



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003  
OF THE CONDITION AND AFFAIRS OF THE

## QCC INSURANCE COMPANY

NAIC Group Code 0936 0936 NAIC Company Code 93688 Employer's ID Number 23-2184623  
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania, State of Domicile or Port of Entry Pennsylvania

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [  ] Property/Casualty [  ] Dental Service Corporation [  ]  
Vision Service Corporation [  ] Other [  ] Health Maintenance Organization [  ]  
Hospital, Medical & Dental Service or Indemnity [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated 05/13/1981 Commenced Business 12/21/1981

Statutory Home Office 1901 MARKET STREET, PHILADELPHIA, PA 19103-1480  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1901 MARKET STREET  
PHILADELPHIA, PA 19103-1480 215-241-2400  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 MARKET STREET, PHILADELPHIA, PA 19103-1480  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1901 MARKET STREET  
PHILADELPHIA, PA 19103-1480 215-241-2529  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.ibx.com

Statutory Statement Contact Kevin Deal 215-241-2529  
(Name) (Area Code) (Telephone Number) (Extension)  
kevin.deal@ibx.com 215-241-0406  
(E-mail Address) (FAX Number)

Policyowner Relations Contact 1901 MARKET STREET  
PHILADELPHIA, PA 19103-1480 215-241-2400  
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

President G. Fred DiBona, Jr. Secretary Paul Andrew Tufano  
Treasurer John George Foos

### VICE PRESIDENTS

<u>Christopher Desmond Butler, C.M.E.</u>	<u>John Christopher Cashman, SR. V.P.</u>	<u>John Allen Daddis, SR. V.P.</u>
<u>Robert Joseph Fascia, SR. V.P.</u>	<u>Joseph Anthony Frick, SR. V.P.</u>	<u>Michael Anthony Green, SR. V.P.</u>
<u>Daniel Coombs Lyons, M.D., SR. V.P. #</u>	<u>Robert Allan McKeown, SR. V.P.</u>	<u>Richard Joseph Neeson, SR. V.P.</u>
<u>Thomas Francis Pappalardo, SR. V.P.</u>	<u>Rosemary Anne Park, SR. V.P.</u>	<u>Ian Steven Udvarhelyi, M.D., SR. V.P., C.M.O.</u>
<u>John Charles Zamzow, SR. V.P.</u>		

### DIRECTORS OR TRUSTEES

<u>Christopher Desmond Butler #</u>	<u>G. Fred DiBona, Jr.</u>	<u>John Allen Daddis</u>
<u>Robert Joseph Fascia</u>	<u>John George Foos</u>	<u>Joseph Anthony Frick</u>
<u>William Frederick Haggett #</u>	<u>Rosemary Anne Park #</u>	

State of .....Pennsylvania..... }  
County of .....Philadelphia..... } 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.

\_\_\_\_\_  
G. Fred DiBona, Jr.  
President

\_\_\_\_\_  
Paul Andrew Tufano  
Secretary

\_\_\_\_\_  
John George Foos  
Treasurer

Subscribed and sworn to before me this  
27 day of February, 2004

\_\_\_\_\_  
Linda J. Pratt  
Senior Administrative Assistant  
03/10/07

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 \_\_\_\_\_











**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0	.0	.0.0	.0	.0
2. Intermediaries .....	.0	.0.0	.0	.0.0	.0	.0
3. All other providers .....	383,240	.0.0	.0	.0.0	383,240	.0
4. Total capitation payments .....	383,240	.0.0	.0	.0.0	383,240	.0
Other Payments:						
5. Fee-for-service .....	47,963,644	2.3	XXX	XXX	47,963,644	.0
6. Contractual fee payments .....	2,021,479,270	97.7	XXX	XXX	2,021,479,270	.0
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX	.0	.0
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX	.0	.0
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX	.0	.0
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX	.0	.0
11. All other payments .....	(97,682)	.0.0	XXX	XXX	(97,682)	.0
12. Total other payments .....	2,069,345,232	100.0	XXX	XXX	2,069,345,232	.0
13. TOTAL (Line 4 plus Line 12)	2,069,728,472	100 %	XXX	XXX	2,069,728,472	0

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

23

**EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2003

NAIC Company Code

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year .....													
2. First Quarter .....													
3. Second Quarter .....													
4. Third Quarter .....													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....													
8. Non-Physician .....													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected .....													
13. Life Premiums Direct .....													
14. Property/Casualty Premiums Written .....													
15. Health Premiums Earned .....													
16. Property/Casualty Premiums Earned .....													
17. Amount Paid for Provision of Health Care Services .....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

35.AZ



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Colorado			DURING THE YEAR 2003									NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year .....													
2. First Quarter .....													
3. Second Quarter .....													
4. Third Quarter .....													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
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8. Non-Physician .....													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
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13. Life Premiums Direct .....													
14. Property/Casualty Premiums Written .....													
15. Health Premiums Earned .....													
16. Property/Casualty Premiums Earned .....													
17. Amount Paid for Provision of Health Care Services .....													
18. Amount Incurred for Provision of Health Care Services													

**NONE**

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

35.CO



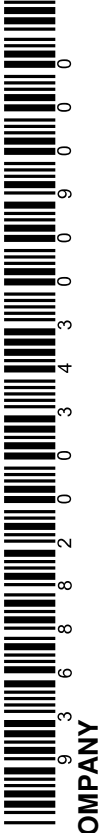
ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY NAIC Group Code 0936 BUSINESS IN THE STATE OF Delaware (LOCATION) NAIC Company Code 93688

	DURING THE YEAR 2003			(LOCATION)									
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Comprehensive (Hospital & Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year	1,648	0	1,448	0	200	0	0	0	0	0	0	0	0
2. First Quarter	1,531	0	1,349	0	182	0	0	0	0	0	0	0	0
3. Second Quarter	1,558	0	1,355	0	203	0	0	0	0	0	0	0	0
4. Third Quarter	1,647	0	1,364	0	283	0	0	0	0	0	0	0	0
5. Current Year	1,663	0	1,370	0	293	0	0	0	0	0	0	0	0
6. Current Year Member Months	19,330	0	16,523	0	2,807	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	17,665	0	17,665	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	1,108	0	1,108	0	0	0	0	0	0	0	0	0	0
9. Total	18,773	0	18,773	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	332	0	332	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	91	0	91	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	4,753,767		4,747,667		6,100								
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	5,022,378		5,016,278		6,100								
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	3,542,933	0	3,541,609	0	1,324	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,921,666	0	3,920,342	0	1,324	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 1,663 and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

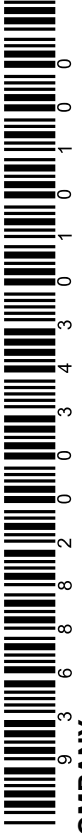
REPORT FOR: 1. CORPORATION

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF District of Columbia \_\_\_\_\_ DURING THE YEAR 2003 \_\_\_\_\_ (LOCATION) NAIC Company Code \_\_\_\_\_

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

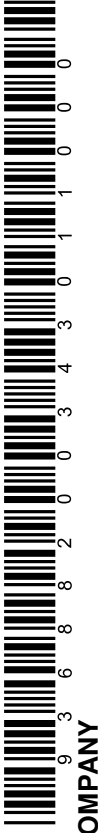


ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

	NAIC Group Code 0936		DURING THE YEAR 2003										NAIC Company Code 93688	
	BUSINESS IN THE STATE OF Florida		(LOCATION)											
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	Total	Individual	Comprehensive (Hospital & Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(12.019)	0	(12.019)	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

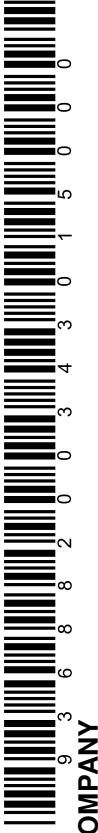
REPORT FOR: 1. CORPORATION

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF Georgia \_\_\_\_\_ DURING THE YEAR 2003 \_\_\_\_\_ (LOCATION) NAIC Company Code \_\_\_\_\_ 2. \_\_\_\_\_

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year .....													
2. First Quarter .....													
3. Second Quarter .....													
4. Third Quarter .....													
5. Current Year .....													
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17. Amount Paid for Provision of Health Care Services .....													
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NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

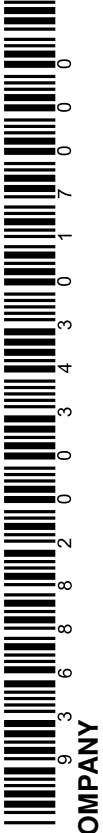
NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF Indiana \_\_\_\_\_ (LOCATION) \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

DURING THE YEAR 2003

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year .....													
2. First Quarter .....													
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

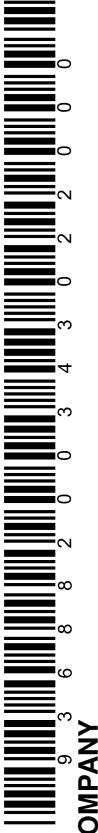
REPORT FOR: 1. CORPORATION

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF Kansas \_\_\_\_\_ DURING THE YEAR 2003 \_\_\_\_\_ (LOCATION) NAIC Company Code \_\_\_\_\_ 2. \_\_\_\_\_

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		Individual	Group										
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

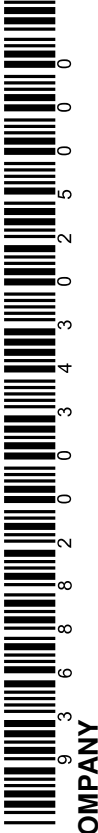
REPORT FOR: 1. CORPORATION

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF Massachusetts \_\_\_\_\_ DURING THE YEAR 2003 \_\_\_\_\_ (LOCATION) NAIC Company Code \_\_\_\_\_

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
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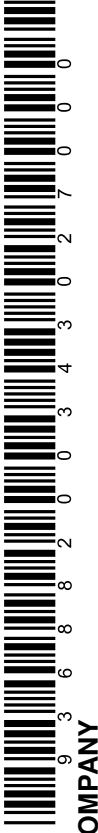
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

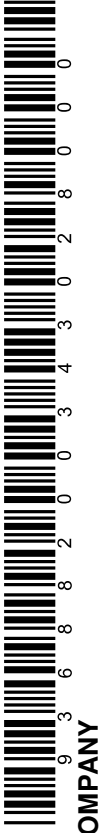
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
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12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

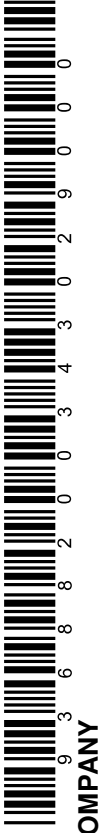
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
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14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

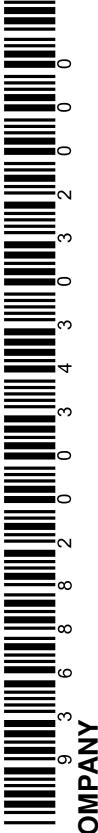
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

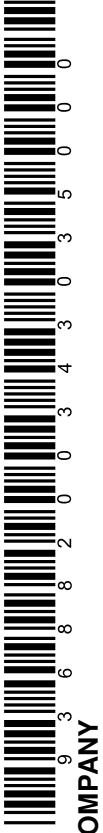
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

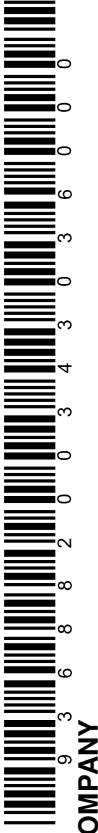
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
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14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

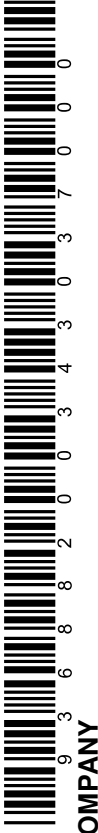
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

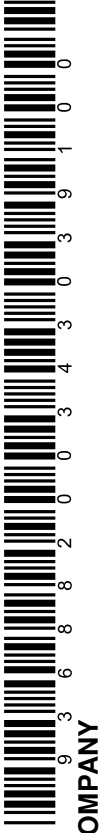
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



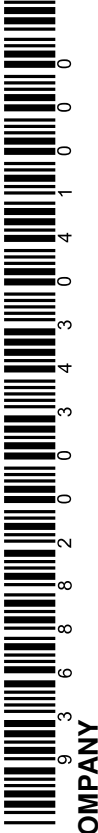
ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY NAIC Group Code 0936 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2003 NAIC Company Code 93688 (LOCATION)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year	780,641	32,689	717,793	0	6,546	0	0	23,613	0	0	0	0	0
2. First Quarter	770,997	34,143	707,007	0	7,310	0	0	22,537	0	0	0	0	0
3. Second Quarter	760,825	31,843	698,949	0	7,424	0	0	22,609	0	0	0	0	0
4. Third Quarter	764,987	32,962	701,557	0	7,493	0	0	22,975	0	0	0	0	0
5. Current Year	751,516	21,836	698,711	0	7,735	0	0	23,234	0	0	0	0	0
6. Current Year Member Months	9,178,380	377,226	8,436,586	0	89,510	0	0	275,068	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	11,326,581	463,520	10,037,663	0	0	0	0	825,398	0	0	0	0	0
8. Non-Physician	1,300,236	61,114	1,110,362	0	0	0	0	128,760	0	0	0	0	0
9. Total	12,626,817	524,634	11,148,025	0	0	0	0	954,158	0	0	0	0	0
10. Hospital Patient Days Incurred	542,194	27,214	421,736	0	0	0	0	93,244	0	0	0	0	0
11. Number of Inpatient Admissions	86,418	4,392	68,059	0	0	0	0	13,967	0	0	0	0	0
12. Health Premiums Collected	2,499,612,231	91,415,869	2,187,725,108		389,118			217,729,839		2,352,297			
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	2,477,564,599	80,752,897	2,179,883,799		389,118			214,186,488		2,352,297			
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	2,061,511,224	90,464,713	1,773,117,525	0	381,916	0	0	197,644,752	0	(97,682)	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,062,629,248	87,967,539	1,777,530,150	0	381,916	0	0	194,573,768	0	2,175,875	0	0	0

(a) For health business: number of persons insured under PPO managed care products 751,516 and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

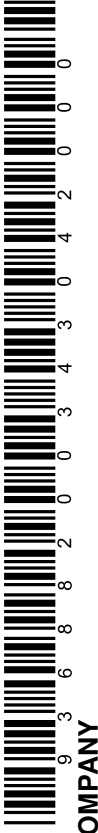
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

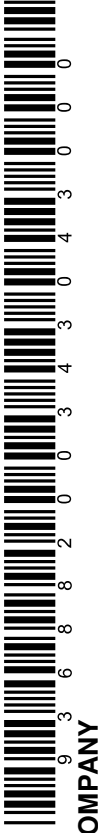
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
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6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
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8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
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15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

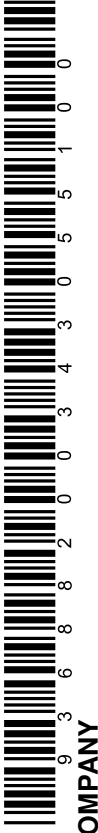


ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

	NAIC Group Code 0936		BUSINESS IN THE STATE OF TEXAS										DURING THE YEAR 2003			(LOCATION)			NAIC Company Code	93688
	QCC INSURANCE COMPANY		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13					
	2			3																
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other							
<b>Total Members at end of:</b>																				
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																				
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	(259,552)	0	(259,552)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	(1,134,531)	0	(1,134,531)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

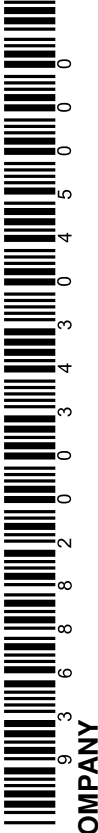


ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

	NAIC Group Code 0936		BUSINESS IN THE STATE OF U.S. Virgin Islands										NAIC Company Code 93688		
	QCC INSURANCE COMPANY		DURING THE YEAR 2003										(LOCATION)		
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	Total	Individual	Comprehensive (Hospital & Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
<b>Total Members at end of:</b>															
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	4,933,867	0	4,933,867	0	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

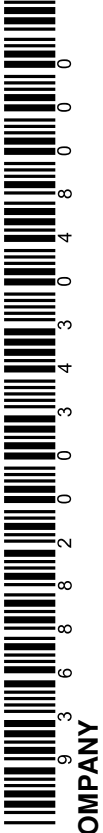
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

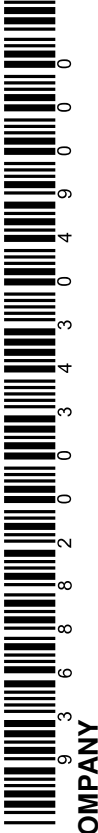
REPORT FOR: 1. CORPORATION

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF Washington \_\_\_\_\_ DURING THE YEAR 2003 \_\_\_\_\_ (LOCATION) NAIC Company Code \_\_\_\_\_ 2. \_\_\_\_\_

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year .....													
2. First Quarter .....													
3. Second Quarter .....													
4. Third Quarter .....													
5. Current Year .....													
6. Current Year Member Months .....													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....													
8. Non-Physician .....													
9. Total .....													
10. Hospital Patient Days Incurred .....													
11. Number of Inpatient Admissions .....													
12. Health Premiums Collected .....													
13. Life Premiums Direct .....													
14. Property/Casualty Premiums Written .....													
15. Health Premiums Earned .....													
16. Property/Casualty Premiums Earned .....													
17. Amount Paid for Provision of Health Care Services .....													
18. Amount Incurred for Provision of Health Care Services .....													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

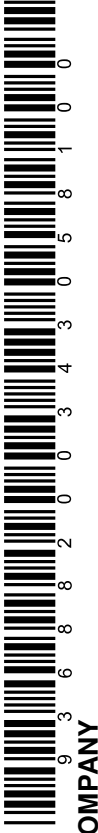
REPORT FOR: 1. CORPORATION

2.

	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2003							(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Collected													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY NAIC Group Code 0936 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2003 NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year	782,289	32,689	719,241	0	6,746	0	0	23,613	0	0	0	0	0
2. First Quarter	772,528	34,143	708,356	0	7,492	0	0	22,537	0	0	0	0	0
3. Second Quarter	762,383	31,843	700,304	0	7,627	0	0	22,609	0	0	0	0	0
4. Third Quarter	766,634	32,962	702,921	0	7,776	0	0	22,975	0	0	0	0	0
5. Current Year	753,179	21,836	700,081	0	8,028	0	0	23,234	0	0	0	0	0
6. Current Year Member Months	9,197,710	377,226	8,453,109	0	92,317	0	0	275,068	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	11,344,246	463,520	10,055,328	0	0	0	0	825,398	0	0	0	0	0
8. Non-Physician	1,301,344	61,114	1,111,470	0	0	0	0	128,760	0	0	0	0	0
9. Total	12,645,590	524,634	11,166,798	0	0	0	0	954,158	0	0	0	0	0
10. Hospital Patient Days Incurred	542,526	27,214	422,068	0	0	0	0	93,244	0	0	0	0	0
11. Number of Inpatient Admissions	86,509	4,392	68,150	0	0	0	0	13,967	0	0	0	0	0
12. Health Premiums Collected	2,504,365,998	91,415,869	2,192,472,775	0	395,218	0	0	217,729,839	0	2,352,297	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,482,586,977	80,752,897	2,184,900,077	0	395,218	0	0	214,186,488	0	2,352,297	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,069,728,472	90,464,713	1,781,333,449	0	383,240	0	0	197,644,752	0	(97,682)	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,065,404,364	87,967,539	1,780,303,942	0	383,240	0	0	194,573,768	0	2,175,875	0	0	0

(a) For health business: number of persons insured under PPO managed care products 753,179 and number of persons under indemnity only products 0

## SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	
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 13.....	
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 11.....	
6.2 Totals, Part 3, Column 8.....	
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	
8. Book/adjusted carrying value at end of current period.....	
9. Total valuation allowance.....	
10. Subtotal (Lines 8 plus 9).....	
11. Total nonadmitted amounts.....	
12. Statement value, current period (Page 2, real estate lines, current period).....	

**NONE**

## SCHEDULE B VERIFICATION BETWEEN YEARS

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.....	
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.....	
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	
12. Total nonadmitted amounts.....	
13. Statement value of mortgages owned at end of current period.....	

**NONE**

## SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	10,500,000
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.....	10,500,000
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.....	.0

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>	5,246,417	63,329,243	9,800,357	3,948,980	2,076,558	84,401,555	12.5	62,775,323	13.9	84,401,555	
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	5,246,417	63,329,243	9,800,357	3,948,980	2,076,558	84,401,555	12.5	62,775,323	13.9	84,401,555	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories and Possessions etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1		2,993,531	225,358	1,545,025	3,986,369	8,750,283	1.3	0	0.0	8,750,283	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals	0	2,993,531	225,358	1,545,025	3,986,369	8,750,283	1.3	0	0.0	8,750,283	0

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1	.0	5,942,404	.0	.0	.0	5,942,404	0.9	.0	0.0	5,942,404	.0
6.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.3 Class 3	.0	1,668,077	1,131,144	.0	.0	2,799,221	0.4	333,415	0.1	2,799,221	.0
6.4 Class 4	.0	1,249,755	2,572,071	.0	.0	3,821,826	0.6	607,750	0.1	3,821,826	.0
6.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	8,860,236	3,703,215	0	0	12,563,451	1.9	941,165	0.2	12,563,451	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1	358,606,196	1,411,535	27,748,388	2,749,788	3,025,563	393,541,470	58.2	268,926,242	59.6	393,541,470	.0
7.2 Class 2	2,789,060	8,905,908	29,050,645	4,272,384	.0	45,017,997	6.7	38,315,845	8.5	45,017,997	.0
7.3 Class 3	2,498,981	9,042,568	37,874,046	1,163,071	.0	50,578,666	7.5	36,160,482	8.0	50,578,666	.0
7.4 Class 4	1,771,126	13,442,875	63,935,255	1,987,295	.0	81,136,551	12.0	43,216,550	9.6	81,136,551	.0
7.5 Class 5	.0	.0	299,455	.0	.0	299,455	0.0	853,505	0.2	299,455	.0
7.6 Class 6	0	1,598	0	0	0	1,598	0.0	295,168	0.1	1,598	.0
7.7 Totals	365,665,363	32,804,484	158,907,789	10,172,538	3,025,563	570,575,737	84.4	387,767,792	85.9	570,575,737	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	363,852,613	73,676,713	37,774,103	8,243,793	9,088,490	492,635,712	72.8	XXX	XXX	492,635,712	.0
10.2 Class 2	2,789,060	8,905,908	29,050,645	4,272,384	.0	45,017,997	6.7	XXX	XXX	45,017,997	.0
10.3 Class 3	2,498,981	10,710,645	39,005,190	1,163,071	.0	53,377,887	7.9	XXX	XXX	53,377,887	.0
10.4 Class 4	1,771,126	14,692,630	66,507,326	1,987,295	.0	84,958,377	12.6	XXX	XXX	84,958,377	.0
10.5 Class 5	.0	.0	299,455	.0	.0	299,455	0.0	XXX	XXX	299,455	.0
10.6 Class 6	.0	1,598	.0	.0	.0	1,598	0.0	XXX	XXX	1,598	.0
10.7 Totals	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	676,291,026	100.0	XXX	XXX	676,291,026	.0
10.8 Line 10.7 as a % of Col. 6	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	10,724,270	45,523,417	255,485,277	14,801,461	5,167,140	XXX	XXX	331,701,565	73.5	331,701,565	.0
11.2 Class 2	903,807	8,109,883	25,361,253	3,939,269	1,633	XXX	XXX	38,315,845	8.5	38,315,845	.0
11.3 Class 3	492,109	8,563,550	27,243,238	195,000	.0	XXX	XXX	36,493,897	8.1	36,493,897	.0
11.4 Class 4	.0	10,394,147	32,073,296	868,000	488,857	XXX	XXX	43,824,300	9.7	43,824,300	.0
11.5 Class 5	.0	311,500	542,005	.0	.0	XXX	XXX	853,505	0.2	853,505	.0
11.6 Class 6	184,000	30,997	80,171	.0	.0	XXX	XXX	295,168	0.1	295,168	.0
11.7 Totals	12,304,186	72,933,494	340,785,240	19,803,730	5,657,630	XXX	XXX	451,484,280	100.0	451,484,280	.0
11.8 Line 11.7 as a % of Col. 8	2.7	16.2	75.5	4.4	1.3	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1	363,852,613	73,676,713	37,774,103	8,243,793	9,088,490	492,635,712	72.8	331,701,565	73.5	492,635,712	XXX
12.2 Class 2	2,789,060	8,905,908	29,050,645	4,272,384	.0	45,017,997	6.7	38,315,845	8.5	45,017,997	XXX
12.3 Class 3	2,498,981	10,710,645	39,005,190	1,163,071	.0	53,377,887	7.9	36,493,897	8.1	53,377,887	XXX
12.4 Class 4	1,771,126	14,692,630	66,507,326	1,987,295	.0	84,958,377	12.6	43,824,300	9.7	84,958,377	XXX
12.5 Class 5	.0	.0	299,455	.0	.0	299,455	0.0	853,505	0.2	299,455	XXX
12.6 Class 6	.0	1,598	.0	.0	.0	1,598	0.0	295,168	0.1	1,598	XXX
12.7 Totals	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	676,291,026	100.0	451,484,280	100.0	676,291,026	XXX
12.8 Line 12.7 as a % of Col. 6	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.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	XXX	XXX	XXX	XXX	.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 is 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.

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**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**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 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations	5,246,417	57,075,328	3,000,461	263,638	0	65,585,844	9.7	23,478,430	5.2	65,585,844	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	6,253,915	6,799,896	3,685,342	2,076,558	18,815,711	2.8	39,296,893	8.7	18,815,711	0
1.7 Totals	5,246,417	63,329,243	9,800,357	3,948,980	2,076,558	84,401,555	12.5	62,775,323	13.9	84,401,555	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	0	2,993,531	225,358	1,545,025	3,986,369	8,750,283	1.3	0	0.0	8,750,283	0
5.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
5.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	2,993,531	225,358	1,545,025	3,986,369	8,750,283	1.3	0	0.0	8,750,283	0

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....	0	8,860,236	3,703,215	0	0	12,563,451	1.9	941,165	0.2	12,563,451	0
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined .....	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	8,860,236	3,703,215	0	0	12,563,451	1.9	941,165	0.2	12,563,451	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....	365,665,363	27,009,020	145,064,387	123,728	0	537,862,498	79.5	360,255,002	79.8	537,862,498	0
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....	0	0	0	0	0	0	0.0	16,223,181	3.6	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined .....	0	5,795,464	13,843,402	10,048,810	3,025,563	32,713,239	4.8	10,768,828	2.4	32,713,239	0
7.4 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Other .....	0	0	0	0	0	0	0.0	520,781	0.1	0	0
7.7 Totals	365,665,363	32,804,484	158,907,789	10,172,538	3,025,563	570,575,737	84.4	387,767,792	85.9	570,575,737	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**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 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations	370,911,780	92,944,584	151,768,063	387,366	.0	616,011,793	91.1	XXX	XXX	616,011,793	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	.0	6,253,915	6,799,896	3,685,342	2,076,558	18,815,711	2.8	XXX	XXX	18,815,711	.0
10.3 Defined	.0	8,788,995	14,068,760	11,593,835	7,011,932	41,463,522	6.1	XXX	XXX	41,463,522	.0
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
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	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	676,291,026	100.0	XXX	XXX	676,291,026	.0
10.8 Line 10.7 as a % of Col. 6	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	6,285,849	52,675,595	323,711,653	1,511,010	490,490	XXX	XXX	384,674,597	85.2	384,674,597	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	4,065,006	14,692,772	14,722,363	17,608,466	4,431,467	XXX	XXX	55,520,074	12.3	55,520,074	.0
11.3 Defined	1,579,934	5,338,936	2,430,031	684,255	735,672	XXX	XXX	10,768,828	2.4	10,768,828	.0
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Other	253,009	226,192	41,580	.0	.0	XXX	XXX	520,781	0.1	520,781	.0
11.7 Totals	12,183,798	72,933,495	340,905,627	19,803,731	5,657,629	XXX	XXX	451,484,280	100.0	451,484,280	.0
11.8 Line 11.7 as a % of Col. 8	2.7	16.2	75.5	4.4	1.3	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations	370,911,780	92,944,584	151,768,063	387,366	.0	616,011,793	91.1	384,674,597	85.2	616,011,793	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	.0	6,253,915	6,799,896	3,685,342	2,076,558	18,815,711	2.8	55,520,074	12.3	18,815,711	XXX
12.3 Defined	.0	8,788,995	14,068,760	11,593,835	7,011,932	41,463,522	6.1	10,768,828	2.4	41,463,522	XXX
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Other	.0	.0	.0	.0	.0	.0	0.0	520,781	0.1	.0	XXX
12.7 Totals	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	676,291,026	100.0	451,484,280	100.0	676,291,026	XXX
12.8 Line 12.7 as a % of Col. 6	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	54.8	16.0	25.5	2.3	1.3	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Other	.0	.0	.0	.0	.0	.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

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE DA - PART 2**

**Verification of SHORT-TERM INVESTMENTS Between Years**

	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, prior year .....	578,360	578,360	0	0	0
2. Cost of short-term investments acquired .....	113,153,082	113,153,082	0	0	0
3. Increase (decrease) by adjustment .....	0	0	0	0	0
4. Increase (decrease) by foreign exchange adjustment .....	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments .....	0	0	0	0	0
6. Consideration received on disposal of short-term investments .....	578,360	578,360	0	0	0
7. Book/adjusted carrying value, current year .....	113,153,082	113,153,082	0	0	0
8. Total valuation allowance .....	0	0	0	0	0
9. Subtotal (Lines 7 plus 8) .....	113,153,082	113,153,082	0	0	0
10. Total nonadmitted amounts .....	0	0	0	0	0
11. Statement value (Lines 9 minus 10) .....	113,153,082	113,153,082	0	0	0
12. Income collected during year .....	713,521	713,521	0	0	0
13. Income earned during year .....	647,193	647,193	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0 .....

Schedule DB - Part A - VBY

**NONE**

Schedule DB - Part B - VBY

**NONE**

Schedule DB - Part C - VBY

**NONE**

Schedule DB - Part D - VBY

**NONE**

Schedule DB - Part E - VBY

**NONE**

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE S - PART 1 - SECTION 2**

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
54704	23-0370270	01/01/1993	Independence Blue Cross	Pennsylvania	SSL/L	3,424,828			170,160		
10975	06-1505051	09/01/2000	AmeriHealth Casualty Insurance Company	Delaware	OTH/L	17,908,524			22,302,131		
0199999 - Total Affiliates						21,333,352			22,472,291		
24457	23-0580680	09/01/1997	Reliance Insurance Company	Pennsylvania	OTH/L				3,327,896		
86258	13-2572994	01/01/1997	Cologne Life Reinsurance Company	Connecticut	SSL/A				41,532		
60410	73-0714500	01/01/2000	American Fidelity Assurance Company	Oklahoma	SSL/A	741,463			870,695		
70939	13-2611847	01/01/2003	Gerber Life Insurance Company	New York	SSL/A	152,604			21,184		
0299999 - Total - Non-Affiliates						894,067			4,261,307		
0399999 Totals						22,227,419			26,733,598		

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
<b>NONE</b>						
0799999 - Totals						

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
20702	06-6032187	03/01/2002	Ace Fire Underwriters Insurance Company	Pennsylvania	OTH/L	3,428,909	454,064					
0299999 - Total - Non-Affiliates						3,428,909	454,064					
0399999 Totals						3,428,909	454,064					

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
<b>NONE</b>													
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>1199999 Totals</p> </div>													

**Schedule S-Part 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2003	2 2002	3 2001	4 2000	5 1999
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	3,429	3,213	818	1,832	1,808
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	(126)	858	1,300
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	1,249
7. Claims payable.....		0	280	985	1,400
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

**SCHEDULE S-PART 6**

**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	812,152,030		812,152,030
2. Accident and health premiums due and unpaid (Line 12).....	45,146,543		45,146,543
3. Amounts recoverable from reinsurers (Line 13.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	219,237,060		219,237,060
6. Total assets (Line 26)	1,076,535,633	0	1,076,535,633
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	410,069,700	0	410,069,700
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	134,637,035		134,637,035
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	174,550,671		174,550,671
12. Total liabilities (Line 22).....	719,257,406	0	719,257,406
13. Total capital and surplus (Line 30).....	357,278,227	XXX	357,278,227
14. Total liabilities, capital and surplus (Line 31)	1,076,535,633	0	1,076,535,633
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	0		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**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)
54704	23-0370270	Independence Blue Cross	46,749,150	(20,000,000)			501,020,631	1,130,538		20,383,000	549,283,319	(11,613,840)
93688	23-2184623	QCC Insurance Company			27,856,351		(305,642,366)	(2,687,172)			(280,473,187)	(22,926,355)
	23-2425461	AmeriHealth, Inc.	1,263,966	(2,263,966)			(5,592,695)			1,250,000	(5,342,695)	
95056	23-2405376	Keystone health Plan East, Inc.	(35,000,000)		15,506,610		(253,611,858)			62,848,000	(210,257,248)	
60061	22-3338404	AmeriHealth insurance Company of New Jersey					(10,484,150)	7,658,726			(2,825,424)	
95044	23-2314460	AmeriHealth HMO, Inc. (New Jersey Division)			(43,362,961)		(33,215,803)	(7,658,726)		(5,316,000)	(89,553,490)	
95044	23-2314460	AmeriHealth HMO, Inc. (Delaware Division)					(4,797,847)				(4,797,847)	
95262	74-2439056	AmeriHealth of Florida, Inc.					(17,000)				(17,000)	
95768	06-1500463	AmeriHealth Health Plans, Inc.	(513,966)	1,513,966			6,000			0	1,006,000	
	23-2800586	AmeriHealth Agency, Inc.					(333,616)			0	(333,616)	
	23-2522508	AmeriHealth Administrators	(11,749,150)				(17,240,119)			0	(28,989,269)	
	23-2795357	Amerihealth Services, Inc.					(5,407,230)			(2,044,000)	(7,451,230)	
	23-2317715	AmeriHealth Integrated Benefits, Inc.					3,000			(4,000)	(1,000)	
10975	06-1505051	Amerihealth Casualty Insurance Company		20,750,000			(1,822,000)	1,192,879			20,120,879	22,756,195
	23-2754696	AmeriHealth Integrated Case Management, Inc.					(957,962)			(891,000)	(1,848,962)	
	25-1686685	Compservices, Inc.	(750,000)				(117,149)				(867,149)	
	25-1765486	CSI Services, Inc.					(824,170)				(824,170)	
	23-2824442	Corcell					153,000				153,000	
95794	51-0296135	Healthcare Delaware, Inc.					(21,000)				(21,000)	
	23-2671650	Independence Healthcare Management, Inc.					152,671,772			(23,205,000)	129,466,772	
60254	23-2865349	Independence Insurance, Inc.					(52,306)				(52,306)	
	23-2982367	Independence Holdings, Inc.					(9,578,727)			(45,383,000)	(54,961,727)	
		Keystone Benefits										
	23-2864737						(4,246,856)			(6,134,000)	(10,380,856)	
	23-2773183	Keystone Health Systems, Inc.					(11,000)			0	(11,000)	
96660	23-2408039	Vista Health Plan, Inc.					(7,000)			0	(7,000)	
	23-2723299	AmeriHealth Integrated Workers Compensation Management, Inc.					2,000			(4,000)	(2,000)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						363,755		0	363,755	11,784,000
53546	66-0195325	La Cruz Azul de Puerto Rico					124,451			(1,500,000)	(1,375,549)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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 filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... Yes [ ] No [ X ]
- 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?..... Yes [ X ] No [ ]
- 3. Will an actuarial certification be filed by March 1?..... Yes [ X ] No [ ]
- 4. Will the Risk-based Capital Report be filed with the NAIC by March 1?..... Yes [ X ] No [ ]
- 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... Yes [ X ] No [ ]
- 6. Will the SVO Compliance Certification be filed by March 1? ..... Yes [ X ] No [ ]
- 7. Will the Life Supplement be filed the state of domicile and the NAIC by March 1? ..... Yes [ X ] No [ ]
- 8. Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?..... Yes [ X ] No [ ]

**APRIL FILING**

- 9. Will Management's Discussion and Analysis be filed by April 1?..... Yes [ X ] No [ ]
- 10. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?..... Yes [ ] No [ X ]
- 11. Will the Investment Risks Interrogatories be filed by April 1? ..... Yes [ X ] No [ ]

**JUNE FILING**

- 12. Will an audited financial report be filed by June 1 with the state of domicile? ..... Yes [ X ] No [ ]

**EXPLANATIONS:**

1.

10.

**BAR CODE:**



**OVERFLOW PAGE FOR WRITE-INS**

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# LIFE SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1

FOR THE YEAR ENDED DECEMBER 31, 2003

OF THE QCC INSURANCE COMPANY ..... Insurance Company  
 ADDRESS (City, State and Zip Code) PHILADELPHIA, PA 19103-1480.....  
 NAIC Group Code 0936..... NAIC Company Code 93688..... Employer's ID Number 23-2184623.....

Life Supplement - Exhibit 5

**NONE**

Life Supp. - Exhibit 5 - Interrogatories

**NONE**

Exhibit 7 - Deposit Type Contracts

**NONE**

Schedule S - Part 1 - Section 1

**NONE**

Schedule S - Part 3 - Section 1

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	<b>NONE</b>				
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	<b>NONE</b>				
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)					



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

**NONE**

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

**NONE**

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	4,753,767	5,022,378		3,542,933	3,921,666
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	4,753,767	5,022,378	0	3,542,933	3,921,666



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	<b>NONE</b>				
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	0			0	(12,019)
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	0	0	0	0	(12,019)



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	<b>NONE</b>				
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	<b>NONE</b>				
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)					



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5					
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds		XXX		XXX						
4. Other considerations										
5. Totals (Sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit	<b>NONE</b>									
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page										
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)										

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5					
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred					
24. Group Policies	<b>NONE</b>									
24.1 Federal Employees Health Benefits Program premium										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies										
Other Individual Policies:										
25.1 Non-cancellable										
25.2 Guaranteed renewable										
25.3 Non-renewable for stated reasons only										
25.4 Other accident only										
25.5 All other										
25.6 Totals (Sum of Lines 25.1 to 25.5)										
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)										



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

**NONE**

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

**NONE**

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	2,408,196,362	2,396,811,702		1,971,046,511	1,974,661,709
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other	91,415,869	80,752,897		90,464,713	87,967,539
25.6 Totals (Sum of Lines 25.1 to 25.5)	91,415,869	80,752,897	0	90,464,713	87,967,539
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	2,499,612,231	2,477,564,599	0	2,061,511,224	2,062,629,248



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

**NONE**

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

**NONE**

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies				(259,552)	(1,134,531)
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	0	0	0	(259,552)	(1,134,531)



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	<b>NONE</b>				
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies				4,933,867	
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	0	0	0	4,933,867	0



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). A large 'NONE' watermark is present across the table.



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2003

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ ..... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ ..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies, 24.1 Federal Employees Health Benefits Program premium, 24.2 Credit (Group and Individual), 24.3 Collectively Renewable Policies, 25.1 Non-cancellable, 25.2 Guaranteed renewable, 25.3 Non-renewable for stated reasons only, 25.4 Other accident only, 25.5 All other, 25.6 Totals (Sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6). Large 'NONE' watermark is present.



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5					
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds		XXX		XXX						
4. Other considerations										
5. Totals (Sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit	<b>NONE</b>									
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit	<b>NONE</b>									
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus 7.4)	<b>NONE</b>									
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits	<b>NONE</b>									
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
<b>DETAILS OF WRITE-INS</b>										
1301.						<b>NONE</b>				
1302.										
1303.										
1398. Summary of Line 13 from overflow page										
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						<b>NONE</b>				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	<b>NONE</b>									
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	<b>NONE</b>				
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other					
25.6 Totals (Sum of Lines 25.1 to 25.5)	<b>NONE</b>				
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	<b>NONE</b>				



**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2003

NAIC Group Code 0936

**LIFE INSURANCE**

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	0	0	(a)	0	No. of Policies	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0  
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies	2,412,950,129	2,401,834,080	0	1,979,263,759	1,977,436,825
24.1 Federal Employees Health Benefits Program premium	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively Renewable Policies	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancellable	0	0	0	0	0
25.2 Guaranteed renewable	0	0	0	0	0
25.3 Non-renewable for stated reasons only	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other	91,415,869	80,752,897	0	90,464,713	87,967,539
25.6 Totals (Sum of Lines 25.1 to 25.5)	91,415,869	80,752,897	0	90,464,713	87,967,539
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	2,504,365,998	2,482,586,977	0	2,069,728,472	2,065,404,364



# PROPERTY/CASUALTY SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1

FOR THE YEAR ENDED DECEMBER 31, 2003

OF THE QCC INSURANCE COMPANY ..... Insurance Company  
 ADDRESS (City, State and Zip Code) PHILADELPHIA, PA 19103-1480.....  
 NAIC Group Code 0936..... NAIC Company Code 93688..... Employer's ID Number 23-2184623.....

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE F - PART 1**

**Assumed Reinsurance as of December 31, Current Year (000 Omitted)**

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7						
06-1505051	10975	AmeriHealth Casualty Insurance Company	PA	17,909	18,837	4,112	22,949		454				
0199999 - Total - Affiliates - U.S. Intercompany Pooling				17,909	18,837	4,112	22,949		454				
0499999 - Total - Affiliates				17,909	18,837	4,112	22,949		454				
0599998 - Other U.S. Unaffil Insurers - Reins Col 8 < 100,000							0						
0699998 - Pools and Associations - Reins Col 8 < 100,000							0						
0799998 - Pools and Associations - Reins Col 8 < 100,000							0						
0999998 - Other Non-U.S. Insurers - Reins Col 8 < 100,000							0						
9999999 Totals				17,909	18,837	4,112	22,949		454				

PS02

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE F - PART 3**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis-sions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
0499999 - Total - Authorized - Affiliates																0		0		
06-6032187	20702	Ace Fire Underwriters Insurance Company	PA		3,429											0		0		
0599998 - Other U.S. Unaffil Insurers (Under \$100,000)																0		0		
0599999 - Authorized - Other U.S. Unaffiliated Insurers						3,429														
0899998 - Authorized - Other Non-U.S. Insurers (Under \$100,000)																0		0		
0999999 - Total - Authorized						3,429										0		0		
1399999 - Total - Unauthorized - Affiliates																0		0		
1499998 - Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																0		0		
1799998 - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																0		0		
1899999 - Total - Unauthorized																0		0		
1999999 - Total - Authorized and Unauthorized						3,429									0		0		0	
2099999 - Total - Protected Cells																0		0		
9999999 Totals						3,429										0		0		

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

	1 Name of Company	2 Commission Rate	3 Ceded Premium
1.	.....		
2.	.....		
3.	.....		
4.	.....		
5.	.....		

PS03

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES  
SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (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	0	0	0	0	0	0	0	XXX
2. 1994	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1997	54	5	49	236	0	28	0	0	0	0	264	XXX
6. 1998	4,174	386	3,788	2,302	0	293	0	0	0	0	2,595	XXX
7. 1999	7,666	709	6,957	4,286	0	519	0	0	0	0	4,805	XXX
8. 2000	9,921	822	9,099	5,333	0	640	0	0	0	0	5,973	XXX
9. 2001	19,713	249	19,464	17,137	0	1,576	0	0	0	0	18,713	XXX
10. 2002	37,942	3,036	34,906	10,937	0	998	0	0	0	0	11,935	XXX
11. 2003	17,909	3,429	14,480	5,082	0	209	0	0	0	0	5,291	XXX
12. Totals	XXX	XXX	XXX	45,313	0	4,263	0	0	0	0	49,576	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. ....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2. ....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. ....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. ....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. ....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. ....	487	0	24	0	47	0	2	0	0	0	0	560	XXX
7. ....	863	0	65	0	72	0	5	0	0	0	0	1,005	XXX
8. ....	1,715	0	248	0	533	0	46	0	0	0	0	2,542	XXX
9. ....	2,937	0	144	0	709	0	201	0	0	0	0	3,991	XXX
10. ....	5,619	0	1,341	0	979	0	234	0	0	0	0	8,173	XXX
11. ....	6,879	0	1,639	0	677	0	161	0	0	0	0	9,356	XXX
12. Totals	18,500	0	3,461	0	3,017	0	649	0	0	0	0	25,627	XXX

	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. ....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. ....	0	0	0	0.0	0.0	0.0	0	0	0	0	0
3. ....	0	0	0	0.0	0.0	0.0	0	0	0	0	0
4. ....	0	0	0	0.0	0.0	0.0	0	0	0	0	0
5. ....	264	0	264	488.9	0.0	538.8	0	0	0	0	0
6. ....	3,155	0	3,155	75.6	0.0	83.3	0	0	0	511	49
7. ....	5,810	0	5,810	75.8	0.0	83.5	0	0	0	928	77
8. ....	8,515	0	8,515	85.8	0.0	93.6	0	0	0	1,963	579
9. ....	22,704	0	22,704	115.2	0.0	116.6	0	0	0	3,081	910
10. ....	20,108	0	20,108	53.0	0.0	57.6	0	0	0	6,960	1,213
11. ....	14,647	0	14,647	81.8	0.0	101.2	0	0	0	8,518	838
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	21,961	3,666

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

Schedule P - Part 1A - Home/Farm

**NONE**

Schedule P - Part 1B - Private Passenger

**NONE**

Schedule P - Part 1C - Comm Auto/Truck

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (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	0	0	0	0	0	0	0	XXX
2. 1994	0	0	0	0	0	0	0	0	0	0	0	0
3. 1995	0	0	0	0	0	0	0	0	0	0	0	0
4. 1996	0	0	0	0	0	0	0	0	0	0	0	0
5. 1997	54	5	49	236	0	28	0	0	0	0	264	0
6. 1998	4,174	386	3,788	2,302	0	293	0	0	0	0	2,595	0
7. 1999	7,666	709	6,957	4,286	0	519	0	0	0	0	4,805	0
8. 2000	9,921	822	9,099	5,333	0	640	0	0	0	0	5,973	0
9. 2001	19,713	249	19,464	17,137	0	1,576	0	0	0	0	18,713	0
10. 2002	37,942	3,036	34,906	10,937	0	998	0	0	0	0	11,935	0
11. 2003	17,909	3,429	14,480	5,082	0	209	0	0	0	0	5,291	0
12. Totals	XXX	XXX	XXX	45,313	0	4,263	0	0	0	0	49,576	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	487	0	24	0	47	0	2	0	0	0	0	560	0
7.	863	0	65	0	72	0	5	0	0	0	0	1,005	0
8.	1,715	0	248	0	533	0	46	0	0	0	0	2,542	0
9.	2,937	0	144	0	709	0	201	0	0	0	0	3,991	0
10.	5,619	0	1,341	0	979	0	234	0	0	0	0	8,173	0
11.	6,879	0	1,639	0	677	0	161	0	0	0	0	9,356	0
12.	18,500	0	3,461	0	3,017	0	649	0	0	0	0	25,627	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.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	264	0	264	488.9	0.0	538.8	0	0	0.0	0	0
6.	3,155	0	3,155	75.6	0.0	83.3	0	0	0.0	511	49
7.	5,810	0	5,810	75.8	0.0	83.5	0	0	0.0	928	77
8.	8,515	0	8,515	85.8	0.0	93.6	0	0	0.0	1,963	579
9.	22,704	0	22,704	115.2	0.0	116.6	0	0	0.0	3,081	910
10.	20,108	0	20,108	53.0	0.0	57.6	0	0	0.0	6,960	1,213
11.	14,647	0	14,647	81.8	0.0	101.2	0	0	0.0	8,518	838
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	21,961	3,666

Schedule P - Part 1E - Comm Multi Peril

**NONE**

Schedule P - Part 1F - Medical Mal Occur

**NONE**

Schedule P - Part 1F - Medical Mal Claim

**NONE**

Schedule P - Part 1G - Special Liability

**NONE**

Schedule P - Part 1H - Other Liab Occur

**NONE**

Schedule P - Part 1H - Other Liab Claims

**NONE**

Schedule P - Part 1I - Special Property

**NONE**

Schedule P - Part 1J - Auto Physical

**NONE**

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other

**NONE**

Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance Prop.

**NONE**

Schedule P - Part 1O - Reinsurance Liab

**NONE**

Schedule P - Part 1P - Reins. Financial

**NONE**

Schedule P - Part 1R - Prod Liab - Occur

**NONE**

Schedule P - Part 1R - Prod Liab-Claims

**NONE**

Schedule P - Part 1S-Fin./Mtg. Guaranty

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	One Year	Two Year
1. Prior											.0	.0
2. 1994	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1995	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1996	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1997	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.264	.264	.264
6. 1998	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.3,155	.3,155	.3,155
7. 1999	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.5,810	.5,810	.5,810
8. 2000	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.8,515	.8,515	.8,515
9. 2001	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.22,704	.22,704	.22,704
10. 2002	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.20,108	.20,108	.XXX
11. 2003	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.14,647	.XXX	.XXX
12. Totals											60,556	40,448

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE QCC INSURANCE COMPANY**

**SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1994	2 1995	3 1996	4 1997	5 1998	6 1999	7 2000	8 2001	9 2002	10 2003	11 One Year	12 Two Year
1. Prior												
2. 1994												
3. 1995	XXX											
4. 1996	XXX	XXX										
5. 1997	XXX	XXX	XXX									
6. 1998	XXX	XXX	XXX	XXX								
7. 1999	XXX	XXX	XXX	XXX	XXX							
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

**NONE**

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

1. Prior												
2. 1994												
3. 1995	XXX											
4. 1996	XXX	XXX										
5. 1997	XXX	XXX	XXX									
6. 1998	XXX	XXX	XXX	XXX								
7. 1999	XXX	XXX	XXX	XXX	XXX							
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

**NONE**

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

1. Prior												
2. 1994												
3. 1995	XXX											
4. 1996	XXX	XXX										
5. 1997	XXX	XXX	XXX									
6. 1998	XXX	XXX	XXX	XXX								
7. 1999	XXX	XXX	XXX	XXX	XXX							
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

**NONE**

**SCHEDULE P - PART 2D- WORKERS' COMPENSATION**

1. Prior												0	0	
2. 1994	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. 1995	XXX	0	0	0	0	0	0	0	0	0	0	0	0	
4. 1996	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0	
5. 1997	XXX	XXX	XXX	25	142	196	269	264	264	264	0	0	0	
6. 1998	XXX	XXX	XXX	XXX	1,584	1,950	3,184	3,116	3,116	3,155	39	39	39	
7. 1999	XXX	XXX	XXX	XXX	XXX	2,753	4,572	5,715	5,662	5,810	148	95	95	
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX	6,217	8,262	8,503	8,515	12	253	253	
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,100	18,759	22,704	3,945	8,604	8,604	
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,137	20,108	971	XXX	XXX	
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,647	XXX	XXX	XXX	
											12. Totals		5,115	8,991

**SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL**

1. Prior													
2. 1994													
3. 1995	XXX												
4. 1996	XXX	XXX											
5. 1997	XXX	XXX	XXX										
6. 1998	XXX	XXX	XXX	XXX									
7. 1999	XXX	XXX	XXX	XXX	XXX								
8. 2000	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX
11. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
											12. Totals		

**NONE**

Schedule P - Part 2F - Medical Mal Occur

**NONE**

Schedule P - Part 2F - Medical Mal Claim

**NONE**

Schedule P - Part 2G

**NONE**

Schedule P - Part 2H - Other Liab Occur

**NONE**

Schedule P - Part 2H - Other Liab Claim

**NONE**

Schedule P - Part 2I

**NONE**

Schedule P - Part 2J

**NONE**

Schedule P - Part 2K

**NONE**

Schedule P - Part 2L

**NONE**

Schedule P - Part 2M

**NONE**

Schedule P - Part 2N

**NONE**

Schedule P - Part 2O

**NONE**

Schedule P - Part 2P

**NONE**

Schedule P - Part 2R - Prod Liab Occur

**NONE**

Schedule P - Part 2R - Prod Liab Claims

**NONE**

Schedule P - Part 2S

**NONE**