



41700200920100101

QUARTERLY STATEMENT

AS OF MARCH 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

FIRST COMMERCIAL TRANSPORTATION AND PROPERTY INSURANCE COMPANY

NAIC Group Code 4072 4072 NAIC Company Code 41700 Employer's ID Number 65-0224300
(Current Period) (Prior Period)

Organized under the Laws of Florida, State of Domicile or Port of Entry Florida
Country of Domicile US

Incorporated/Organized: September 28, 1990 Commenced Business: October 31, 1990

Statutory Home Office: 2300 West 84th Street, Hialeah, FL 33016
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office: 2300 West 84th Street
(Street and Number)
Hialeah, FL 33016 305-820-4848
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address: 2300 West 84th Street, Hialeah, FL 33016
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records: 2300 West 84th Street, Hialeah, FL 33016 305-820-4848
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address: www.fcgcompanies.com

Statutory Statement Contact: Bryan Deutsch 305-820-4848-#1504
(Name) (Area Code) (Telephone Number) (Extension)
bdeutsch@fcgcompanies.com 305-820-4851
(E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	<u>Luis M. Espinosa</u>	<u>President & CEO</u>
2.	<u>Michael A. Puchades</u>	<u>Secretary</u>
3.	<u>Bryan W. Deutsch</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Luis M. Espinosa</u>	<u>Chief Executive Officer</u>	<u>Rene M. Cambert</u>	<u>Chief Operating Officer & Executive VP</u>
<u>Bryan W. Deutsch</u>	<u>Chief Financial Officer</u>	<u>Michael A. Puchades</u>	<u>General Counsel & Vice President</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

<u>Luis M. Espinosa</u>	<u>Rene M. Cambert</u>	<u>Bryan W. Deutsch</u>	<u>Reginald E. Beane</u>
<u>Jose L. Delgado</u>	<u>Carlos E. Aguero</u>	<u>Marcos Gutierrez</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of Florida

County of Dade ss

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

_____ (Signature) <u>Luis M. Espinosa</u> (Printed Name) 1. President & CEO (Title)	_____ (Signature) <u>Rene M. Cambert</u> (Printed Name) 2. Executive VP & COO (Title)	_____ (Signature) <u>Bryan W. Deutsch</u> (Printed Name) 3. Treasurer & CFO (Title)
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Subscribed and sworn to before me this
14 day of May, 2009

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)	825,000		825,000	825,000
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 12,450,974), cash equivalents (\$ 0), and short-term investments (\$ 0)	12,450,974		12,450,974	12,810,989
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets				
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)	13,275,974		13,275,974	13,635,989
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	33,378		33,378	56,295
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	565,467	184,887	380,580	343,462
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	3,878,522		3,878,522	3,508,270
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	448,823		448,823	289,905
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts	13,855		13,855	
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset	1,485,455	1,095,336	390,119	390,119
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment, including health care delivery assets (\$ 0)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$ 0) and other amounts receivable				
23. Aggregate write-ins for other than invested assets	483,808	369,339	114,469	114,469
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	20,185,282	1,649,562	18,535,720	18,338,509
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	20,185,282	1,649,562	18,535,720	18,338,509

DETAILS OF WRITE-IN LINES				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. Prepaid Assets	369,339	369,339		
2302. Florida Income Tax Receivable	114,469		114,469	114,469
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	483,808	369,339	114,469	114,469

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Statement Date	December 31, Prior Year
1. Losses (current accident year \$ 756,000)	3,905,499	3,788,991
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	901,087	930,383
4. Commissions payable, contingent commissions and other similar charges	692,145	657,889
5. Other expenses (excluding taxes, licenses and fees)	193,373	265,111
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	55,646	49,901
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	414,503	414,503
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 891,003 and including warranty reserves of \$ 0)	4,795,042	4,241,776
10. Advance premium		24,699
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	16,878	561,848
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance	41,000	41,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	973,798	717,770
19. Payable to parent, subsidiaries and affiliates		16,710
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		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	11,988,971	11,710,581
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	11,988,971	11,710,581
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	500,000	500,000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	14,488,421	14,488,421
33. Unassigned funds (surplus)	(8,441,671)	(8,360,493)
34. Less treasury stock, at cost:		
34.1 0 shares common (value included in Line 28 \$ 0)		
34.2 0 shares preferred (value included in Line 29 \$ 0)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	6,546,750	6,627,928
36. Totals	18,535,721	18,338,509

DETAILS OF WRITE-IN LINES		
2301.		
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

STATEMENT OF INCOME

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 3,179,775)	2,523,703	2,233,911	9,432,013
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 459,450)	356,643	201,372	1,277,402
1.4 Net (written \$ 2,720,325)	2,167,060	2,032,539	8,154,611
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 1,197,650):			
2.1 Direct	1,796,268	472,677	3,863,518
2.2 Assumed			
2.3 Ceded	530,665	(3,106)	946,829
2.4 Net	1,265,603	475,783	2,916,689
3. Loss adjustment expenses incurred	461,631	412,732	1,689,750
4. Other underwriting expenses incurred	372,051	552,093	2,710,076
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	2,099,285	1,440,608	7,316,515
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	67,775	591,931	838,096
INVESTMENT INCOME			
9. Net investment income earned	71,036	99,935	292,859
10. Net realized capital gains (losses) less capital gains tax of \$ 0			
11. Net investment gain (loss) (Lines 9 + 10)	71,036	99,935	292,859
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			
13. Finance and service charges not included in premiums	3,740	3,220	12,495
14. Aggregate write-ins for miscellaneous income	171	52	58
15. Total other income (Lines 12 through 14)	3,911	3,272	12,553
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	142,722	695,138	1,143,508
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)	142,722	695,138	1,143,508
19. Federal and foreign income taxes incurred			462,207
20. Net income (Line 18 minus Line 19) (to Line 22)	142,722	695,138	681,301
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	6,627,928	6,305,613	6,305,613
22. Net income (from Line 20)	142,722	695,138	681,301
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			124,266
27. Change in nonadmitted assets	(223,900)	(8,295)	(458,252)
28. Change in provision for reinsurance			(25,000)
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			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(81,178)	686,843	322,315
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	6,546,750	6,992,456	6,627,928

DETAILS OF WRITE-IN LINES			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 05 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)			
1401. OTHER INCOME	171	52	58
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	171	52	58
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

	1	2
Cash from Operations	Current Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	1,724,617	8,740,529
2. Net investment income	93,953	341,572
3. Miscellaneous income	17,765	12,553
4. Total (Lines 1 to 3)	1,836,335	9,094,654
5. Benefit and loss related payments	1,308,013	4,258,589
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	908,570	4,427,972
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		832,952
10. Total (Lines 5 through 9)	2,216,583	9,519,513
11. Net cash from operations (Line 4 minus Line 10)	(380,248)	(424,859)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
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		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		825,000
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		825,000
14. Net increase (or decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(825,000)
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)	20,233	2,048,812
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	20,233	2,048,812
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(360,015)	798,953
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	12,810,989	12,012,036
19.2 End of period (Line 18 plus Line 19.1)	12,450,974	12,810,989

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

20.0001		
20.0002		
20.0003		

NOTES TO FINANCIAL STATEMENTS

01. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The accompanying financial statements of the Company have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual.

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

The preparation of financial statements in conformity with Statutory Accounting Principles 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 Policy

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. 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 uses the following accounting policies:

(1) Bonds not backed by other loans are stated at amortized cost using the interest method.

(2) Common stocks at market

(3) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. 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.

02. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

03. BUSINESS COMBINATIONS AND GOODWILL

None

04. DISCONTINUED OPERATIONS

None

05. INVESTMENTS

None

06. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

None

07. INVESTMENT INCOME

Total amount excluded was \$0.

08. DERIVATIVE INSTRUMENTS

NONE

09. INCOME TAXES

A. The components of the net deferred tax asset/(liability) at December 31, 2008 are as follows:

<u>Description</u>	<u>2008</u>	<u>2007</u>
(1) Total gross deferred tax assets (DTA)	\$ 1,485,455	\$ 1,361,189
(2) Total gross deferred tax liabilities (DTL)	-	-
(3) Net deferred tax asset	1,485,455	1,361,189
(4) Nonadmitted deferred tax assets	(1,095,336)	(1,123,189)
(5) Net admitted deferred tax assets	\$ 390,119	\$ 238,000
(6) Increase (decrease) in nonadmitted deferred tax assets	\$ (27,853)	\$ 658,322

B. Unrecognized Deferred Tax Liabilities

None

C. Current Tax and Change in Deferred Tax

The provisions for income taxes incurred on earnings for the years ended December 31, 2008 are:

	<u>2008</u>	<u>2007</u>
Current income tax expense	\$ 414,503	\$ (235,106)
Taxes recovered	-	-
Prior year under-accrual (over-accrual)	47,703	(849,428)
Current income taxes incurred	\$ 462,206	\$ (1,084,534)

The tax effect of temporary differences that give rise to significant tax assets (liabilities) are as follows:

<u>DTAs</u>	<u>Statutory</u>	<u>Tax</u>	<u>Difference</u>	<u>Tax Effect</u>
Unpaid losses and LAE	\$ 4,719,374	\$ 4,350,108	\$ 369,266	\$ 125,550
Unearned premiums	4,241,776	3,393,421	848,355	288,441
Net operating losses		2,970,544	2,970,544	1,009,985

NOTES TO FINANCIAL STATEMENTS

Nonadmitted assets	-	180,072	61,224
Other	180,072		255
Total DTAs			\$1,485,455
DTAs nonadmitted	\$	\$	\$
			\$1,095,336

The changes in main components of DTAs and DTLs are as follows:

DTAs resulting from Book/Tax Differences in	December 31, 2008	December 31, 2007	Change
Unpaid losses and LAE	\$ 125,550	\$ 144,445	\$ (18,895)
Unearned premiums	288,441	257,011	\$ 31,430
Net operating losses	1,009,985	959,733	\$ 50,252
Nonadmitted assets	61,224	-	\$ 61,224
Other	255	-	\$ 255
Total DTAs	\$ 1,485,455	\$ 1,361,189	\$ 124,266
DTAs nonadmitted	\$ 1,095,336	\$ 1,123,189	\$ (27,853)

The change in gross DTAs/DTLs of \$133,610 is the change in net deferred income taxes before the consideration of non-admitted DTAs/DTLs.

D. Reconciliations of Federal Income Tax Rate to Actual Effective Rate:

The significant book to tax adjustments were as follows:

	34%	% of Pre-Tax Income
		\$ 1,181,507
Provision computed at statutory rate	\$ 401,712	34.00%
Prior period adjustment	\$ (2,549)	-0.22%
Change in non-admitted assets	(61,224)	-5.18%
	337,939	28.60%
Federal & foreign income tax	462,206	39.12%
Change in net deferred income tax	(124,266)	-10.52%
Statutory income taxes	\$ 337,939	28.60%

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2008, the Company had no unused capital and \$2,970,544 of net operating carryforwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

<u>Year</u>	<u>Amount</u>
2008	\$ -
2007	\$ -

F. Consolidated Federal Income Tax Return

- (1) The Company's federal income tax return is consolidated with the following entities:
First Commercial Holdings Group Corporation
First Commercial Insurance Company
- (2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation based upon separate return calculations with current credit for net losses. Intercompany balances are settled quarterly.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. On May 22, 2006 the Company was sold to First Commercial Insurance Company. The Company's name was changed on September 21, 2006 from Southern Group Indemnity, Inc. to First Commercial Transportation and Property Insurance Company. First Commercial Claims Services, LLC, an affiliate through common ownership, adjusts all private passenger and commercial auto claims. First Commercial Underwriters, LLC, affiliated through common ownership, underwrites auto policies, performs claims administration, marketing and other administrative functions.

B,C. The Company paid \$337,500 pursuant to the claims contract with First Commercial Claims Services, LLC.

NOTES TO FINANCIAL STATEMENTS

The Company paid \$285,763 pursuant to the management contract with First Commercial Underwriters, LLC.

D. The company has \$378,416 due to parent company First Commercial Insurance Company for amounts under a multiple cedant reinsurance contract.

E. There are no guarantees or undertakings for the benefit of an affiliate.

F. See Note 10 A, B and C above.

G. All outstanding shares of the Company are owned by First Commercial Insurance Company, a company domiciled in the State of Florida.

H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly.

I. None

J. None

K. None

11. DEBT
None

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS
None

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS.

(1) The company has 500,000 shares authorized, 500,000 shares issued and 500,000 shares outstanding with a par value of \$1.

(2) The company has no preferred stock outstanding.

(3) The maximum amount of dividends which can be paid by State of Florida insurance companies to shareholders without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus. In Florida it is required to maintain minimum capital and surplus of \$4,000,000. Statutory surplus at March 31, 2009 was \$ 6,546,750.

(4) Without the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(5) There are no restrictions on unassigned surplus funds.

(6) Surplus Advances - Not applicable.

(7) The Company does not hold stock for special purposes.

(8) Changes in Special Surplus Funds - Not applicable.

(9) The portion of unassigned funds (surplus) represented or (reduced by) cumulative unrealized gains and losses is \$0

(10) Surplus Notes - None.

(11, 12) Quasi-Reorganization - None.

14. CONTINGENCIES
None

15. LEASES

A. (1) The Company leases office equipment under various non cancelable operating lease agreements that expire through May 31, 2009.

(2) At March 31, 2009, the minimum aggregate rental commitments are as follows:

Operating Leases

2009 \$5,815

(3) NONE

B. 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
NONE

NOTES TO FINANCIAL STATEMENTS

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY

INSURED PLANS.
NONE

19. DIRECT PREMIUM WRITTEN BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

- A. FIRST COMMERCIAL UNDERWRITERS, LLC
2300 West 84th Street, Hialeah, FL 33016
B. FEIN # 65-1151665
- C. HOLD'S EXCLUSIVE CONTRACT
D. BUSINESS WRITTEN IS COMMERCIAL AUTO
E. AUTHORITY GRANTED IS UNDERWRITING & CLAIMS ADMINISTRATION
F. TOTAL PREMIUM WRITTEN \$ 3,179,775.

20. OTHER ITEMS

A. Extraordinary items
None

B. Troubled Debt Restructuring
None

C. Other Disclosures

Agents Balances – The Company had no agent balances receivable at 3/31/2009. Premium receivable from policyholders as set forth on line 13.1, page 2 are \$ 380,580.

D. At March 31, 2009 the Company had admitted assets of \$4,259,102 in premiums receivables due from policyholders. The Company routinely assesses the collectibility of this receivable.

E. Business Interruption Insurance Recoveries
None

F. Hybrid Securities
None

G. State Transfer Tax Credit.
None

H. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
None

21. EVENTS SUBSEQUENT

None

22. REINSURANCE

A. Unsecured reinsurance recoverables

The Company has an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with individual reinsurers that exceeds 3% of policyholders' surplus as follows:

NAIC Code	Federal ID #	Name of Reinsurer	Amount
22012	38-0855585	Motors Insurance Corporation	\$293,582

B. Reinsurance recoverable in dispute.
None

C. Reinsurance Assumed and Ceded

(1)	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1) Premium Reserve	(2) Commission Equity	(3) Premium Reserve	(4) Commission Equity	(5) Premium Reserve	(6) Commission Equity
i. Affiliates						
ii. All other			891,003	255,872	(891,003)	(255,872)
iii. TOTAL			891,003	255,872	(891,003)	(255,872)

iv. Direct Unearned Premium Reserve \$5,686,044.

(2)

	(1) Direct	(2) Assumed	(3) Ceded	(4) Net
i. Contingent Commission	0	0	13,027	(13,027)
ii. Sliding Scale Adjustment	0	0	0	0
iii. Other Profit Commission	0	0	255,872	(255,872)
iv. TOTAL	0	0	268,899	(268,899)

D. Uncollectible Reinsurance

NOTES TO FINANCIAL STATEMENTS

NONE

E. Commutation Of Ceded Reinsurance

NONE

F. Retroactive Reinsurance

NONE

G. Reinsurance Accounted For As a Deposit

NONE

23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

NONE

24. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves as of March 31, 2009 were \$4.8 million. As of March 31, 2009 \$1.1 million has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3.9 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on commercial auto lines of business. Therefore, there has been a \$.3 million unfavorable prior year development since December 31, 2008 to March 31, 2009. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

25. INTERCOMPANY POOLING ARRANGEMENTS.

NONE

26. STRUCTURED SETTLEMENTS.

NONE

27. HEALTH CARE RECEIVABLES.

NONE

28. PARTICIPATING POLICIES.

NONE

29. PREMIUM DEFICIENCY RESERVES.

NONE

30. HIGH DEDUCTIBLES.

NONE

31. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES.

NONE

32. ASBESTOS/ENVIRONMENTAL RESERVES

NONE

33. SUBSCRIBER SAVINGS ACCOUNTS

NONE

34. MULTIPLE PERIL CROP INSURANCE.

NONE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]
- 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 [] No [X]
- 2.2 If yes, date of change: _____
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
If yes, complete the Schedule Y – Part 1 – organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of 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 Company Code	3 State of Domicile
.....
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2006 _____
- 6.2 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. _____ 12/31/2006 _____
- 6.3 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). _____ 04/15/2008 _____
- 6.4 By what department or departments?
FLORIDA DEPARTMENT OF INSURANCE
.....
.....
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this 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]
- 7.2 If yes, give full information
.....
.....
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

GENERAL INTERROGATORIES

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
.....
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules, and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ _____ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ _____ 825,000

GENERAL INTERROGATORIES

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ <u> 0</u>	\$ <u> 0</u>
14.22 Preferred Stock	\$ <u> 0</u>	\$ <u> 0</u>
14.23 Common Stock	\$ <u> 0</u>	\$ <u> 0</u>
14.24 Short-Term Investments	\$ <u> 0</u>	\$ <u> 0</u>
14.25 Mortgage Loans on Real Estate	\$ <u> 0</u>	\$ <u> 0</u>
14.26 All Other	\$ <u> 0</u>	\$ <u> 0</u>
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ <u> 0</u>	\$ <u> 0</u>
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ <u> 0</u>	\$ <u> 0</u>

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X]
If no, attach a description with this statement.

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

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

1 Name of Custodian(s)	2 Custodian Address
.....
.....

16.2 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)
.....
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

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

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

GENERAL INTERROGATORIES

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

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

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto:

.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
.....	0	.....	.....	.....	0
.....	0	.....	.....	.....	0
.....	0	.....	.....	.....	0
.....	0	.....	.....	.....	0
TOTAL			0	0	0	0	0	0	0	0

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5
NAIC Company Code	Federal ID Number	Name of Reinsurer	Location	Is Insurer Authorized? (Yes or No)
<div style="font-size: 48pt; font-weight: bold; margin: 0 auto;">NONE</div>				

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year To Date - Allocated by States and Territories

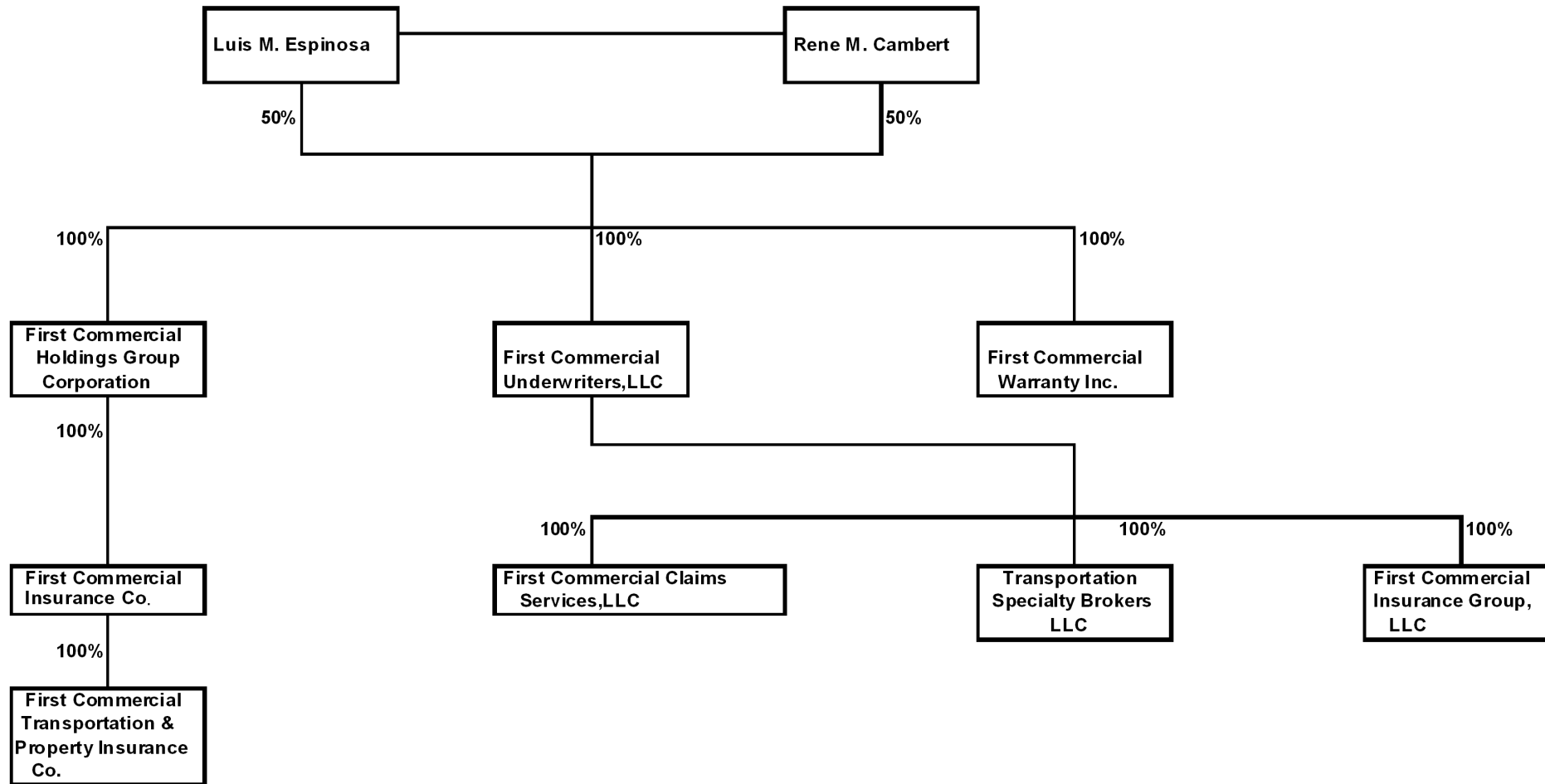
States, Etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		Active Status	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date
1. Alabama	AL	N					
2. Alaska	AK	N					
3. Arizona	AZ	N					
4. Arkansas	AR	N					
5. California	CA	N					
6. Colorado	CO	N					
7. Connecticut	CT	N					
8. Delaware	DE	N					
9. District of Columbia	DC	N					
10. Florida	FL	L	3,179,775	2,360,816	1,448,181	539,803	4,767,137
11. Georgia	GA	N					
12. Hawaii	HI	N					
13. Idaho	ID	N					
14. Illinois	IL	N					
15. Indiana	IN	N					
16. Iowa	IA	N					
17. Kansas	KS	N					
18. Kentucky	KY	N					
19. Louisiana	LA	N					
20. Maine	ME	N					
21. Maryland	MD	N					
22. Massachusetts	MA	N					
23. Michigan	MI	N					
24. Minnesota	MN	N					
25. Mississippi	MS	N					
26. Missouri	MO	N					
27. Montana	MT	N					
28. Nebraska	NE	N					
29. Nevada	NV	N					
30. New Hampshire	NH	N					
31. New Jersey	NJ	N					
32. New Mexico	NM	N					
33. New York	NY	N					
34. North Carolina	NC	N					
35. North Dakota	ND	N					
36. Ohio	OH	N					
37. Oklahoma	OK	N					
38. Oregon	OR	N					
39. Pennsylvania	PA	N					
40. Rhode Island	RI	N					
41. South Carolina	SC	N					
42. South Dakota	SD	N					
43. Tennessee	TN	N					
44. Texas	TX	N					
45. Utah	UT	N					
46. Vermont	VT	N					
47. Virginia	VA	N					
48. Washington	WA	N					
49. West Virginia	WV	N					
50. Wisconsin	WI	N					
51. Wyoming	WY	N					
52. American Samoa	AS	N					
53. Guam	GU	N					
54. Puerto Rico	PR	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CN	N					
58. Aggregate Other Alien	OT	X X X					
59. Totals	(a) 1		3,179,775	2,360,816	1,448,181	539,803	4,767,137
							4,348,323

DETAILS OF WRITE-INS							
5801.		X X X					
5802.		X X X					
5803.		X X X					
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X					
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X					

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

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

PART 1 - ORGANIZATIONAL CHART



PART 1 – LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability-occurrence				
11.2 Medical professional liability-claims made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability-occurrence				
17.2 Other liability-claims made				
18.1 Products liability-occurrence				
18.2 Products liability-claims made				
19.1, 19.2 Private passenger auto liability		(2,581)		
19.3, 19.4 Commercial auto liability	2,474,955	1,750,649	70.7	30.4
21. Auto physical damage	48,748	48,201	98.9	10.3
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. TOTALS	2,523,703	1,796,269	71.2	

DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)				

PART 2 – DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability-occurrence			
11.2 Medical professional liability-claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1, 19.2 Private passenger auto liability			
19.3, 19.4 Commercial auto liability	3,120,690	3,120,690	2,323,030
21. Auto physical damage	59,085	59,085	37,786
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. TOTALS	3,179,775	3,179,775	2,360,816

DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)			

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2009 Loss and LAE Payments (Cols 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss & LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 - 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 - 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2006 + prior	844	263	1,107	219		219	710		200	910	85	(63)	22
2. 2007	338	250	588	298		298	224		200	424	184	(50)	134
3. Subtotals 2007 + prior	1,182	513	1,695	517		517	934		400	1,334	269	(113)	156
4. 2008	1,288	1,736	3,024	603		603	1,609		974	2,583	924	(762)	162
5. Subtotals 2008 + prior	2,470	2,249	4,719	1,120		1,120	2,543		1,374	3,917	1,193	(875)	318
6. 2009	X X X	X X X	X X X	X X X	520	520	X X X	474	415	889	X X X	X X X	X X X
7. Totals	2,470	2,249	4,719	1,120	520	1,640	2,543	474	1,789	4,806	1,193	(875)	318

8. Prior Year-End Surplus As Regards Policyholders

6,627

Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
<u>Line 7</u>	<u>Line 7</u>	<u>Line 7</u>
1. <u>48.300</u>	2. <u>-38.906</u>	3. <u>6.739</u>
		<u>Col. 13, Line 7</u>
		<u>Line 8</u>
		4. <u>4.799</u>

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	<u>Response</u>
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	825,000	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		825,000
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	825,000	825,000
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	825,000	825,000

SCHEDULE B - VERIFICATION**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

NONE

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)								
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds								
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock								

NONE

NONE

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999		NONE			

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

NONE

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1	2	3	4	5	Derivative Instruments Open		Cash Instrument(s) Held				
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
					NONE						
9999999	Totals				XXX		XXX	XXX			XXX

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SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year to Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

NONE

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SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

NONE

NONE **Schedule A - Part 2 and 3**

NONE **Schedule B - Part 2 and 3**

NONE **Schedule BA - Part 2 and 3**

NONE Schedule D - Part 3

NONE **Schedule D - Part 4**

NONE **Schedule DB - Part A and B - Section 1**

NONE Schedule DB - Part C and D - Section 1

NONE Schedule E - Part 2