nce from company produced worksheets not included in to	tals above						-	-	-				-
		nauthorized: (Enter in Section X) olumn 8 on the last page of this Schedule)				_	_	_	_	_	-	_	-	_	-
SECTION X															
ALE KEINSO	AIIOL.														
Total Section	V				-	-	-	-	-	-	-	-	-	-	-
Total Section					-	-	-	-	-	-	-	-	-	-	-
		EINSURANCE													
(Should	d agree with	Schedule F - Part 3 of the Annual Financial Statement			-	-	-	-	-	-	-	-	-	-	-

								Write or Sta	np Name	OMB Exp	iration Date: 9-30-2013
		Funds Withheld on Ad	ccount of Rein		HEDULE F - Par thorized Compa		ber 31, Current \	/ear (000's Or	nitted)		
							(2)				
Federal ID Number	NAIC Company Code	Name of Reinsurer	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3	
ompanies m	ay take cre	dit for acceptable offsets to unauthorized reinsurance recoverable	s. Offsets can inclu	de funds held, letters o	f credit (issued by a b	ank on the NAIC appro	oved bank list),		-	-	
and trust fu	ınds. Reins	urance payables are acceptable so long as a legal right of offset $\mathfrak e$	xists in the contract	language. Evidence :	should be submitted in	support of such offse	ts for large or		-	-	
material ar	nounts. Ma	eriality for Treasury purposes normally falls within a range of 5-10	% of the reporting o	ompany's policyholde	s' surplus.				-	-	
you require	additional w	orksheets to complete this section, please goto the funds held ov	erflow page (<mark>orang</mark> e	e tabs).					-	-	
									-	-	
									-	-	

ANNUAL STATEMENT FOR THE YEAR 2012 OF	OMB No. 1510-001
Write or Stamp Name	OMB Expiration Date: 9-30-2013

SCHEDULE F - Part 2 Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)

							(2)				Ι
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Pari 1, Section IX, Col 3
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
TOTAL(COL	L. 3) WILL E	BE ENTERED ON THE SUMMARY PAGE OF THIS SCHEDULE)	-	-	-	-	-	-	-	-

Write or Stamp Name

OMB No. 1510-0012
OMB Expiration Date: 9-30-2013

Page 34 of 34 (000's OMITTED)

The following calculations represent the net unauthorized reinsurance for the above-mentioned company based on information provided in Parts 1 and 2 of the U.S. Treasury Schedule F. It is not necessary to make pen and ink adjustments to the figures on Page 3 of the Annual Financial Statement

Total Unauthorized Reinsurance for Treasury purposes	
(Section IX, Grand Total, Column 8)	\$
Less: Funds held or retained by the Company on account for such Treasury	
Unauthorized companies per Treasury Schedule F, Part 2, Col. 3	\$
Additional Funds held from company reproduced overflow page worksheets - total must be entered manually	\$
Treasury Unauthorized Reinsurance	\$
Less: * Liability for Unauthorized Reinsurance shown on the Company's	
annual year-end financial statement	\$ [
Net Unauthorized Reinsurance for Treasury rating purposes	\$
* Include provision for overdue Authorized Reinsurance as well	
COMPANY CONTACT PERSON FOR THIS SCHEDULE: (NAME) (PHONE NO.)	

Paperwork Reduction Act and Privacy Act Statement - FMS Form 6314

By authority of 31 USC 9304-9308, 31 CFR 223, the information requested on this form is required to retain a benefit and to enable the Assistant Commissioner, Management, Financial Management Service, Department of the Treasury, to determine if your Company is maintaining compliance with the requirements of the Department of the Treasury in order for your Company to remain qualified and acceptable as a surety or reinsurance company for Federal bonds. Certified companies are required to file this form with the Treasury once each year. Failure to provide this information will result in non-compliance with Treasury regulations and may result in revocation of your Company's authority

The estimated average burden associated with this collection of information is 48 hours, 45 minutes per respondent for each response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Program Section, Room 100, 3700 East-West Highway, Hyattsville, MD 20782 and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503, Attention: Desk Officer for Treasury Department, Financial Management Service

Schedule F - Part 1

Ceded Reinsurance as of December 31. Current Year (000's Omitted)

			Ce	dec	d Reinsurance		ber 31, Curren Overflow Page	t Year (000's (Omitted)						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)	F Expense, Da	ecoverable on Pa Paid Lo ays Overdue	uid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
Section II - O					•	•									
OTHER TREA	SURY AUT	HORIZED COMPANIES:													
(A) Poincur	anco with s	ubsidiaries (other affiliated companies are unauthorized and s	should be shown in S	Socti	ion VIII.)										
		for reinsurance cessions to subsidiaries not shown under Section				ete the									
		s, and submit a completely executed financial statement for each li													
									-	-	-				-
				ļ					-	-	-				-
				ļ					-	-	-				-
				ļ					-	-	-				-
				·					-	-	-				-
									-	-	-				-
									-	-	-				-
				ļ					-	-	-				-
				ļ					-	-	-				-
				ļ					-						-
				ļ					-	-	-				-
									-	-	-				-
(B) Reinsur	ance with o	ther Treasury authorized companies		ļ					-	-	-				-
				ļ					-	-	-				-
				ļ					-	-	-				-
				·					-	-	-				-
									-	-	-				-
									-	-	-				-
				ļ					-	-	-				-
				ļ			<u> </u>		-	-	-		ļ		-
	ļ			 					-	-	-				-
				†			1		-	-	-				-
SECTION II T	OTALS WIL	L BE ENTERED IN SECTION V			-	-	-	-	-	-	-	-	-	-	-

SECTION II TOTALS WILL BE ENTERED IN SECTION V

Schedule F - Part 1

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

		Ce	ded F	Reinsuranc		nber 31, Curre Overflow Pag		Omitted)							
Authorized	Name of Reinsurer) Reinsurance Premiums	(2)		Recoverable on Pa Paid L ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable	
Percentage					(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)	
	THER TREASURY AUTHORIZED POOLS AND ASSOCIATIONS: List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools														
THER TREASURY AUTHORIZED POOLS AND ASSOCIATIONS: List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools															
List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools alphabetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%,															
the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools															
alphabetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%,															
the remainder should be shown under Section VII. Submit on a separate sheet the names and percentage of participation of companies comprising the pools. Failure to submit this information will result in Treasury nonadmitting the cessions to these pools.															
the remainder should be shown under Section VII. Submit on a separate sheet the names and percentage of participation of companies comprising the pools. Failure to submit this information will result in Treasury nonadmitting the cessions to these pools.															
										-				-	
								-	-	-				-	
								-							
								-	-					-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-					-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
								-	-	-				-	
							ļ	-	-	-				-	
							<u> </u>	-	-	-				<u>-</u>	
						<u> </u>	<u> </u>	-	-	-				-	
SECTION IV TOTAL	LS WILL BE ENTERED IN SECTION V	1		-	-	-	-	-	-	-	-	-	-	-	
- '															

OMB No. 1510-0012

OMB Expiration Date: 9-30-2013

		ANNU	AL STATE	MENT FOR	THE YE	AR 2012 OF		Write or Star	nn Namo					MB No. 1510-0012
					Cobodu	ıle F - Part 1		Write or Star	np Name				OMB Expiratio	n Date: 9-30-2013
		0-	ded Beisen				+ \/ (000	l= 0:441V						
		Ce	aea Reinsu			nber 31, Curre		's Omitted)						
				Sec	ction IV	Overflow Pag	je							
Authorized	Name of Reinsurer		(1) Reinsura + Premiur				Recoverable on I Paid ays Overdue	Paid Losses and Loss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage				(A) Current	and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
ECTION IV - Over	rflow Page			•										
THER TREASURY AUTHORIZED POOLS AND ASSOCIATIONS: List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining														
List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools														
List any pools (not shown in Section III) in which Treasury authorized companies participate. The Treasury authorized percentage may be computed by determining the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools alphabetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%,														
the percentage of participation of Treasury authorized companies in the pool. Do not include percentages of participation of any alien reinsurer. List the pools alphabetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%,														
alphabetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%, the remainder should be shown under Section VII. Submit on a separate sheet the names and percentage of participation of companies comprising the pools.														
the remainder should be shown under Section VII. Submit on a separate sheet the names and percentage of participation of companies comprising the pools. Failure to submit this information will result in Treasury nonadmitting the cessions to these pools.														
								-	-	-				-
								-	-	-				-
								-	-	-				-
!								-	-	-				-
								-	-	-				-
								-	-	-				-
								-	-	-				-
								-	-	-				-
							·	-	-	-				-
								-	-	-				-
								-	-					-
							·							
									-	-				
						ļ	+	-	-					
							 	-	-	-				-
								-	-	-				-
								-	-	-				-
							ļ	-	-	-				-
								-	-	-				-
								-	-	-				-
								-	-	-				-
								-	-	-				-
							1	-	-	-				-
	······					 	†	-	-	-				-
		·				1	†	-	-	-				-
ECTION IV TOTA	L LLS WILL BE ENTERED IN SECTION V			-	-									-

		ANN	UAL	_ STATEMEN	T FOR THE Y			Write or Star	np Name				OMB Expiration	MB No. 1510-00 n Date: 9-30-20
		Се	ded	l Reinsurance	e as of Decem	le F - Part 1 ber 31, Curren Overflow Page		Omitted)						
Unauthorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(2)		ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Tota Recoverable (Cols 2D+5+6+7)
					Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Ехрепзе			
	UNAUTHORIZED POOLS AND ASSOCIATIONS:													
List pools and associations as shown in Section IV. Show the percentage of unauthorized reinsurance as the difference between the percentage authorized in Section IV and 100%. Also, list other pools and associations appearing on Schedule F of your annual financial statement and not listed in Sections III, IV, or VI.														
							-							
			ļl					-	-	-				
			 					-	-	-				
								-	-	-				
			ļ					-	-	-				
			ļ					-	-	-				
			······					-	-	-				
								-	-	-				
			ļ					-	-	-				
			ļl					-	-	-				
			 			-		-	-	-				
			!I					-	-	-				
								-	-	-				
								-	-	-				
			ļ					-	-	-				
			ļl					-	-	-				
			 					-	-	-				
			 			·		-	-	-				
			tl		<u> </u>			-	-	-				
								-	-	-				
								-	-	-				
								-	-	-				

SECTION VII TOTALS WILL BE ENTERED IN SECTION IX

			ANNUA	L STATEMEN							0	MB No. 1510-0012		
								Write or Star	np Name				OMB Expiratio	on Date: 9-30-2013
			0-4-	d B - t		ule F - Part 1	+ V/ (000) -	O						
			Cede	a Reinsuranc		nber 31, Currer I Overflow Page		Omitted)						
\vdash				1	Jection vi	Overnow Page	•							
	Unauthorized	Name of Reinsurer	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid L ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
	Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
	ECTION VII - Overfl													
		UNAUTHORIZED POOLS AND ASSOCIATIONS:					ĺ							
		ciations as shown in Section IV. Show the percentage of unauthoriz %. Also, list other pools and associations appearing on Schedule F						ĺ						
	Section IV and 1009	70. Also, list other pools and associations appearing on schedule F					ĺ							
			-	-	-			[-					
				-	-	-				-				
								-	-	-				-
								-	-	-				-
ļ								-	-	-				-
ļ								-	-	-				-
								-	-				ł	-
ļ								-	-	-				-
								-	-	-				-
								-	-	-				-
								-	-	-				-
ļ								-	-	-				-
ļ								-	-	-			ļ	-
ļ								-	-	-			ł	-
								-	-	-			l	-
								-	-	-				-
								-	-	-				-
								-	-	-				-
ļ								-	-	-			ļ	-
ļ								-	-	-				-
ļ								-	-	-			<u> </u>	-
ļ								-	-				<u> </u>	-
				-				-	-				[-
ļ				·				-	-	-				-
SI	ECTION VII TOTALS	S WILL BE ENTERED IN SECTION IX	•	-	-	-	-	-	-	-	-	-	-	-

OMB No. 1510-0012

OMB Expiration Date: 9-30-2013

Schedule F - Part 1 Ceded Reinsurance as of December 31, Current Year (000's Omitted) Section VIII Overflow Page

						Section VIII	Overflow Pag	e `							
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(2)		Recoverable on Pa Paid L ays Overdue	uid Losses and coss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
			ou.iou.co.i		5505	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(00.25 × 20)	2D)	Adjustment Expense	Expense		2D+5+6+7)
SECTION VI															
		IZED COMPANIES: ames of all companies appearing in Schedule F, Part 3 of your co	mnany's annual finan	rial et	tatement which ar	e not listed in									
		ling unauthorized parents and affiliates, and complete Columns 1		Jiai Si	atement which ar	e not listed in									
	,														
				I					-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
										-	-				
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
									-	-	-				-
					ļ		ļ	ļ	-	-	-				-
									-	-	-				-
						-	·····		-	-	-				-
						<u> </u>			-	-	-				-
				1					-	-	-				-
									-	-	-				-
S	ECTION VIII	TOTALS WILL BE ENTERED IN SECTION IX			-	-	-	-	-	-	-	-	-	-	-

			ANN	UAL	_ STATEMEN	T FOR THE Y	EAR 2012 OF								0	MB No. 1510-0012
										Write or Star	np Name		-			n Date: 9-30-2013
							le F - Part 1									
			Ce	ded	l Reinsurance	e as of Decem			00's C	Omitted)						
						Section VIII	Overflow Pag	je								
Federal ID Number	NAIC Company Code	y Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90		Recoverable F Days Overdue (C) Over 12	Paid Lo	d Losses and ss Adjustment (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
SECTION VII			•			•										
TREASURY UNAUTHORIZED COMPANIES: List alphabetically the names of all companies appearing in Schedule F, Part 3 of your company's annual financial statement which are not listed in Sections Land II. including unauthorized parents and affiliates, and complete Columns 1 through 8																
Sections I	Sections I and II, including unauthorized parents and affiliates, and complete Columns 1 through 8.															
				ļ						-	-	-				-
				ļ						-	-					-
				······						-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
				ļ						-	-	-				-
				ļl						-	-	-				-
				 						-	-	_				-
				······						-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
										-	-	-				-
				ļļ						-	-	-				-
				ļļ						-	-	-				-
				ļļ						-	-	-				-
				ļ						-	-	-				-
				 						-	-	-				-
				 						-	-					-
SI	CTION VI	III TOTALS WILL BE ENTERED IN SECTION IX			-	-	-		-	-	-	-	-	-	-	-

									ANN	UAL :	STATEMEN	T FOR T	ГНЕ ҮЕ	AR 2012 C	F _		Write or	Stamı	n Name					MB No. 1510-0012 in Date: 9-30-2013
									Ce	ded F	Reinsurance			e F - Part 1 per 31. Cui		Year (000's							ОМВ Ехричи	11 Date: 0 00 2010
														Overflow F										
Federal ID Number	NAIC Company Code			Name of Reir	nsurer			Domici Jurisdi	•	+ (3	I.) Reinsurance Premiums Ceded	(2)		Expens		coverable on P Paid I rs Overdue	aid Losses a Loss Adjustm	ent	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned	(8) Total Recoverable
Number	Code							Jurisun	Cuon		Ceded	(A) Current a	and - 90	(B) 91 - 120		(C) Over 120	(D)		(COI 2B + 2C)	2D)	and Unpaid Loss Adjustment Expense	Expense	Fremiums	(Cols 2D+5+6+7)
SECTION VIII																								
TREASURY WAUTHORIZED COMPANIES: List alphabetically the names of all companies appearing in Schedule F, Part 3 of your company's annual financial statement which are not listed in Sections I and II, including unauthorized parents and affiliates, and complete Columns 1 through 8.																								
	List alphabetically the names of all companies appearing in Schedule F, Part 3 of your company's annual financial statement which are not listed in																							
										ļ								-	-	-				-
										l								-	-	-				-
																		-	-	-				-
										ļļ								-	-	-				-
										ļļ								-	-	-				
										 								-	-					-
										l								-	-	-				-
																		-	-	-				-
										ļļ								-	-	-				-
										ļ		ļ						-	-	-				
		·										ł						-	-					-
																		-	-	-				-
																		-	-	-				-
										ļļ								-	-	-				-
										ļ		<u> </u>						-	-	-				
										 		†						-	- -					-
		1								tt		1						-	-	-				-
																		-	-	-				-
										ļļ		ļ						-	-	-				-
										ļļ								-	-	-			<u> </u>	
										 								-	-					-
												4								4		4		

SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX **ANNUAL STATEMENT FOR THE YEAR 2012 OF** OMB No. 1510-0012 Write or Stamp Name OMB Expiration Date: 9-30-2013 Schedule F - Part 1 Ceded Reinsurance as of December 31, Current Year (000's Omitted) **Section VIII Overflow Page** (Known Case) (6) Incurred But Not (4) Percentage Recoverable on Paid Losses and Reinsurance Recoverable on NAIC Paid Loss Adjustment Total Reported Losses Reinsurance Total Expense, Days Overdue Federal ID Name of Reinsurer Premiums Overdue Overdue **Unpaid Losses** Únearned Recoverable Company Domiciliary (Col 3/Col Code (Col 2B + 2C) and Unpaid Loss Number Jurisdiction Ceded Loss Adjustment Premiums (Cols 2D+5+6+7) Adjustment Expense (A) Current and Expense (C) Over 120 91 - 120 1 - 90 Total SECTION VIII - Overflow Page TREASURY UNAUTHORIZED COMPANIES: List alphabetically the names of all companies appearing in Schedule F, Part 3 of your company's annual financial statement which are not listed in Sections I and II, including unauthorized parents and affiliates, and complete Columns 1 through 8.

							-	-	-				-
SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX			-	-	-	-	-	-	1	-	-	-	-

Write or Stamp Name OMB Expiration Date: 9-30-2013

SCHEDULE F - Part 2

Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted) Overflow Page

	Overflow Page (2)											
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	Total Credit Allowed For Funds	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3	
Funds Held -	Overflow P	Page							-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-			
									-	_		
									-			
										-		
									-			
									-	-		
									-	-		
									-			
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
	ļ								-	-		
	ļ								-	-		
									-	-		
									-	-		
									-	-		
									-	-		
									-	-		
Ov	erflow Pag	e FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PAG	SE .	-	-	-	-	-	-	-	-	

ANNUAL STATEMENT FOR THE YEAR 2012 OF		OMB No. 1510-0012
	Write or Stamp Name	OMR Expiration Date: 9-30-2013

SCHEDULE F - Part 2 Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted) Overflow Page

Overflow Page											
						(2)					
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction (1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3	
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
									-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
								-	-		
									-		
						-		-	-		
								-	-		
								-	-		
								-	-		
	ouflow D	S FUNDO LIFE D TOTAL OWILL BE ENTERED ON CHARACTURE	NE					-	-		
OV	ernow Pag	e FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PAG	GE -	-	-	-	-	-	-	-	

				ΔΝΝΙΙΔΙ SΤΔΊ	TEMENT FOR THE	YEAR 2012 OF					OMB No. 1510-0012		
				7				Write or Stamp N	lame	OMB Exp	iration Date: 9-30-2013		
					CHEDULE F - Par								
	Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)												
Overflow Page													
						1	(2)		1	1			
ederal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Heid (Cols 2A Through 2D)	Total Credit Allowed For Funds	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3		
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-				
									-	-			
		1			L			1	-	-			

Overflow Page FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PAGE

				ANNUAL STAT	ANNUAL STATEMENT FOR THE YEAR 2012 OF Write or Stamp N					OMB No. 1510-0012 Name OMB Expiration Date: 9-30-2013			
				<u> </u>	CHEDINEE Down			write or Stamp is	OMB Expiration Date: 9-30-201.				
	SCHEDULE F - Part 2												
	Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted) Overflow Page												
							(2)						
				(1) Reinsurance						(2)	(4)		
and and JD	NAIC		Damiellian.	Recoverables From	(A)	(D)	(C)	(D)	(E)	(3) Total Credit	Past Due		
ederal ID Number	Company	Name of Reinsurer	Domiciliary Jurisdiction	Unauthorized	Funds Held By Company Under	(B) Letters of Credit	Trust	Other Allowed	Total Funds Held (Cols 2A	Total Credit Allowed For Funds	Reinsurance		
	Code		our louistic.	Companies - All Items From Part 1,	Reinsurance Treaties	2011010 01 010011	Agreements	Offset Items	Through 2D)	Held (Smaller of Col 1 or Col 2E)	Recoverable from Part 1, Section IX, Col 3		
				Section IX, Col. 8						10100122)	1, 300001177, 0010		
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
										-			
									-	-			
									-	-			
									-	-			
										-			
									-	-			
										-			
										-			
									-	-			
										-			
									-				
									-	-			
									-	-			
										-			
									-				
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			