

ANNUAL STATEMENT
OF THE
AMERICAN MEDICAL INSURANCE
EXCHANGE

Of
INDIANAPOLIS
in the state of IN

to the Insurance Department
of the State of

For the Year Ended
December 31, 2006

2006



ANNUAL STATEMENT

For the Year Ended December 31, 2006
of the Condition and Affairs of the

AMERICAN MEDICAL INSURANCE EXCHANGE

NAIC Group Code.....2698, 2698 (Current Period) (Prior Period)	NAIC Company Code..... 31402	Employer's ID Number..... 35-1756545
Organized under the Laws of IN	State of Domicile or Port of Entry IN	Country of Domicile US
Incorporated/Organized..... August 31, 1988	Commenced Business..... November 1, 1988	
Statutory Home Office	5975 CASTLE CREEK PARKWAY, SUITE 300..... INDIANAPOLIS IN 46250-4203 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	100 BROOKWOOD PLACE..... BIRMINGHAM AL 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	205-877-4400 <i>(Area Code) (Telephone Number)</i>
Mail Address	100 BROOKWOOD PLACE..... BIRMINGHAM AL 35209 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	100 BROOKWOOD PLACE..... BIRMINGHAM AL 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	205-877-4400 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	N/A	
Statutory Statement Contact	JEFFREY M. MANGET <i>(Name)</i> jmanget@proassurance.com <i>(E-Mail Address)</i>	205-877-4442 <i>(Area Code) (Telephone Number) (Extension)</i> 205-868-4029 <i>(Fax Number)</i>
Policyowner Relations Contact	100 BROOKWOOD PLACE..... BIRMINGHAM AL 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	205-877-4400 <i>(Area Code) (Telephone Number) (Extension)</i>

OFFICERS

Name	Title	Name	Title
1. DARRYL KEITH THOMAS	PRESIDENT	2. KATHRYN ANNE NEVILLE	SECRETARY
3. JAMES JOSEPH MORELLO	TREASURER	4.	

OTHER			
HOWARD HARLEY FRIEDMAN #	VICE PRESIDENT	LOIS JEAN WYRICK	VICE PRESIDENT

DIRECTORS OR TRUSTEES

VICTOR THOMAS ADAMO	PAUL RICHARD BUTRUS	AUBREY DERRILL CROWE	HOWARD HARLEY FRIEDMAN
EDWARD LEWIS RAND, JR.	DARRYL KEITH THOMAS	LOIS JEAN WYRICK #	

State of..... ALABAMA
County of..... JEFFERSON

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy of the enclosed statement (except for formatting differences due to electronic filing). The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) DARRYL KEITH THOMAS 1. (Printed Name) PRESIDENT _____ (Title)	_____ (Signature) KATHRYN ANNE NEVILLE 2. (Printed Name) SECRETARY _____ (Title)	_____ (Signature) JAMES JOSEPH MORELLO 3. (Printed Name) TREASURER _____ (Title)
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Subscribed and sworn to before me

This _____ day of _____

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

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	100,805		100,805	99,956
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....895, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$....452,051, Sch. DA).....	452,946		452,946	433,283
6. Contract loans (including \$.....0 premium notes).....			0	
7. Other invested assets (Schedule BA).....			0	
8. Receivables for securities.....			0	
9. Aggregate write-ins for invested assets.....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	553,751	0	553,751	533,239
11. Title plants less \$.....0 charged off (for Title insurers only).....			0	
12. Investment income due and accrued.....	994		994	2,272
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in course of collection.....			0	
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
13.3 Accrued retrospective premiums.....			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers.....			0	
14.2 Funds held by or deposited with reinsured companies.....			0	
14.3 Other amounts receivable under reinsurance contracts.....			0	
15. Amounts receivable relating to uninsured plans.....			0	
16.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
16.2 Net deferred tax asset.....			0	
17. Guaranty funds receivable or on deposit.....			0	
18. Electronic data processing equipment and software.....			0	
19. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
21. Receivables from parent, subsidiaries and affiliates.....			0	
22. Health care (\$.....0) and other amounts receivable.....			0	
23. Aggregate write-ins for other than invested assets.....	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	554,745	0	554,745	535,511
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. TOTALS (Lines 24 and 25).....	554,745	0	554,745	535,511

DETAILS OF WRITE-INS

0901.....			0	
0902.....			0	
0903.....			0	
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0
2301.....			0	
2302.....			0	
2303.....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 34, Column 8).....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 34, Column 9).....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	.54	.214
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	2,217	758
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0).....		
10. Advance premiums.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (Schedule F, Part 7).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		109
20. Payable for securities.....		
21. Liability for amounts held under uninsured plans.....		
22. Capital notes \$.....0 and interest thereon \$.....0.....		
23. Aggregate write-ins for liabilities.....	.1	.0
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	2,272	1,081
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	2,272	1,081
27. Aggregate write-ins for special surplus funds.....	.0	.0
28. Common capital stock.....		
29. Preferred capital stock.....		
30. Aggregate write-ins for other than special surplus funds.....	.865,000	.865,000
31. Surplus notes.....		
32. Gross paid in and contributed surplus.....		
33. Unassigned funds (surplus).....	.(312,527)	.(330,570)
34. Less treasury stock, at cost:		
34.1 .....0.000 shares common (value included in Line 28 \$.....0).....		
34.2 .....0.000 shares preferred (value included in Line 29 \$.....0).....		
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39).....	.552,473	.534,430
36. TOTALS (Page 2, Line 26, Col. 3).....	.554,745	.535,511

DETAILS OF WRITE-INS

2301. Rounding.....	.1	
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.1	.0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	.0	.0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	.0	.0
3001. Guaranty Fund.....	.865,000	.865,000
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	.865,000	.865,000

AMERICAN MEDICAL INSURANCE EXCHANGE STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 34, Column 4).....		
DEDUCTIONS		
2. Losses incurred (Part 2, Line 34, Column 7).....		
3. Loss expenses incurred (Part 3, Line 25, Column 1).....		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	3,620	2,533
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	3,620	2,533
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(3,620)	(2,533)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	24,859	11,451
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	(10)	
11. Net investment gain (loss) (Lines 9 + 10).....	24,849	11,451
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	(2)	4
15. Total other income (Lines 12 through 14).....	(2)	4
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	21,227	8,922
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	21,227	8,922
19. Federal and foreign income taxes incurred.....	3,184	795
20. Net income (Line 18 minus Line 19) (to Line 22).....	18,043	8,127
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	534,430	526,303
22. Net income (from Line 20).....	18,043	8,127
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26 Column 3).....		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	18,043	8,127
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35).....	552,473	534,430

DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401. Miscellaneous.....	(2)	4
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	(2)	4
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	26,288	11,603
3. Miscellaneous income.....	(2)	4
4. Total (Lines 1 through 3).....	26,286	11,607
5. Benefit and loss related payments.....		
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	3,780	2,486
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) \$.....0 net of tax on capital gains (losses).....	1,725	(561)
10. Total (Lines 5 through 9).....	5,505	1,925
11. Net cash from operations (Line 4 minus Line 10).....	20,781	9,682
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	100,000	400,000
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	(10)	
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	99,990	400,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	101,000	
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	101,000	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 and 14).....	(1,010)	400,000
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(107)	105
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(107)	105
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	19,664	409,787
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	433,284	23,497
19.2 End of year (Line 18 plus Line 19.1).....	452,947	433,284

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

20.0001		
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**Pt. 1-Premiums Earned
NONE**

**Pt. 1A-Recapitulation of All Premiums
NONE**

**Pt. 1B-Premiums Written
NONE**

**Pt. 2-Losses Paid & Incurred
NONE**

**Pt. 2A-Unpaid Losses & LAE
NONE**

AMERICAN MEDICAL INSURANCE EXCHANGE UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....				0
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....				0
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....				0
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	0	0	0
3. Allowances to managers and agents.....				0
4. Advertising.....				0
5. Boards, bureaus and associations.....				0
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....				0
8.2 Payroll taxes.....				0
9. Employee relations and welfare.....				0
10. Insurance.....				0
11. Directors' fees.....				0
12. Travel and travel items.....				0
13. Rent and rent items.....				0
14. Equipment.....				0
15. Cost or depreciation of EDP equipment and software.....				0
16. Printing and stationery.....		1,368		1,368
17. Postage, telephone and telegraph, exchange and express.....				0
18. Legal and auditing.....				0
19. Totals (Lines 3 to 18).....	0	1,368	0	1,368
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....				0
20.2 Insurance department licenses and fees.....		247		247
20.3 Gross guaranty association assessments.....		250		250
20.4 All other (excluding federal and foreign income and real estate).....		1,615		1,615
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	2,112	0	2,112
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	140	84	224
25. Total expenses incurred.....	0	3,620	84	(a) 3,704
26. Less unpaid expenses - current year.....				0
27. Add unpaid expenses - prior year.....				0
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	0	3,620	84	3,704

DETAILS OF WRITE-INS

2401. Portfolio Management.....			84	84
2402. Cash Management.....		140		140
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	140	84	224

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....3,630	.....3,464
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....22,590	.....21,479
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....26,221	.....24,943
11. Investment expenses.....	.....	(g).....84
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....84
17. Net investment income (Line 10 minus Line 16).....	.....	.....24,859

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....44 accrual of discount less \$.....195 amortization of premium and less \$.....1,406 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....10,335 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Unrealized Increases (Decreases) by Adjustment	4 Total
1. U.S. government bonds.....0
1.1 Bonds exempt from U.S. tax.....0
1.2 Other bonds (unaffiliated).....0
1.3 Bonds of affiliates.....0
2.1 Preferred stocks (unaffiliated).....0
2.11 Preferred stocks of affiliates.....0
2.2 Common stocks (unaffiliated).....0
2.21 Common stocks of affiliates.....0
3. Mortgage loans.....0
4. Real estate.....0
5. Contract loans.....0
6. Cash, cash equivalents and short-term investments.....	.....(10)	.....	.....	.....(10)
7. Derivative instruments.....0
8. Other invested assets.....0
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....(10)	.....0	.....0	.....(10)

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....	.....0
0902. ....	.....	.....	.....	.....0
0903. ....	.....	.....	.....	.....0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Other invested assets (Schedule BA).....			.0
8. Receivables for securities.....			.0
9. Aggregate write-ins for invested assets.....	.0	.0	.0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	.0	.0	.0
11. Title plants (for Title insurers only).....			.0
12. Investment income due and accrued.....			.0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection.....			.0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
13.3 Accrued retrospective premiums.....			.0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers.....			.0
14.2 Funds held by or deposited with reinsured companies.....			.0
14.3 Other amounts receivable under reinsurance contracts.....			.0
15. Amounts receivable relating to uninsured plans.....			.0
16.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
16.2 Net deferred tax asset.....			.0
17. Guaranty funds receivable or on deposit.....			.0
18. Electronic data processing equipment and software.....			.0
19. Furniture and equipment, including health care delivery assets.....			.0
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
21. Receivable from parent, subsidiaries and affiliates.....			.0
22. Health care and other amounts receivable.....			.0
23. Aggregate write-ins for other than invested assets.....	.0	.0	.0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	.0	.0	.0
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
26. TOTALS (Lines 24 and 25).....	.0	.0	.0

NONE

DETAILS OF WRITE-INS

0901.....			.0
0902.....			.0
0903.....			.0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.0	.0	.0
2301.....			.0
2302.....			.0
2303.....			.0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.0	.0	.0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies**A. Accounting Practices**

The financial statements of American Medical Insurance Exchange (the Company) are presented on the basis of accounting practices prescribed or permitted by the Indiana Department of Insurance.

The Indiana Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Indiana for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Indiana Insurance Code. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and procedures manual has been adopted as a component of prescribed or permitted practices by the State of Indiana.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles (SAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on internal reports.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company used the following accounting policies:

1. Short-term investments are securities with an original maturity greater than 3 months but less than 1 year. Short-term investments are stated at amortized cost. Cash includes all short-term, highly liquid investments that are readily convertible to cash and were acquired with an original maturity of 3 months or less.
2. Bonds not backed by loans are stated at amortized cost. Premiums and discounts on bonds are amortized or accreted, respectively, over the life of the related debt security as an adjustment to yield using the scientific method. Interest income is recognized when it is earned.
3. The Company has no investment in common stocks.
4. The Company has no investment in preferred stocks.
5. The Company has no mortgage loans.
6. The Company has no loan-backed securities.
7. The Company has no investment in subsidiaries, controlled, or affiliated companies.
8. The Company has no investments in joint ventures, partnerships, or limited liability companies.
9. The Company has no investments in derivatives.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.

NOTES TO FINANCIAL STATEMENTS

11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an actuarially determined amount, based on past experience, for losses incurred but not reported and developed on reported claims. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

12. The Company has made no change in the capitalization policy from the prior period.

13. The Company has no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

There were no material changes in accounting principles nor was there a correction of an error.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans – not applicable
- B. Debt Restructuring – not applicable
- C. Reverse Mortgages – not applicable
- D. Loan Backed Securities – not applicable
- E. Repurchase Agreements – not applicable
- F. Real Estate – not applicable
- G. Investments in low-income housing credits – not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income Accrued and Nonadmitted

None

8. Derivative Instruments

None

9. Income Taxes

A. Deferred Tax Assets and Deferred Tax Liabilities were not material since the Company is inactive and has no loss reserves and no unearned premiums.

B. As of December 31, 2006, the Company had no unrecognized deferred income tax liabilities.

C. The components of income tax expense incurred and the change in DTAs and DTLs are as follows:

	<u>2006</u>	<u>2005</u>
(1) Federal income tax provision (benefit)	\$ 3,184	\$ 795

D. The Company's income tax expense does not materially differ from the amounts obtained by applying the graduated federal tax rate of 15%.

E. (1) At December 31, 2006 there are no operating loss carryforwards.

NOTES TO FINANCIAL STATEMENTS

(2) The amount of federal income taxes incurred and available for recoupment in the event of future net losses is: current year \$3,184; first preceding year \$795.

F. The Company does not file a consolidated Federal Income Tax return.

10. Information Concerning Related Party Transactions with Parent, Subsidiaries and Affiliates

A. All outstanding shares of American Insurance Management Corporation, the attorney in-fact for American Medical Insurance Exchange, are owned by Professionals Group, Inc., a Michigan stock corporation.

B. None

C. Not applicable

D. Admitted balances due (to) from parent, subsidiaries and affiliates
None

E. None

F. The Company entered Expense Allocation and Management Services Agreements effective January 1, 2006 with its affiliates. Under the Expense Allocation Agreement indirect expenses are allocated among the companies in conformity with customary insurance accounting practices. Under the Management Services Agreement, The Medical Assurance Company, Inc. (TMAC) is responsible for coordinating the delivery of management services. TMAC will not charge any management fee, commission, or override for performing these services.

G. Not applicable

H. Not applicable

I. Not applicable

J. The Company did not recognize any impairment write down for its investments in subsidiary, controlled or affiliated companies during the statement period.

K. Not applicable

11. Debt

None

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

A. Defined Benefit Plans – None

B. Defined Contribution Plans – None.

C. Multiemployer Plans - None

D. Consolidated/Holding Company Plans - None

E. Postemployment Benefits and Compensated Absences Not Accrued – not applicable

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

1. American Insurance Management Corporation is the attorney-in-fact for the Company. There are no shares issued or outstanding of American Medical Insurance Exchange.

2. The Company has no preferred stock outstanding.

3. The maximum amount of dividends, which can be paid by State of Indiana insurance companies to shareholders without prior approval of the Insurance Commissioner, is 10% of earned surplus. Dividends are non-cumulative and are paid as determined by the Board of Directors.

4. Within the limitations of (3) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.

5. There were no restrictions placed on the Company's surplus.

6. Not applicable.

7. Not applicable.

8. Not applicable.

NOTES TO FINANCIAL STATEMENTS

- 9. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains and losses was \$0.
- 10. The Company has no surplus debentures.
- 11. Not applicable.
- 12. Not applicable

14. Contingencies

- A. Contingent Commitments to SCA entities, joint ventures, partnerships, limited liability companies
None
- B. Assessments
None
- F. Gain Contingencies
None
- F. All Other contingencies
None

15. Leases

None.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. None
- B. None
- C. None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. September 11 Events

None

21. Other Items (Extraordinary items and troubled debt restructuring)

None

22. Events Subsequent

Effective January 1, 2007, the Company and its affiliates revised its Expense Sharing and Management Services Agreements to include Physicians Insurance Company of Wisconsin, Inc. and its related subsidiaries. The Agreements were not disapproved by the Indiana Insurance Commissioner.

23. Reinsurance

- A. Unsecured Reinsurance Recoverables

NOTES TO FINANCIAL STATEMENTS

None.

B. Reinsurance Recoverables in Dispute

None

C. Reinsurance Assumed and Ceded

None

F. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

None

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

25. Change in Incurred Losses and Loss Adjustment Expenses

None.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. High Deductibles

None

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

None

33. Asbestos/Environmental Reserves

NOTES TO FINANCIAL STATEMENTS

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities.....	100,805	18.2	100,805	18.2
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies.....		0.0		0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0		0.0
1.3 Foreign government (including Canada, excluding mortgage-backed securities).....		0.0		0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations.....		0.0		0.0
1.42 Political subdivisions of states, territories & possessions & political subdivisions general obligations.....		0.0		0.0
1.43 Revenue and assessment obligations.....		0.0		0.0
1.44 Industrial development and similar obligations.....		0.0		0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA.....		0.0		0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0		0.0
1.513 All other.....		0.0		0.0
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0		0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521.....		0.0		0.0
1.523 All other.....		0.0		0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO).....		0.0		0.0
2.2 Unaffiliated foreign securities.....		0.0		0.0
2.3 Affiliated securities.....		0.0		0.0
3. Equity interests:				
3.1 Investments in mutual funds.....		0.0		0.0
3.2 Preferred stocks:				
3.21 Affiliated.....		0.0		0.0
3.22 Unaffiliated.....		0.0		0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated.....		0.0		0.0
3.32 Unaffiliated.....		0.0		0.0
3.4 Other equity securities:				
3.41 Affiliated.....		0.0		0.0
3.42 Unaffiliated.....		0.0		0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated.....		0.0		0.0
3.52 Unaffiliated.....		0.0		0.0
4. Mortgage loans:				
4.1 Construction and land development.....		0.0		0.0
4.2 Agricultural.....		0.0		0.0
4.3 Single family residential properties.....		0.0		0.0
4.4 Multifamily residential properties.....		0.0		0.0
4.5 Commercial loans.....		0.0		0.0
4.6 Mezzanine real estate loans.....		0.0		0.0
5. Real estate investments:				
5.1 Property occupied by company.....		0.0		0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0		0.0
5.3 Property held for sale (including \$.....0 of property acquired in satisfaction of debt).....		0.0		0.0
6. Contract loans.....		0.0		0.0
7. Receivables for securities.....		0.0		0.0
8. Cash, cash equivalents and short-term investments.....	452,946	81.8	452,946	81.8
9. Other invested assets.....		0.0		0.0
10. Total invested assets.....	553,751	100.0	553,751	100.0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State regulating? INDIANA

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No []

2.2 If yes, date of change: 06/16/2006

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2004

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/09/2006

3.4 By what department or departments? INDIANA DEPARTMENT OF INSURANCE

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under a common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,%

7.21 State the percentage of foreign control.

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
N/A NOT REQUIRED AS PERMITTED BY THE INDIANA DEPARTMENT OF INSURANCE.

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
N/A NOT REQUIRED AS PERMITTED BY THE INDIANA DEPARTMENT OF INSURANCE.

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

11.11 Name of real estate holding company _____

11.12 Number of parcels involved _____

11.13 Total book/adjusted carrying value _____

11.2 If yes, provide explanation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 12.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

BOARD OF DIRECTORS

13. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
 14. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
 15. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

16.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 16.11 To directors or other officers \$.....0
 16.12 To stockholders not officers \$.....0
 16.13 Trustees, supreme or grand (Fraternal only) \$.....0
 16.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 16.21 To directors or other officers \$.....0
 16.22 To stockholders not officers \$.....0
 16.23 Trustees, supreme or grand (Fraternal only) \$.....0
 17.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
 17.2 If yes, state the amount thereof at December 31 of the current year:
 17.21 Rented from others
 17.22 Borrowed from others
 17.23 Leased from others
 17.24 Other
 18.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
 18.2 If answer is yes:
 18.21 Amount paid as losses or risk adjustment
 18.22 Amount paid as expenses
 18.23 Other amounts paid
 19.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
 19.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$.....0

INVESTMENT

20.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E-Part 3-Special Deposits? Yes [] No [X]
 20.2 If no, give full and complete information relating thereto.
INVESTMENTS HELD UNDER CUSTODIAL AGREEMENT WITH US BANK, BIRMINGHAM, ALABAMA

21.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on Schedule E-Part 3-Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 17.1) Yes [] No [X]
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Loaned to others
 21.22 Subject to repurchase agreements
 21.23 Subject to reverse repurchase agreements
 21.24 Subject to dollar repurchase agreements
 21.25 Subject to reverse dollar repurchase agreements
 21.26 Pledged as collateral
 21.27 Placed under option agreements
 21.28 Letter stock or securities restricted as to sale
 21.29 Other

21.3 For category (21.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

22.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
 22.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
 If no, attach a description with this statement.
 23.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
 23.2 If yes, state the amount thereof at December 31 of the current year:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
US BANK	BIRMINGHAM, AL

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
NONE		

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year? Yes [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
WACHOVIA BANK	US BANK	01/01/2006	CUSTODIAL OPERATIONS SOLD

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

1 Central Registration Depository Number(s)	2 Name	3 Address

25.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

25.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value
25.2999. TOTAL		0

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

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
26.1 Bonds.....	552,856	552,965	109
26.2 Preferred stocks.....			0
26.3 Totals.....	552,856	552,965	109

26.4 Describe the sources or methods utilized in determining the fair values:

27.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

27.2 If no, list exceptions:

OTHER

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

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

1 Name	2 Amount Paid

29.1 Amount of payments for legal expenses, if any? \$.....0

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

1 Name	2 Amount Paid

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

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (continued)

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only.
- 1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
- 1.31 Reason for excluding:

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance.
- 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned
 1.62 Total incurred claims
 1.63 Number of covered lives
 All years prior to most current three years:
 1.64 Total premium earned
 1.65 Total incurred claims
 1.66 Number of covered lives
- 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned
 1.72 Total incurred claims
 1.73 Number of covered lives
 All years prior to most current three years:
 1.74 Total premium earned
 1.75 Total incurred claims
 1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	\$.....0	\$.....0
2.2 Premium Denominator.....	\$.....0	\$.....0
2.3 Premium Ratio (2.1/2.2).....	.....0.0	.....0.0
2.4 Reserve Numerator.....	\$.....0	\$.....0
2.5 Reserve Denominator.....	\$.....0	\$.....0
2.6 Reserve Ratio (2.4/2.5).....	.....0.0	.....0.0

- 3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]
- 3.2 If yes, state the amount of calendar year premiums written on:
 3.21 Participating
 3.22 Non-participating policies
- 4. For Mutual Reporting Entities and Reciprocal Exchanges only:
 4.1 Does the reporting entity issue assessable policies? Yes [] No [X]
 4.2 Does the reporting entity issue non-assessable policies? Yes [] No [X]
 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?%
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.
- 5. For Reciprocal Exchanges only:
 5.1 Does the exchange appoint local agents? Yes [] No [X]
 5.2 If yes, is the commission paid:
 5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A [X]
 5.22 As a direct expense of the exchange Yes [] No [] N/A [X]
 5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?
ALL DIRECT EXPENSES.

- 5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions been deferred? Yes [] No [X]
- 5.5 If yes, give full information:

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
N/A

- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
N/A

- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable property insurance loss?
N/A

- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [] No [X]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.
NONE.

- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [] No [X]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [] No []

GENERAL INTERROGATORIES (continued)

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]
- 8.2 If yes, give full information:

- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement (i) it recorded a positive or negative underwriting result greater than 3% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 3% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
 (c) Aggregate stop loss reinsurance coverage;
 (d) An unconditional or unilateral right by either party to commute the reinsurance contract except for such provisions which are only triggered by a decline in the credit status of the other party;
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? Yes [] No [X]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliate represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates? Yes [] No [X]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [] No [X]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [] No [] N/A [X]
- 11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [] No [X]
- 11.2 If yes, give full information:

- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:
 12.11 Unpaid losses \$.....0
 12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$.....0
- 12.2 Of the amount on Line 13.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds: \$.....0
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A [X]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
 12.41 From%
 12.42 To%
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]
- 12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of credit
 12.62 Collateral and other funds
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$.....0
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of this amount.0
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:

GENERAL INTERROGATORIES (continued)

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

15.1 Has the reporting entity guaranteed any financial premium accounts? Yes [] No [X]

15.2 If yes, give full information:

16.1 Does the reporting entity write any warranty business? Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....					
16.12 Products.....					
16.13 Automobile.....					
16.14 Other*.....					

* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5? Yes [] No [X]

Incurred but not reported losses on contracts not in force on July 1, 1984 or subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5
- 17.12 Unfunded portion of Interrogatory 17.11
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11
- 17.14 Case reserves portion of Interrogatory 17.11
- 17.15 Incurred but not reported portion of Interrogatory 17.11
- 17.16 Unearned premium portion of Interrogatory 17.11
- 17.17 Contingent commission portion of Interrogatory 17.11

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

- 17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5
- 18.19 Unfunded portion of Interrogatory 17.18
- 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18
- 17.21 Case reserves portion of Interrogatory 17.18
- 17.22 Incurred but not reported portion of Interrogatory 17.18
- 17.23 Unearned premium portion of Interrogatory 17.18
- 17.24 Contingent commission portion of Interrogatory 17.18

FIVE-YEAR HISTORICAL DATA

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

	1 2006	2 2005	3 2004	4 2003	5 2002
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33).....					
5. Non-proportional reinsurance lines (Lines 30, 31 & 32).....					
6. Total (Line 34).....	0	0	0	0	0
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33).....					
11. Non-proportional reinsurance lines (Lines 30, 31 & 32).....					
12. Total (Line 34).....	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	(3,620)	(2,533)	(3,891)	(3,705)	(572)
14. Net investment gain (loss) (Line 11).....	24,849	11,451	9,416	10,364	21,575
15. Total other income (Line 15).....	(2)	4			
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	3,184	795	907	(4,051)	7,351
18. Net income (Line 20).....	18,043	8,127	4,618	10,710	13,652
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3).....	554,745	535,511	526,474	523,030	516,321
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 13.1).....					
20.2 Deferred and not yet due (Line 13.2).....					
20.3 Accrued retrospective premiums (Line 13.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 24).....	2,272	1,081	171	1,345	7,351
22. Losses (Page 3, Line 1).....					
23. Loss adjustment expenses (Page 3, Line 3).....					
24. Unearned premiums (Page 3, Line 9).....					
25. Capital paid up (Page 3, Lines 28 & 29).....					
26. Surplus as regards policyholders (Page 3, Line 35).....	552,473	534,430	526,303	521,685	508,970
Risk-Based Capital Analysis					
27. Total adjusted capital.....	552,473	534,430	526,303	521,685	508,970
28. Authorized control level risk-based capital.....	83	1,624	93	104	786
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
29. Bonds (Line 1).....	18.2	18.7	95.5	95.7	58.9
30. Stocks (Lines 2.1 & 2.2).....					
31. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
32. Real estate (Lines 4.1, 4.2 & 4.3).....					
33. Cash, cash equivalents and short-term investments (Line 5).....	81.8	81.3	4.5	4.3	41.1
34. Contract loans (Line 6).....					XXX
35. Other invested assets (Line 7).....					
36. Receivable for securities (Line 8).....				0.0	
37. Aggregate write-ins for invested assets (Line 9).....					
38. Cash, cash equivalents and invested assets (Line 10).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
39. Affiliated bonds (Sch. D, Summary, Line 25, Col. 1).....					
40. Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1).....					
41. Affiliated common stocks (Sch. D, Summary, Line 53, Col. 2).....					
42. Affiliated short-term investments (subtotals included in Schedule DA, Part 2, Col. 5, Line 11).....					
43. Affiliated mortgage loans on real estate.....					
44. All other affiliated.....					
45. Total of above lines 39 to 44.....	0	0	0	0	0
46. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 45 above divided by Page 3, Col. 1, Line 35 x 100.0).....	0.0				

AMERICAN MEDICAL INSURANCE EXCHANGE

FIVE-YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2006	2005	2004	2003	2002
Capital and Surplus Accounts (Page 4)					
47. Net unrealized capital gains (losses) (Line 24).....					
48. Dividends to stockholders (Line 35).....					
49. Change in surplus as regards policyholders for the year (Line 38).....	18,043	8,127	4,618	12,715	13,652
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
50. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
51. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
52. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
53. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33).....					
54. Nonproportional reinsurance lines (Lines 30, 31 & 32).....					
55. Total (Line 34).....	.0	.0	.0	.0	.0
Net Losses Paid (Page 9, Part 2, Col. 4)					
56. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
57. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
58. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
59. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33).....					
60. Nonproportional reinsurance lines (Lines 30, 31 & 32).....					
61. Total (Line 34).....	.0	.0	.0	.0	.0
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
62. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
63. Losses incurred (Line 2).....					
64. Loss expenses incurred (Line 3).....					
65. Other underwriting expenses incurred (Line 4).....					
66. Net underwriting gain (loss) (Line 8).....					
Other Percentages					
67. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0).....					
68. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....					
69. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34, divided by Page 3, Line 35, Col. 1 x 100.0).....					
One Year Loss Development (000 omitted)					
70. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....					
71. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 70 above divided by Page 4, Line 21, Col. 1 x 100).....					
Two Year Loss Development (000 omitted)					
72. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....				.0	
73. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 72 above divided by Page 4, Line 21, Col. 2 x 100.0).....				.0	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....2698 NAIC Company Code.....31402

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												2,112
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 All other A & H (b).....												
15.7 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17. Other liability.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,112

20.GT

DETAILS OF WRITE-INS

3301.....												
3302.....												
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....2698 NAIC Company Code.....31402

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												2,112
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 All other A & H (b).....												
15.7 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17. Other liability.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,112

20 IN

DETAILS OF WRITE-INS

3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

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

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....	_____
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11.....	_____
2.2	Totals, Part 3, Column 7.....	_____
3.	Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	_____
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14.....	_____
4.2	Totals, Part 3, Column 9.....	_____
5.	Total profit (loss) on sales, Part 3, Column 14.....	_____
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12.....	_____
6.2	Totals, Part 3, Column 8.....	_____
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13.....	_____
8.	Book/adjusted carrying value at end of current period.....	0
9.	Total valuation allowance.....	_____
10.	Subtotal (Lines 8 plus 9).....	0
11.	Total nonadmitted amounts.....	_____
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column).....	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	_____
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions.....	_____
2.2	Additional investment made after acquisitions.....	0
3.	Accrual of discount and mortgage interest points and commitment fees.....	_____
4.	Increase (decrease) by adjustment.....	_____
5.	Total profit (loss) on sale.....	_____
6.	Amounts paid on account or in full during the year.....	_____
7.	Amortization of premium.....	_____
8.	Increase (decrease) by foreign exchange adjustment.....	_____
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0
10.	Total valuation allowance.....	_____
11.	Subtotal (Lines 9 plus 10).....	0
12.	Total nonadmitted amounts.....	_____
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	_____
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions.....	_____
2.2	Additional investment made after acquisitions.....	0
3.	Accrual of discount.....	_____
4.	Increase (decrease) by adjustment.....	_____
5.	Total profit (loss) on sale.....	_____
6.	Amounts paid on account or in full during the year.....	_____
7.	Amortization of premium.....	_____
8.	Increase (decrease) by foreign exchange adjustment.....	_____
9.	Book/adjusted carrying value of long-term invested assets at end of current period.....	0
10.	Total valuation allowance.....	_____
11.	Subtotal (Lines 9 plus 10).....	0
12.	Total nonadmitted amounts.....	_____
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	0

NONE

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States.....	100,805	100,914	101,000	100,000
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	100,805	100,914	101,000	100,000
States, Territories and Possessions (Direct and guaranteed)	5. United States.....				
	6. Canada.....				
	7. Other Countries.....				
	8. Totals.....	0	0	0	0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States.....				
	10. Canada.....				
	11. Other Countries.....				
	12. Totals.....	0	0	0	0
Special Revenue and Special Assessment Obligations and all Non-guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	13. United States.....				
	14. Canada.....				
	15. Other Countries.....				
	16. Totals.....	0	0	0	0
Public Utilities (Unaffiliated)	17. United States.....				
	18. Canada.....				
	19. Other Countries.....				
	20. Totals.....	0	0	0	0
Industrial and Miscellaneous and Credit Tenant Loans (Unaffiliated)	21. United States.....				
	22. Canada.....				
	23. Other Countries.....				
	24. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	25. Totals.....				
	26. Total Bonds.....	100,805	100,914	101,000	100,000
PREFERRED STOCKS					
Public Utilities (Unaffiliated)	27. United States.....				
	28. Canada.....				
	29. Other Countries.....				
	30. Totals.....	0	0	0	0
Banks, Trust and Insurance Companies (Unaffiliated)	31. United States.....				
	32. Canada.....				
	33. Other Countries.....				
	34. Totals.....	0	0	0	0
Industrial and Miscellaneous (Unaffiliated)	35. United States.....				
	36. Canada.....				
	37. Other Countries.....				
	38. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	39. Totals.....				
	40. Total Preferred Stocks.....	0	0	0	0
COMMON STOCKS					
Public Utilities (Unaffiliated)	41. United States.....				
	42. Canada.....				
	43. Other Countries.....				
	44. Totals.....	0	0	0	0
Banks, Trust and Insurance Companies (Unaffiliated)	45. United States.....				
	46. Canada.....				
	47. Other Countries.....				
	48. Totals.....	0	0	0	0
Industrial and Miscellaneous (Unaffiliated)	49. United States.....				
	50. Canada.....				
	51. Other Countries.....				
	52. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	53. Totals.....				
	54. Total Common Stocks.....	0	0	0	0
	55. Total Stocks.....	0	0	0	0
	56. Total Bonds and Stocks.....	100,805	100,914	101,000	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year.....	99,956	7. Amortization of premium.....	195
2. Cost of bonds and stocks acquired, Column 7, Part 3.....	101,000	8. Foreign exchange adjustment:	
3. Accrual of discount.....	44	8.1 Column 15, Part 1.....	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1.....	
4.1 Columns 12 - 14, Part 1.....		8.3 Column 16, Part 2, Section 2.....	
4.2 Columns 15 - 17, Part 2, Section 1.....		8.4 Column 15, Part 4.....	0
4.3 Column 15, Part 2, Section 2.....		9. Book/adjusted carrying value at end of current period.....	100,805
4.4 Columns 11 - 13, Part 4.....	0	10. Total valuation allowance.....	
5. Total gain (loss), Column 19, Part 4.....		11. Subtotal (Lines 9 plus 10).....	100,805
6. Deduct consideration for bonds and stocks disposed of, Column 7, Part 4.....	100,000	12. Total nonadmitted amounts.....	
		13. Statement value of bonds and stocks, current year.....	100,805

AMERICAN MEDICAL INSURANCE EXCHANGE

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1.....	430,461	100,805				531,266	96.1	99,956	18.8	531,266	
1.2 Class 2.....						0	0.0		0.0		
1.3 Class 3.....						0	0.0		0.0		
1.4 Class 4.....						0	0.0		0.0		
1.5 Class 5.....						0	0.0		0.0		
1.6 Class 6.....						0	0.0		0.0		
1.7 Totals.....	430,461	100,805	0	0	0	531,266	96.1	99,956	18.8	531,266	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1.....						0	0.0		0.0		
2.2 Class 2.....						0	0.0		0.0		
2.3 Class 3.....						0	0.0		0.0		
2.4 Class 4.....						0	0.0		0.0		
2.5 Class 5.....						0	0.0		0.0		
2.6 Class 6.....						0	0.0		0.0		
2.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1.....						0	0.0		0.0		
3.2 Class 2.....						0	0.0		0.0		
3.3 Class 3.....						0	0.0		0.0		
3.4 Class 4.....						0	0.0		0.0		
3.5 Class 5.....						0	0.0		0.0		
3.6 Class 6.....						0	0.0		0.0		
3.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1.....						0	0.0		0.0		
4.2 Class 2.....						0	0.0		0.0		
4.3 Class 3.....						0	0.0		0.0		
4.4 Class 4.....						0	0.0		0.0		
4.5 Class 5.....						0	0.0		0.0		
4.6 Class 6.....						0	0.0		0.0		
4.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1.....						0	0.0		0.0		
5.2 Class 2.....						0	0.0		0.0		
5.3 Class 3.....						0	0.0		0.0		
5.4 Class 4.....						0	0.0		0.0		
5.5 Class 5.....						0	0.0		0.0		
5.6 Class 6.....						0	0.0		0.0		
5.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1.....						0	0.0		0.0		
6.2 Class 2.....						0	0.0		0.0		
6.3 Class 3.....						0	0.0		0.0		
6.4 Class 4.....						0	0.0		0.0		
6.5 Class 5.....						0	0.0		0.0		
6.6 Class 6.....						0	0.0		0.0		
6.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1.....	21,590					21,590	3.9	432,689	81.2	21,590	
7.2 Class 2.....						0	0.0		0.0		
7.3 Class 3.....						0	0.0		0.0		
7.4 Class 4.....						0	0.0		0.0		
7.5 Class 5.....						0	0.0		0.0		
7.6 Class 6.....						0	0.0		0.0		
7.7 Totals.....	21,590	0	0	0	0	21,590	3.9	432,689	81.2	21,590	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1.....						0	0.0		0.0		
8.2 Class 2.....						0	0.0		0.0		
8.3 Class 3.....						0	0.0		0.0		
8.4 Class 4.....						0	0.0		0.0		
8.5 Class 5.....						0	0.0		0.0		
8.6 Class 6.....						0	0.0		0.0		
8.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1.....						0	0.0		0.0		
9.2 Class 2.....						0	0.0		0.0		
9.3 Class 3.....						0	0.0		0.0		
9.4 Class 4.....						0	0.0		0.0		
9.5 Class 5.....						0	0.0		0.0		
9.6 Class 6.....						0	0.0		0.0		
9.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1.....	452,051	100,805	0	0	0	552,856	100.0	XXX	XXX	552,856	0
10.2 Class 2.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Class 6.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	452,051	100,805	0	0	0	552,856	100.0	XXX	XXX	552,856	0
10.8 Line 10.7 as a % of Col. 6.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1.....	532,645					XXX	XXX	532,645	100.0	532,645	
11.2 Class 2.....						XXX	XXX	0	0.0	0	
11.3 Class 3.....						XXX	XXX	0	0.0	0	
11.4 Class 4.....						XXX	XXX	0	0.0	0	
11.5 Class 5.....						XXX	XXX	0	0.0	0	
11.6 Class 6.....						XXX	XXX	0	0.0	0	
11.7 Totals.....	532,645	0	0	0	0	XXX	XXX	532,645	100.0	532,645	0
11.8 Line 11.7 as a % of Col. 8.....	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1.....	452,051	100,805				552,856	100.0	532,645	100.0	552,856	XXX
12.2 Class 2.....						0	0.0	0	0.0	0	XXX
12.3 Class 3.....						0	0.0	0	0.0	0	XXX
12.4 Class 4.....						0	0.0	0	0.0	0	XXX
12.5 Class 5.....						0	0.0	0	0.0	0	XXX
12.6 Class 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	452,051	100,805	0	0	0	552,856	100.0	532,645	100.0	552,856	XXX
12.8 Line 12.7 as a % of Col. 6.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1.....						0	0.0	0	0.0	XXX	0
13.2 Class 2.....						0	0.0	0	0.0	XXX	0
13.3 Class 3.....						0	0.0	0	0.0	XXX	0
13.4 Class 4.....						0	0.0	0	0.0	XXX	0
13.5 Class 5.....						0	0.0	0	0.0	XXX	0
13.6 Class 6.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
 (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations.....	430,461	100,805				531,266	96.1	99,956	18.8	531,266	
1.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
1.7	Totals.....	430,461	100,805	0	0	0	531,266	96.1	99,956	18.8	531,266	0
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations.....						0	0.0		0.0		
2.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined.....						0	0.0		0.0		
2.4	Other.....						0	0.0		0.0		
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
2.5	Defined.....						0	0.0		0.0		
2.6	Other.....						0	0.0		0.0		
2.7	Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations.....						0	0.0		0.0		
3.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined.....						0	0.0		0.0		
3.4	Other.....						0	0.0		0.0		
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
3.5	Defined.....						0	0.0		0.0		
3.6	Other.....						0	0.0		0.0		
3.7	Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
4.	Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations.....						0	0.0		0.0		
4.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined.....						0	0.0		0.0		
4.4	Other.....						0	0.0		0.0		
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
4.5	Defined.....						0	0.0		0.0		
4.6	Other.....						0	0.0		0.0		
4.7	Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
5.	Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Issuer Obligations.....						0	0.0		0.0		
5.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined.....						0	0.0		0.0		
5.4	Other.....						0	0.0		0.0		
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
5.5	Defined.....						0	0.0		0.0		
5.6	Other.....						0	0.0		0.0		
5.7	Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations.....						0	0.0		0.0		
6.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined.....						0	0.0		0.0		
6.4 Other.....						0	0.0		0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined.....						0	0.0		0.0		
6.6 Other.....						0	0.0		0.0		
6.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations.....	21,590					21,590	3.9	432,689	81.2	21,590	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined.....						0	0.0		0.0		
7.4 Other.....						0	0.0		0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined.....						0	0.0		0.0		
7.6 Other.....						0	0.0		0.0		
7.7 Totals.....	21,590	0	0	0	0	21,590	3.9	432,689	81.2	21,590	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations.....						0	0.0		0.0		
8.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations.....						0	0.0		0.0		
9.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0		0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined.....						0	0.0		0.0		
9.4 Other.....						0	0.0		0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined.....						0	0.0		0.0		
9.6 Other.....						0	0.0		0.0		
9.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations.....	452,051	100,805	0	0	0	552,856	100.0	XXX	XXX	552,856	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	452,051	100,805	0	0	0	552,856	100.0	XXX	XXX	552,856	0
10.8 Line 10.7 as a % of Col. 6.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations.....	532,645					XXX	XXX	532,645	100.0	532,645	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						XXX	XXX	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0		
11.4 Other.....						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....						XXX	XXX	0	0.0		
11.6 Other.....						XXX	XXX	0	0.0		
11.7 Totals.....	532,645	0	0	0	0	XXX	XXX	532,645	100.0	532,645	0
11.8 Line 11.7 as a % of Col. 8.....	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations.....	452,051	100,805				552,856	100.0	532,645	100.0	552,856	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined.....						0	0.0	0	0.0	0	XXX
12.4 Other.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined.....						0	0.0	0	0.0	0	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	452,051	100,805	0	0	0	552,856	100.0	532,645	100.0	552,856	XXX
12.8 Line 12.7 as a % of Col. 6.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	81.8	18.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations.....						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined.....						0	0.0	0	0.0	XXX	0
13.4 Other.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined.....						0	0.0	0	0.0	XXX	0
13.6 Other.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value December 31 of prior year.....	432,689	432,689			
2. Cost of short-term investments acquired.....	3,478,824	3,478,824			
3. Increase (decrease) by adjustment.....	10,335	10,335			
4. Increase (decrease) by foreign exchange adjustment.....	0				
5. Total profit (loss) on disposal of short-term investments.....	(10)	(10)			
6. Consideration received on disposal of short-term investments.....	3,469,787	3,469,787			
7. Book/adjusted carrying value, current year.....	452,051	452,051	0	0	0
8. Total valuation allowance.....	0				
9. Subtotal (Lines 7 plus 8).....	452,051	452,051	0	0	0
10. Total nonadmitted amounts.....	0				
11. Statement value (Lines 9 minus 10).....	452,051	452,051	0	0	0
12. Income collected during year.....	22,590	22,590			
13. Income earned during year.....	21,479	21,479			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

**Sch. DB-Pt. A-Verification Between Years
NONE**

**Sch. DB-Pt. B-Verification Between Years
NONE**

**Sch. DB-Pt. C-Verification Between Years
NONE**

**Sch. DB-Pt. D-Verification Between Years
NONE**

**Sch. DB-Pt. E-Verification
NONE**

**Sch. DB-Pt. F-Sn. 1
NONE**

**Sch. DB-Pt. F-Sn. 2
NONE**

**Sch. F-Pt. 1
NONE**

**Sch. F-Pt. 2
NONE**

**Sch. F-Pt. 3
NONE**

**Sch. F-Pt. 4
NONE**

**Sch. F-Pt. 5
NONE**

**Sch. F-Pt. 6
NONE**

**Sch. F-Pt. 7
NONE**

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	553,751		553,751
2. Premiums and considerations (Line 13).....			.0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14.1).....			.0
4. Funds held by or deposited with reinsured companies (Line 14.2).....			.0
5. Other assets.....	994		994
6. Net amount recoverable from reinsurers.....			.0
7. Protected cell assets (Line 25).....			.0
8. Totals (Line 26).....	554,745	.0	554,745
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			.0
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	2,271		2,271
11. Unearned premiums (Line 9).....			.0
12. Advance premiums (Line 10).....			.0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			.0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			.0
15. Funds held by company under reinsurance treaties (Line 13).....			.0
16. Amounts withheld or retained by company for account of others (Line 14).....			.0
17. Provision for reinsurance (Line 16).....			.0
18. Other liabilities (Lines 15 and 17 through 23).....			.0
19. Total liabilities excluding protected cell business (Line 24).....	2,271	.0	2,271
20. Protected cell liabilities (Line 25).....			.0
21. Surplus as regards policyholders (Line 35).....	552,473	.XXX	552,473
22. Totals (Line 36).....	554,744	.0	554,744

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

If yes, give full explanation:

**Sch. H-Pt. 1
NONE**

**Sch. H-Pt. 2
NONE**

**Sch. H-Pt. 3
NONE**

**Sch. H-Pt. 4
NONE**

**Sch. H-Pt. 5
NONE**

**Sch. P-Pt. 1-Summary
NONE**

**Sch. P-Pt. 2-Summary
NONE**

**Sch. P-Pt. 3-Summary
NONE**

**Sch. P-Pt. 4-Summary
NONE**

**Sch. P-Pt. 1A
NONE**

**Sch. P-Pt. 1B
NONE**

**Sch. P-Pt. 1C
NONE**

**Sch. P-Pt. 1D
NONE**

**Sch. P-Pt. 1E
NONE**

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 1997.....			.0								0	0
3. 1998.....			.0								0	0
4. 1999.....			.0								0	0
5. 2000.....			.0								0	0
6. 2001.....			.0								0	0
7. 2002.....			.0								0	0
8. 2003.....			.0								0	0
9. 2004.....			.0								0	0
10. 2005.....			.0								0	0
11. 2006.....			.0								0	0
12. Totals.....	XXX.....	XXX.....	XXX.....	.0	.0	.0	.0	.0	.0	.0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 1997.....											0		
3. 1998.....											0		
4. 1999.....											0		
5. 2000.....											0		
6. 2001.....											0		
7. 2002.....											0		
8. 2003.....											0		
9. 2004.....											0		
10. 2005.....											0		
11. 2006.....											0		
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 1997.....	.0	.0	.0	.0	.0	.0				0	0
3. 1998.....	.0	.0	.0	.0	.0	.0				0	0
4. 1999.....	.0	.0	.0	.0	.0	.0				0	0
5. 2000.....	.0	.0	.0	.0	.0	.0				0	0
6. 2001.....	.0	.0	.0	.0	.0	.0				0	0
7. 2002.....	.0	.0	.0	.0	.0	.0				0	0
8. 2003.....	.0	.0	.0	.0	.0	.0				0	0
9. 2004.....	.0	.0	.0	.0	.0	.0				0	0
10. 2005.....	.0	.0	.0	.0	.0	.0				0	0
11. 2006.....	.0	.0	.0	.0	.0	.0				0	0
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

Sch. P-Pt. 1F-Sn. 2

NONE

Sch. P-Pt. 1G

NONE

Sch. P-Pt. 1H-Sn. 1

NONE

Sch. P-Pt. 1H-Sn. 2

NONE

Sch. P-Pt. 1I

NONE

Sch. P-Pt. 1J

NONE

Sch. P-Pt. 1K

NONE

Sch. P-Pt. 1L

NONE

Sch. P-Pt. 1M

NONE

Sch. P-Pt. 1N

NONE

Sch. P-Pt. 1O

NONE

Sch. P-Pt. 1P

NONE

Sch. P-Pt. 1R-Sn. 1

NONE

Sch. P-Pt. 1R-Sn. 2

NONE

Sch. P-Pt. 1S

NONE

Sch. P-Pt. 2A

NONE

Sch. P-Pt. 2B

NONE

Sch. P-Pt. 2C

NONE

Sch. P-Pt. 2D

NONE

Sch. P-Pt. 2E

NONE

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	One Year	Two Year
1. Prior.....						0	0	0	0	0	0	0
2. 1997.....	0	0	0	0							0	0
3. 1998.....	XXX	0	0	0							0	0
4. 1999.....	XXX	XXX	0	0							0	0
5. 2000.....	XXX	XXX	XXX	0							0	0
6. 2001.....	XXX	XXX	XXX	XXX							0	0
7. 2002.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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

1. Prior.....											0	0
2. 1997.....											0	0
3. 1998.....	XXX										0	0
4. 1999.....	XXX	XXX									0	0
5. 2000.....	XXX	XXX	XXX								0	0
6. 2001.....	XXX	XXX	XXX	XXX							0	0
7. 2002.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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

1. Prior.....											0	0
2. 1997.....											0	0
3. 1998.....	XXX										0	0
4. 1999.....	XXX	XXX									0	0
5. 2000.....	XXX	XXX	XXX								0	0
6. 2001.....	XXX	XXX	XXX	XXX							0	0
7. 2002.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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

1. Prior.....											0	0
2. 1997.....											0	0
3. 1998.....	XXX										0	0
4. 1999.....	XXX	XXX									0	0
5. 2000.....	XXX	XXX	XXX								0	0
6. 2001.....	XXX	XXX	XXX	XXX							0	0
7. 2002.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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

1. Prior.....											0	0
2. 1997.....											0	0
3. 1998.....	XXX										0	0
4. 1999.....	XXX	XXX									0	0
5. 2000.....	XXX	XXX	XXX								0	0
6. 2001.....	XXX	XXX	XXX	XXX							0	0
7. 2002.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

**Sch. P-Pt. 2I
NONE**

**Sch. P-Pt. 2J
NONE**

**Sch. P-Pt. 2K
NONE**

**Sch. P-Pt. 2L
NONE**

**Sch. P-Pt. 2M
NONE**

**Sch. P-Pt. 2N
NONE**

**Sch. P-Pt. 2O
NONE**

**Sch. P-Pt. 2P
NONE**

**Sch. P-Pt. 2R-Sn. 1
NONE**

**Sch. P-Pt. 2R-Sn. 2
NONE**

**Sch. P-Pt. 2S
NONE**

**Sch. P-Pt. 3A
NONE**

**Sch. P-Pt. 3B
NONE**

**Sch. P-Pt. 3C
NONE**

**Sch. P-Pt. 3D
NONE**

**Sch. P-Pt. 3E
NONE**

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006			
1. Prior.....	.000.....					.0	.0	.0	.0	.0		.43	.227
2. 1997.....	.0	.0	.0	.0	.0							.0	.0
3. 1998.....	XXX	.0	.0	.0	.0							.0	.0
4. 1999.....	XXX	XXX	.0	.0	.0							.0	.0
5. 2000.....	XXX	XXX	XXX	.0	.0							.0	.0
6. 2001.....	XXX	XXX	XXX	XXX	.0							.0	.0
7. 2002.....	XXX	XXX	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior.....	.000.....												
2. 1997.....													
3. 1998.....	XXX												
4. 1999.....	XXX	XXX											
5. 2000.....	XXX	XXX	XXX										
6. 2001.....	XXX	XXX	XXX	XXX									
7. 2002.....	XXX	XXX	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000.....											XXX	XXX
2. 1997.....												XXX	XXX
3. 1998.....	XXX											XXX	XXX
4. 1999.....	XXX	XXX										XXX	XXX
5. 2000.....	XXX	XXX	XXX									XXX	XXX
6. 2001.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2002.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000.....												
2. 1997.....													
3. 1998.....	XXX												
4. 1999.....	XXX	XXX											
5. 2000.....	XXX	XXX	XXX										
6. 2001.....	XXX	XXX	XXX	XXX									
7. 2002.....	XXX	XXX	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000.....												
2. 1997.....													
3. 1998.....	XXX												
4. 1999.....	XXX	XXX											
5. 2000.....	XXX	XXX	XXX										
6. 2001.....	XXX	XXX	XXX	XXX									
7. 2002.....	XXX	XXX	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

**Sch. P-Pt. 3I
NONE**

**Sch. P-Pt. 3J
NONE**

**Sch. P-Pt. 3K
NONE**

**Sch. P-Pt. 3L
NONE**

**Sch. P-Pt. 3M
NONE**

**Sch. P-Pt. 3N
NONE**

**Sch. P-Pt. 3O
NONE**

**Sch. P-Pt. 3P
NONE**

**Sch. P-Pt. 3R-Sn. 1
NONE**

**Sch. P-Pt. 3R-Sn. 2
NONE**

**Sch. P-Pt. 3S
NONE**

**Sch. P-Pt. 4A
NONE**

**Sch. P-Pt. 4B
NONE**

**Sch. P-Pt. 4C
NONE**

**Sch. P-Pt. 4D
NONE**

**Sch. P-Pt. 4E
NONE**

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 1997.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 1998.....	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 1999.....	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2000.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2001.....	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0
7. 2002.....	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0
8. 2003.....	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0
9. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0
10. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0
11. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior.....	
2. 1997.....	
3. 1998.....	XXX	
4. 1999.....	XXX	XXX	
5. 2000.....	XXX	XXX	XXX	NONE						
6. 2001.....	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX								
9. 2004.....	XXX	XXX	XXX								
10. 2005.....	XXX	XXX	XXX								
11. 2006.....	XXX	XXX	XXX								

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	
2. 1997.....	
3. 1998.....	XXX	
4. 1999.....	XXX	XXX	
5. 2000.....	XXX	XXX	XXX	NONE						
6. 2001.....	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX								
9. 2004.....	XXX	XXX	XXX								
10. 2005.....	XXX	XXX	XXX								
11. 2006.....	XXX	XXX	XXX								

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	
2. 1997.....	
3. 1998.....	XXX	
4. 1999.....	XXX	XXX	
5. 2000.....	XXX	XXX	XXX	NONE						
6. 2001.....	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX								
9. 2004.....	XXX	XXX	XXX								
10. 2005.....	XXX	XXX	XXX								
11. 2006.....	XXX	XXX	XXX								

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	
2. 1997.....	
3. 1998.....	XXX	
4. 1999.....	XXX	XXX	
5. 2000.....	XXX	XXX	XXX	NONE						
6. 2001.....	XXX	XXX	XXX								
7. 2002.....	XXX	XXX	XXX								
8. 2003.....	XXX	XXX	XXX								
9. 2004.....	XXX	XXX	XXX								
10. 2005.....	XXX	XXX	XXX								
11. 2006.....	XXX	XXX	XXX								

**Sch. P-Pt. 4I
NONE**

**Sch. P-Pt. 4J
NONE**

**Sch. P-Pt. 4K
NONE**

**Sch. P-Pt. 4L
NONE**

**Sch. P-Pt. 4M
NONE**

**Sch. P-Pt. 4N
NONE**

**Sch. P-Pt. 4O
NONE**

**Sch. P-Pt. 4P
NONE**

**Sch. P-Pt. 4R-Sn. 1
NONE**

**Sch. P-Pt. 4R-Sn. 2
NONE**

**Sch. P-Pt. 4S
NONE**

**Sch. P-Pt. 5A-Sn. 1
NONE**

**Sch. P-Pt. 5A-Sn. 2
NONE**

**Sch. P-Pt. 5A-Sn. 3
NONE**

**Sch. P-Pt. 5B-Sn. 1
NONE**

**Sch. P-Pt. 5B-Sn. 2
NONE**

**Sch. P-Pt. 5B-Sn. 3
NONE**

**Sch. P-Pt. 5C-Sn. 1
NONE**

**Sch. P-Pt. 5C-Sn. 2
NONE**

**Sch. P-Pt. 5C-Sn. 3
NONE**

**Sch. P-Pt. 5D-Sn. 1
NONE**

**Sch. P-Pt. 5D-Sn. 2
NONE**

**Sch. P-Pt. 5D-Sn. 3
NONE**

**Sch. P-Pt. 5E-Sn. 1
NONE**

**Sch. P-Pt. 5E-Sn. 2
NONE**

**Sch. P-Pt. 5E-Sn. 3
NONE**

SCHEDULE P - PART 5F - MEDICAL MALPRACTICE - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 1997.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 1998.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 1999.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2000.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2001.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2002.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2003.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0
9. 2004.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0
10. 2005.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0
11. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006
1. Prior.....	.....167	.....167	.....167	.....167	.....167	.....0	.....0	.....0	.....0	.....0
2. 1997.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 1998.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 1999.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2000.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2001.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2002.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2003.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0
9. 2004.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0
10. 2005.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0
11. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....(139)	.....0	.....0	.....0	.....0
2. 1997.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 1998.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 1999.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2000.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2001.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2002.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2003.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0
9. 2004.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0
10. 2005.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0
11. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0

**Sch. P-Pt. 5F-Sn. 1B
NONE**

**Sch. P-Pt. 5F-Sn. 2B
NONE**

**Sch. P-Pt. 5F-Sn. 3B
NONE**

**Sch. P-Pt. 5H-Sn. 1A
NONE**

**Sch. P-Pt. 5H-Sn. 2A
NONE**

**Sch. P-Pt. 5H-Sn. 3A
NONE**

**Sch. P-Pt. 5H-Sn. 1B
NONE**

**Sch. P-Pt. 5H-Sn. 2B
NONE**

**Sch. P-Pt. 5H-Sn. 3B
NONE**

**Sch. P-Pt. 5R-Sn. 1A
NONE**

**Sch. P-Pt. 5R-Sn. 2A
NONE**

**Sch. P-Pt. 5R-Sn. 3A
NONE**

**Sch. P-Pt. 5R-Sn. 1B
NONE**

**Sch. P-Pt. 5R-Sn. 2B
NONE**

**Sch. P-Pt. 5R-Sn. 3B
NONE**

**Sch. P-Pt. 6C-Sn. 1
NONE**

**Sch. P-Pt. 6C-Sn. 2
NONE**

**Sch. P-Pt. 6D-Sn. 1
NONE**

**Sch. P-Pt. 6D-Sn. 2
NONE**

**Sch. P-Pt. 6E-Sn. 1
NONE**

**Sch. P-Pt. 6E-Sn. 2
NONE**

**Sch. P-Pt. 6H-Sn. 1A
NONE**

**Sch. P-Pt. 6H-Sn. 2A
NONE**

**Sch. P-Pt. 6H-Sn. 1B
NONE**

**Sch. P-Pt. 6H-Sn. 2B
NONE**

**Sch. P-Pt. 6M-Sn. 1
NONE**

**Sch. P-Pt. 6M-Sn. 2
NONE**

**Sch. P-Pt. 6N-Sn. 1
NONE**

**Sch. P-Pt. 6N-Sn. 2
NONE**

**Sch. P-Pt. 6O-Sn. 1
NONE**

**Sch. P-Pt. 6O-Sn. 2
NONE**

**Sch. P-Pt. 6R-Sn. 1A
NONE**

**Sch. P-Pt. 6R-Sn. 2A
NONE**

**Sch. P-Pt. 6R-Sn. 1B
NONE**

**Sch. P-Pt. 6R-Sn. 2B
NONE**

**Sch. P-Pt. 7A-Sn. 1
NONE**

**Sch. P-Pt. 7A-Sn. 2
NONE**

**Sch. P-Pt. 7A-Sn. 3
NONE**

Sch. P-Pt. 7A-Sn. 4
NONE

Sch. P-Pt. 7A-Sn. 5
NONE

Sch. P-Pt. 7B-Sn. 1
NONE

Sch. P-Pt. 7B-Sn. 2
NONE

Sch. P-Pt. 7B-Sn. 3
NONE

Sch. P-Pt. 7B-Sn. 4
NONE

Sch. P-Pt. 7B-Sn. 5
NONE

Sch. P-Pt. 7B-Sn. 6
NONE

Sch. P-Pt. 7B-Sn. 7
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Is Insurer Licensed? (YES or NO)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Pur- chasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL	NO								
2. Alaska.....AK	NO								
3. Arizona.....AZ	NO								
4. Arkansas.....AR	NO								
5. California.....CA	NO								
6. Colorado.....CO	NO								
7. Connecticut.....CT	NO								
8. Delaware.....DE	NO								
9. District of Columbia.....DC	NO								
10. Florida.....FL	NO								
11. Georgia.....GA	NO								
12. Hawaii.....HI	NO								
13. Idaho.....ID	NO								
14. Illinois.....IL	NO								
15. Indiana.....IN	YES	0	0	0	0	0	0	0	0
16. Iowa.....IA	NO								
17. Kansas.....KS	NO								
18. Kentucky.....KY	NO								
19. Louisiana.....LA	NO								
20. Maine.....ME	NO								
21. Maryland.....MD	NO								
22. Massachusetts.....MA	NO								
23. Michigan.....MI	NO								
24. Minnesota.....MN	NO								
25. Mississippi.....MS	NO								
26. Missouri.....MO	NO								
27. Montana.....MT	NO								
28. Nebraska.....NE	NO								
29. Nevada.....NV	NO								
30. New Hampshire.....NH	NO								
31. New Jersey.....NJ	NO								
32. New Mexico.....NM	NO								
33. New York.....NY	NO								
34. North Carolina.....NC	NO								
35. North Dakota.....ND	NO								
36. Ohio.....OH	NO								
37. Oklahoma.....OK	NO								
38. Oregon.....OR	NO								
39. Pennsylvania.....PA	NO								
40. Rhode Island.....RI	NO								
41. South Carolina.....SC	NO								
42. South Dakota.....SD	NO								
43. Tennessee.....TN	NO								
44. Texas.....TX	NO								
45. Utah.....UT	NO								
46. Vermont.....VT	NO								
47. Virginia.....VA	NO								
48. Washington.....WA	NO								
49. West Virginia.....WV	NO								
50. Wisconsin.....WI	NO								
51. Wyoming.....WY	NO								
52. American Samoa.....AS	NO								
53. Guam.....GU	NO								
54. Puerto Rico.....PR	NO								
55. US Virgin Islands.....VI	NO								
56. Northern Mariana Islands.....MP	NO								
57. Canada.....CN	NO								
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Totals.....	(a).....1	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

5801.....	XXX								
5802.....	XXX								
5803.....	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

Explanation of Basis of Allocation of Premiums by States, etc.

(a) Insert the number of yes responses except for Canada and Other Alien.

AMERICAN MEDICAL INSURANCE EXCHANGE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					6 Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

NONE

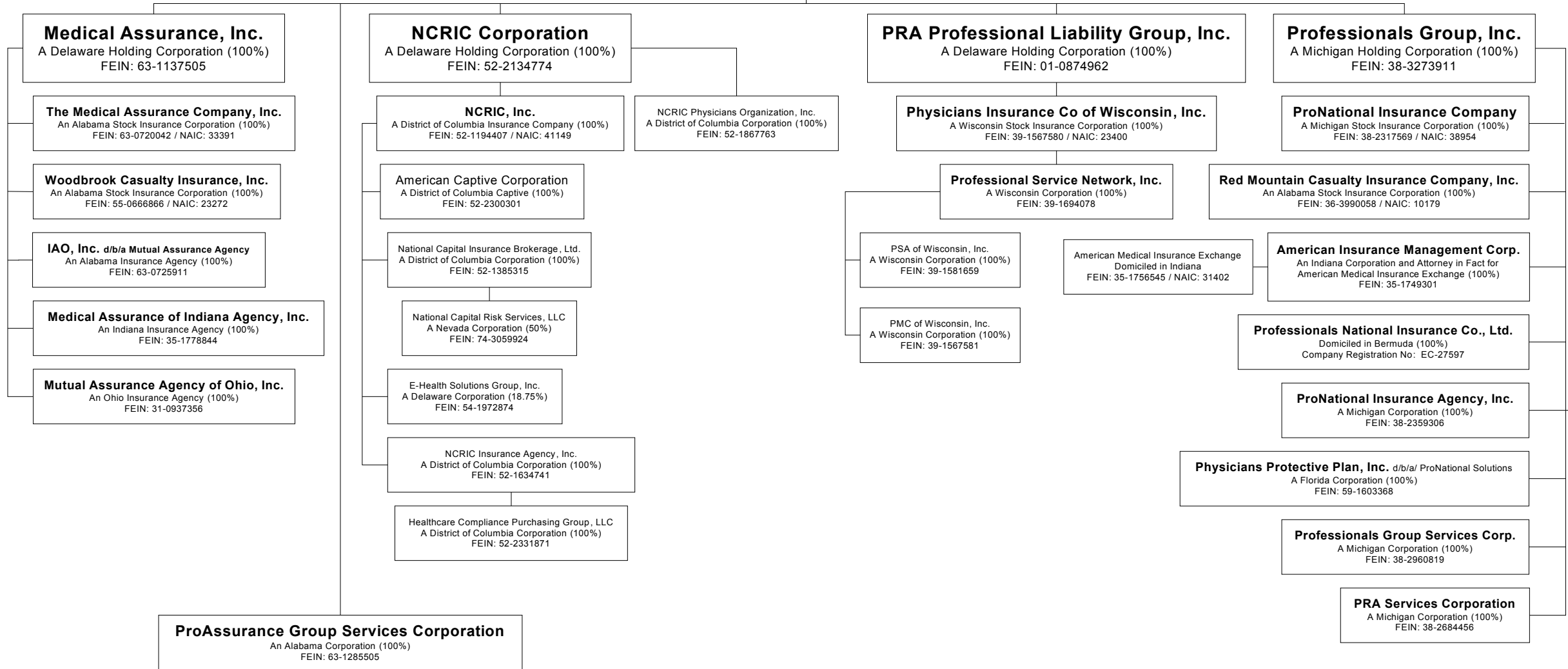
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

106

ProAssurance Corporation

A Delaware Holding Corporation / FEIN: 63-1261433



SCHEDULE Y (Continued)

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
33391.....	63-0720042.....	The Medical Assurance Company, Inc.....			(30,698,542)		(63,894,769)				(94,593,311)	(31,407,000)
23272.....	55-0666866.....	Woodbrook Casualty Insurance, Inc.....					(1,241,964)				(1,241,964)	33,422,000
	63-0725911.....	IAO, Inc.....					(545,340)				(545,340)	
	63-1285505.....	ProAssurance Group Services Corporation.....					33,450,453				33,450,453	
	63-1261433.....	ProAssurance Corporation.....	200,000,000	(44,000,000)	30,698,542		55,461,343				242,159,885	
	38-3273911.....	Professionals Group, Inc.....	20,276,817								20,276,817	
38954.....	38-2317569.....	ProNational Insurance Company.....	123,840,672		(10,419,006)		(10,648,282)	(12,459,902)			90,313,482	(8,740,000)
10179.....	36-3990058.....	Red Mountain Casualty Insurance Company, Inc.....			10,419,006		(2,356,988)	12,459,902			20,521,920	11,819,000
	98-0406198.....	Professionals National Insurance Co., Ltd.....									0	(5,094,000)
	38-3436541.....	MEMH Holdings, Inc.....	(344,117,489)								(344,117,489)	
23400.....	39-1567580.....	Physicians Insurance Co of Wisconsin, Inc.....	5,000,000	19,500,000			250,500				24,750,500	
	39-1694078.....	Professional Service Network, Inc.....	(5,000,000)				(250,500)				(5,250,500)	
	39-1567581.....	PMC of Wisconsin, Inc.....		500,000							500,000	
	52-2134774.....	NCRIC Corporation.....		24,000,000			(57,889)				23,942,111	
41149.....	52-1194407.....	NCRIC, Inc.....	815,000				(10,166,564)				(9,351,564)	
	52-1385315.....	National Capital Insurance Brokerage, Ltd.....	(815,000)								(815,000)	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will an actuarial opinion be filed by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
5. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

6. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?
7. Will the Management's Discussion and Analysis be filed by April 1?
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

MAY FILING

9. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?

JUNE FILING

10. Will an audited financial report be filed by June 1?

Responses
SEE EXPLANATION

NO

YES

YES

NO

SEE EXPLANATION

YES

YES

YES

SEE EXPLANATION

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

MARCH FILING

11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
19. Will an Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?

APRIL FILING

20. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
22. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

NO

NO

NO

YES

NO

NO

NO

NO

NO

NO

NO

NO

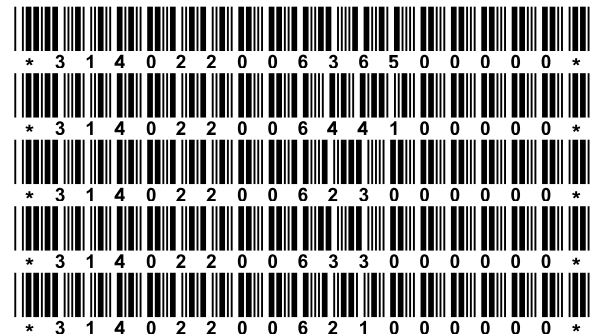
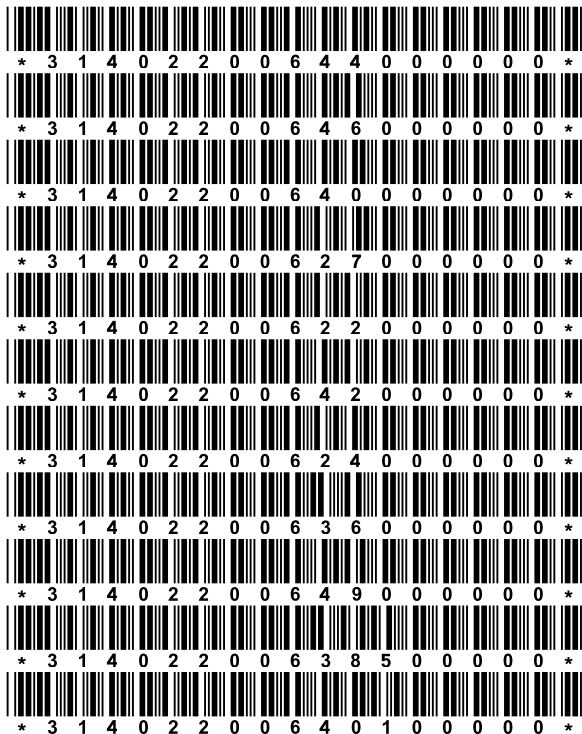
EXPLANATIONS:

1. Company is inactive

6. Company is inactive

10. Not required by Indiana Dep't of Insurance

BAR CODE:



**Overflow Page
NONE**

**Overflow Page
NONE**

**Sch. A-Pt. 1
NONE**

**Sch. A-Pt. 2
NONE**

**Sch. A-Pt. 3
NONE**

**Sch. B-Pt. 1
NONE**

**Sch. B-Pt. 2
NONE**

**Sch. BA-Pt. 1
NONE**

**Sch. BA-Pt. 2
NONE**

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes			6 NAIC Designation	7 Actual Cost	8 Fair Value		10 Par Value	11 Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Interest					Dates	
		4 F o r e i g n *	5 B o n d C h a r				9 Fair Value	12 Unrealized Valuation Increase/ (Decrease)			13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of	18 How Paid	19 Admitted Amount Due and Accrued	20 Gross Amount Received During Year	21 Acquired	22 Maturity	
U.S. Government - Issuer Obligations																					
912827 4F 6	US TREASURY N/B	C			1	101,000	100,914	100,914	100,000	100,805		(195)			5.625	5.009	MN	730	2,813	08/14/2006	05/15/2008
0199999	U.S. Government - Issuer Obligations					101,000	XXX	100,914	100,000	100,805	0	(195)	0	0	XXX	XXX	XXX	730	2,813	XXX	XXX
0399999	Total - U.S. Government					101,000	XXX	100,914	100,000	100,805	0	(195)	0	0	XXX	XXX	XXX	730	2,813	XXX	XXX
Totals																					
5499999	Total - Issuer Obligations					101,000	XXX	100,914	100,000	100,805	0	(195)	0	0	XXX	XXX	XXX	730	2,813	XXX	XXX
6099999	Grand Total - Bonds					101,000	XXX	100,914	100,000	100,805	0	(195)	0	0	XXX	XXX	XXX	730	2,813	XXX	XXX

Sch. D-Pt. 2-Sn. 1
NONE

Sch. D-Pt. 2-Sn. 2
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Government								
912827 4F 6	US TREASURY N/B 05/15/2008 5.625		08/14/2006	MERRILL LYNCH		101,000	100,000	1,406
0399999	Total - Bonds - U.S. Government					101,000	100,000	1,406
6099997	Total - Bonds - Part 3					101,000	100,000	1,406
6099999	Total - Bonds					101,000	100,000	1,406
7499999	Total - Bonds, Preferred and Common Stocks					101,000	XXX	1,406

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.						
Bonds - U.S. Government																				
912828 BF 6	US TREASURY N/B 2.375		08/15/2006	MATURITY		100,000	100,000	99,797	99,956		44		44		100,000			0	2,375	08/15/2006
0399999	Total - Bonds - U.S. Government					100,000	100,000	99,797	99,956	0	44	0	44	0	100,000	0	0	0	2,375	XXX
6099997	Total - Bonds - Part 4					100,000	100,000	99,797	99,956	0	44	0	44	0	100,000	0	0	0	2,375	XXX
6099999	Total - Bonds					100,000	100,000	99,797	99,956	0	44	0	44	0	100,000	0	0	0	2,375	XXX
7499999	Total - Bonds, Preferred and Common Stocks					100,000	XXX	99,797	99,956	0	44	0	44	0	100,000	0	0	0	2,375	XXX

**Sch. D-Pt. 5
NONE**

**Sch. D-Pt. 6-Sn. 1
NONE**

**Sch. D-Pt. 6-Sn. 2
NONE**

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value			12 Par Value	13 Actual Cost	Interest					20 Paid for Accrued Interest		
	2 Code	3 F o r e i g n					8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other Than Temporary Impairment Recognized			11 Total Foreign Exchange Change in B.J.A.C.V.	14 Amount Due and Accrued December 31 of Current Year on Bond Not in Default	15 Non- Admitted Due and Accrued	16 Rate of	17 Effective Rate of		18 How Paid	19 Gross Amount Received
U.S. Government Bonds - Issuer Obligations																			
FANNIE MAE DISC NOTE.....			12/22/2006..	VARIOUS.....	06/06/2007	430,461		1,497			440,000	428,964				5.130	DISC..		
0199999. U.S. Government Bonds - Issuer Obligations.....						430,461	0	1,497	0	0	440,000	428,964	0	0	XXX	XXX	XXX	0	0
0399999. Total - U.S. Government Bonds.....						430,461	0	1,497	0	0	440,000	428,964	0	0	XXX	XXX	XXX	0	0
Total Bonds																			
5499999. Subtotals - Issuer Obligations.....						430,461	0	1,497	0	0	440,000	428,964	0	0	XXX	XXX	XXX	0	0
6099999. Subtotals - Bonds.....						430,461	0	1,497	0	0	440,000	428,964	0	0	XXX	XXX	XXX	0	0
Class One Money Market Mutual Funds																			
FIRST AMERICAN PRIME OBLI-Z MONEY MRKT.....			12/30/2006..	DIRECT.....	12/31/2007	21,590					21,590	21,590	263		5.200	5.200	MON..		
8099999. Total - Class One Money Market Mutual Funds.....						21,590	0	0	0	0	XXX	21,590	263	0	XXX	XXX	XXX	0	0
8299999. Total - Short-Term Investments.....						452,051	0	1,497	0	0	XXX	450,554	263	0	XXX	XXX	XXX	0	0

**Sch. DB-Pt. A-Sn. 1
NONE**

**Sch. DB-Pt. A-Sn. 2
NONE**

**Sch. DB-Pt. A-Sn. 3
NONE**

**Sch. DB-Pt. B-Sn. 1
NONE**

**Sch. DB-Pt. B-Sn. 2
NONE**

**Sch. DB-Pt. B-Sn. 3
NONE**

**Sch. DB-Pt. C-Sn. 1
NONE**

**Sch. DB-Pt. C-Sn. 2
NONE**

**Sch. DB-Pt. C-Sn. 3
NONE**

**Sch. DB-Pt. D-Sn. 1
NONE**

**Sch. DB-Pt. D-Sn. 2
NONE**

**Sch. DB-Pt. D-Sn. 3
NONE**

**Sch. DB-Pt. E-Sn. 1
NONE**

AMERICAN MEDICAL INSURANCE EXCHANGE

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
WACHOVIA BANK - OPERATING ACCT..... BIRMINGHAM, AL.....					895	XXX
US BANK - TRUST CASH..... BIRMINGHAM, AL.....						XXX
0199999. Total - Open Depositories.....	.XXX	.XXX	0	0	895	XXX
0399999. Total Cash on Deposit.....	.XXX	.XXX	0	0	895	XXX
0599999. Total Cash.....	.XXX	.XXX	0	0	895	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	473	4. April.....	920	7. July.....	1,011	10. October.....	940
2. February.....	214	5. May.....	907	8. August.....	985	11. November.....	928
3. March.....	1,668	6. June.....	1,272	9. September.....	965	12. December.....	895

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Gross Investment Income
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NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits with the State of Domicile for the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama.....	AL					
2. Alaska.....	AK					
3. Arizona.....	AZ					
4. Arkansas.....	AR					
5. California.....	CA					
6. Colorado.....	CO					
7. Connecticut.....	CT					
8. Delaware.....	DE					
9. District of Columbia.....	DC					
10. Florida.....	FL					
11. Georgia.....	GA					
12. Hawaii.....	HI					
13. Idaho.....	ID					
14. Illinois.....	IL					
15. Indiana.....	IN	B. Pledged to Indiana Department of Insurance.....	100,805	100,914		
16. Iowa.....	IA					
17. Kansas.....	KS					
18. Kentucky.....	KY					
19. Louisiana.....	LA					
20. Maine.....	ME					
21. Maryland.....	MD					
22. Massachusetts.....	MA					
23. Michigan.....	MI					
24. Minnesota.....	MN					
25. Mississippi.....	MS					
26. Missouri.....	MO					
27. Montana.....	MT					
28. Nebraska.....	NE					
29. Nevada.....	NV					
30. New Hampshire.....	NH					
31. New Jersey.....	NJ					
32. New Mexico.....	NM					
33. New York.....	NY					
34. North Carolina.....	NC					
35. North Dakota.....	ND					
36. Ohio.....	OH					
37. Oklahoma.....	OK					
38. Oregon.....	OR					
39. Pennsylvania.....	PA					
40. Rhode Island.....	RI					
41. South Carolina.....	SC					
42. South Dakota.....	SD					
43. Tennessee.....	TN					
44. Texas.....	TX					
45. Utah.....	UT					
46. Vermont.....	VT					
47. Virginia.....	VA					
48. Washington.....	WA					
49. West Virginia.....	WV					
50. Wisconsin.....	WI					
51. Wyoming.....	WY					
52. American Samoa.....	AS					
53. Guam.....	GU					
54. Puerto Rico.....	PR					
55. US Virgin Islands.....	VI					
56. Northern Mariana Islands.....	MP					
57. Canada.....	CN					
58. Aggregate Alien and Other.....	OT	XXX	0	0	0	0
59. Total.....	XXX	XXX	100,805	100,914	0	0

DETAILS OF WRITE-INS

5801.....						
5802.....						
5803.....						
5898. Summary of remaining write-ins for line 58 from overflow page.....	XXX	XXX	0	0	0	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	0	0