



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2004
OF THE CONDITION AND AFFAIRS OF THE

QCC INSURANCE COMPANY

NAIC Group Code	0936 (Current Period)	0936 (Prior Period)	NAIC Company Code	93688	Employer's ID Number	23-2184623
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 [X]		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization []	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated	05/13/1981		Commenced Business	12/21/1981		
Statutory Home Office	1901 MARKET STREET (Street and Number)			PHILADELPHIA, PA 19103-1480 (City or Town, State and Zip Code)		
Main Administrative Office	1901 MARKET STREET (Street and Number)					
	PHILADELPHIA, PA 19103-1480 (City or Town, State and Zip Code)			215-241-2400 (Area Code) (Telephone Number)		
Mail Address	1901 MARKET STREET (Street and Number or P.O. Box)			PHILADELPHIA, PA 19103-1480 (City or Town, State and Zip Code)		
Primary Location of Books and Records	1901 MARKET STREET (Street and Number)					
	PHILADELPHIA, PA 19103-1480 (City or Town, State and Zip Code)			215-241-2529 (Area Code) (Telephone Number)		
Internet Website Address	www.ibx.com					
Statutory Statement Contact	Kevin Deal (Name)			215-241-2529 (Area Code) (Telephone Number) (Extension)		
	kevin.deal@ibx.com (E-mail Address)			215-241-0406 (FAX Number)		
Policyowner Relations Contact	1901 MARKET STREET (Street and Number)					
	PHILADELPHIA, PA 19103-1480 (City or Town, State and Zip Code)			215-241-2400 (Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Joseph Anthony Frick #	President	Paul Andrew Tufano	Secretary
John George Foos	Treasurer		

OTHER OFFICERS

Christopher Desmond Butler	SR. V.P.	John Christopher Cashman	SR. V.P.
John Allan Daddis	SR. V.P.	Robert Joseph Fascia	SR. V.P.
Michael Anthony Green	SR. V.P.	Karen Goldsmith Lessin #	SR. V.P.
Daniel Coombs Lyons, M.D.	SR. V.P.	Robert Allan McKeown	SR. V.P.
Donna O'Leary Moore #	SR. V.P.	Richard Joseph Neeson	SR. V.P.
Thomas Francis Pappalardo	SR. V.P.	Rosemary Anne Park	SR. V.P.
Ian Steven Udvarhelyi, M.D.	SR. V.P.		

DIRECTORS OR TRUSTEES

Christopher Desmond Butler	John Allan Daddis	Robert Joseph Fascia	John George Foos
Joseph Anthony Frick	William Frederick Haggett	Rosemary Anne Park	

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

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

Joseph Anthony Frick President	Paul Andrew Tufano Secretary	John George Foos Treasurer
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Subscribed and sworn to before me this
25 day of February, 2005

- 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

Linda J. Pratt
Senior Administrative Assistant
03/10/07
Changes in Senior Executive took place in January upon the death of G. Fred DiBona, Jr., Esq.

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 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		
2. Intermediaries	.0	.0.0		.0.0		
3. All other providers	327,942	.0.0		.0.0	327,942	
4. Total capitation payments	327,942	.0.0	.0	.0.0	327,942	.0
Other Payments:						
5. Fee-for-service	54,530,764	2.4	XXX	XXX	54,530,764	
6. Contractual fee payments	2,231,511,170	97.6	XXX	XXX	2,231,511,170	
7. Bonus/withhold arrangements - fee-for-service	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	.0	.0.0	XXX	XXX		
9. Non-contingent salaries	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	.0	.0.0	XXX	XXX		
11. All other payments	.0	.0.0	XXX	XXX		
12. Total other payments	2,286,041,934	100.0	XXX	XXX	2,286,041,934	0
13. TOTAL (Line 4 plus Line 12)	2,286,369,876	100 %	XXX	XXX	2,286,369,876	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2004 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 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 2004 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 2004							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
Total Members at end of:				NONE									
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written.....													
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													

(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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2004							NAIC Company Code		93688	
		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
Total Members at end of:														
1. Prior Year		1,663		1,370		293								
2. First Quarter		1,149		854		295								
3. Second Quarter		1,208		867		341								
4. Third Quarter		1,191		832		359								
5. Current Year		1,214		854		360								
6. Current Year Member Months		15,081		11,154		3,927								
Total Member Ambulatory Encounters for Year:														
7. Physician		12,521		12,521										
8. Non-Physician		1,247		1,247										
9. Total		13,768	0	13,768	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		348		348										
11. Number of Inpatient Admissions		117		117										
12. Health Premiums Written		4,094,927		4,086,735		8,192								
13. Life Premiums Direct		0												
14. Property/Casualty Premiums Written		0												
15. Health Premiums Earned		4,167,336		4,159,144		8,192								
16. Property/Casualty Premiums Earned		0												
17. Amount Paid for Provision of Health Care Services		3,853,028		3,850,353		2,675								
18. Amount Incurred for Provision of Health Care Services		3,520,064		3,517,389		2,675								

(a) For health business: number of persons insured under PPO managed care products 1,214 and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2004 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 District of Columbia			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2004								NAIC Company Code		93688
		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
Total Members at end of:														
1. Prior Year		0												
2. First Quarter		0												
3. Second Quarter		0												
4. Third Quarter		0												
5. Current Year		0												
6. Current Year Member Months		0												
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written.....		0		0										
13. Life Premiums Direct		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		0		0										
16. Property/Casualty Premiums Earned.....		0		0										
17. Amount Paid for Provision of Health Care Services		(10,308)		(10,308)										
18. Amount Incurred for Provision of Health Care Services		(10,308)		(10,308)										

(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 2004 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 Georgia			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 2004 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 Indiana			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 _____

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ANNUAL STATEMENT FOR THE YEAR 2004 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 Kansas			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written.....													
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													

(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 2004 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 Massachusetts			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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													

(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 2004 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 Mississippi			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 2004 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 Montana			DURING THE YEAR 2004							NAIC Company Code		
	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
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2004						NAIC Company Code		93688			
				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	
Total Members at end of:																	
1. Prior Year				0													
2. First Quarter				0													
3. Second Quarter				0													
4. Third Quarter				0													
5. Current Year				0													
6. Current Year Member Months				0													
Total Member Ambulatory Encounters for Year:																	
7. Physician				0													
8. Non-Physician				0													
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0													
11. Number of Inpatient Admissions				0													
12. Health Premiums Written.....				0													
13. Life Premiums Direct				0													
14. Property/Casualty Premiums Written.....				0													
15. Health Premiums Earned.....				0													
16. Property/Casualty Premiums Earned.....				0													
17. Amount Paid for Provision of Health Care Services				0													
18. Amount Incurred for Provision of Health Care Services				0													

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

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2004									NAIC Company Code		93688	
				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		
Total Members at end of:																		
1. Prior Year				0														
2. First Quarter				0														
3. Second Quarter				0														
4. Third Quarter				0														
5. Current Year				0														
6. Current Year Member Months				0														
Total Member Ambulatory Encounters for Year:																		
7. Physician				0														
8. Non-Physician				0														
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred				0														
11. Number of Inpatient Admissions				0														
12. Health Premiums Written.....				0														
13. Life Premiums Direct				0														
14. Property/Casualty Premiums Written.....				0														
15. Health Premiums Earned.....				0														
16. Property/Casualty Premiums Earned.....				0														
17. Amount Paid for Provision of Health Care Services				0														
18. Amount Incurred for Provision of Health Care Services				0														

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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2004		NAIC Company Code		93688			
	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
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Written.....	0												
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written.....	0												
15. Health Premiums Earned.....	0												
16. Property/Casualty Premiums Earned.....	0												
17. Amount Paid for Provision of Health Care Services	0												
18. Amount Incurred for Provision of Health Care Services	0												

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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2004									NAIC Company Code		93688	
				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		
Total Members at end of:																		
1. Prior Year				0														
2. First Quarter				0														
3. Second Quarter				0														
4. Third Quarter				0														
5. Current Year				0														
6. Current Year Member Months				0														
Total Member Ambulatory Encounters for Year:																		
7. Physician				0														
8. Non-Physician				0														
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred				0														
11. Number of Inpatient Admissions				0														
12. Health Premiums Written.....				0														
13. Life Premiums Direct				0														
14. Property/Casualty Premiums Written.....				0														
15. Health Premiums Earned.....				0														
16. Property/Casualty Premiums Earned.....				0														
17. Amount Paid for Provision of Health Care Services				0														
18. Amount Incurred for Provision of Health Care Services				0														

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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2004										NAIC Company Code		93688
			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
Total Members at end of:															
1. Prior Year			0												
2. First Quarter			0												
3. Second Quarter			0												
4. Third Quarter			0												
5. Current Year			0												
6. Current Year Member Months			0												
Total Member Ambulatory Encounters for Year:															
7. Physician			0												
8. Non-Physician			0												
9. Total			0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0												
11. Number of Inpatient Admissions			0												
12. Health Premiums Written			0												
13. Life Premiums Direct			0												
14. Property/Casualty Premiums Written			0												
15. Health Premiums Earned			0												
16. Property/Casualty Premiums Earned			0												
17. Amount Paid for Provision of Health Care Services			0												
18. Amount Incurred for Provision of Health Care Services			0												

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

30.OH



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2004										NAIC Company Code		93688	
				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			
Total Members at end of:																			
1. Prior Year				0															
2. First Quarter				0															
3. Second Quarter				0															
4. Third Quarter				0															
5. Current Year				0															
6. Current Year Member Months				0															
Total Member Ambulatory Encounters for Year:																			
7. Physician				0															
8. Non-Physician				0															
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred				0															
11. Number of Inpatient Admissions				0															
12. Health Premiums Written				0															
13. Life Premiums Direct				0															
14. Property/Casualty Premiums Written				0															
15. Health Premiums Earned				0															
16. Property/Casualty Premiums Earned				0															
17. Amount Paid for Provision of Health Care Services				0															
18. Amount Incurred for Provision of Health Care Services				0															

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

30.OK



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR 2004							NAIC Company Code		93688
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
		2	3											
		Individual	Group											Medicare Supplement
Total Members at end of:		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
1. Prior Year		751,516	21,836	698,711		7,735			23,234					
2. First Quarter		748,515	21,838	694,300		8,532			23,845					
3. Second Quarter		744,312	22,075	689,095		8,684			24,458					
4. Third Quarter		744,255	22,257	687,647		9,061			25,290					
5. Current Year		745,883	22,598	687,919		9,606			25,760					
6. Current Year Member Months		8,957,493	265,487	8,289,596		106,041			296,369					
Total Member Ambulatory Encounters for Year:														
7. Physician		11,501,554	460,243	10,107,581					933,730					
8. Non-Physician		1,367,633	64,506	1,164,985					138,142					
9. Total		12,869,187	524,749	11,272,566	0	0	0	0	1,071,872	0	0	0	0	0
10. Hospital Patient Days Incurred		445,243	27,043	295,346					122,854					
11. Number of Inpatient Admissions		90,239	4,046	71,256					14,937					
12. Health Premiums Written		2,666,157,965	88,163,251	2,330,004,680		461,743			246,668,788		859,503			0
13. Life Premiums Direct		0												
14. Property/Casualty Premiums Written		0												
15. Health Premiums Earned		2,645,094,542	86,178,562	2,317,358,178		461,743			240,236,556		859,503			0
16. Property/Casualty Premiums Earned		0												
17. Amount Paid for Provision of Health Care Services		2,280,471,289	96,656,169	1,945,149,441		325,267			231,488,968		6,851,444			
18. Amount Incurred for Provision of Health Care Services		2,241,366,691	96,251,679	1,909,503,512		325,267			234,449,778		836,455			

(a) For health business: number of persons insured under PPO managed care products 745,883 and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code		0936		BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2004							NAIC Company Code		93688	
				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
Total Members at end of:																
1. Prior Year				0												
2. First Quarter				0												
3. Second Quarter				0												
4. Third Quarter				0												
5. Current Year				0												
6. Current Year Member Months				0												
Total Member Ambulatory Encounters for Year:																
7. Physician				0												
8. Non-Physician				0												
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0												
11. Number of Inpatient Admissions				0												
12. Health Premiums Written.....				0												
13. Life Premiums Direct				0												
14. Property/Casualty Premiums Written.....				0												
15. Health Premiums Earned.....				0												
16. Property/Casualty Premiums Earned.....				0												
17. Amount Paid for Provision of Health Care Services				0												
18. Amount Incurred for Provision of Health Care Services				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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2004						NAIC Company Code		93688		
				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
Total Members at end of:																
1. Prior Year				0												
2. First Quarter				0												
3. Second Quarter				0												
4. Third Quarter				0												
5. Current Year				0												
6. Current Year Member Months				0												
Total Member Ambulatory Encounters for Year:																
7. Physician				0												
8. Non-Physician				0												
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0												
11. Number of Inpatient Admissions				0												
12. Health Premiums Written.....				0												
13. Life Premiums Direct				0												
14. Property/Casualty Premiums Written.....				0												
15. Health Premiums Earned.....				0												
16. Property/Casualty Premiums Earned.....				0												
17. Amount Paid for Provision of Health Care Services				0												
18. Amount Incurred for Provision of Health Care Services				0												

NONE

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Tennessee	DURING THE YEAR 2004										NAIC Company Code		93688
			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
Total Members at end of:															
1. Prior Year			0												
2. First Quarter			0												
3. Second Quarter			0												
4. Third Quarter			0												
5. Current Year			0												
6. Current Year Member Months			0												
Total Member Ambulatory Encounters for Year:															
7. Physician			0												
8. Non-Physician			0												
9. Total			0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0												
11. Number of Inpatient Admissions			0												
12. Health Premiums Written			0												
13. Life Premiums Direct			0												
14. Property/Casualty Premiums Written			0												
15. Health Premiums Earned			0												
16. Property/Casualty Premiums Earned			0												
17. Amount Paid for Provision of Health Care Services			0												
18. Amount Incurred for Provision of Health Care Services			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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Texas	DURING THE YEAR 2004										NAIC Company Code		93688
			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
Total Members at end of:															
1. Prior Year			0												
2. First Quarter			0												
3. Second Quarter			0												
4. Third Quarter			0												
5. Current Year			0												
6. Current Year Member Months			0												
Total Member Ambulatory Encounters for Year:															
7. Physician			0												
8. Non-Physician			0												
9. Total			0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0												
11. Number of Inpatient Admissions			0												
12. Health Premiums Written			0		0										
13. Life Premiums Direct			0												
14. Property/Casualty Premiums Written			0												
15. Health Premiums Earned			0		0										
16. Property/Casualty Premiums Earned			0												
17. Amount Paid for Provision of Health Care Services			(344,133)		(344,133)										
18. Amount Incurred for Provision of Health Care Services			(344,133)		(344,133)										

(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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF U.S. Virgin Islands		DURING THE YEAR 2004						NAIC Company Code		93688	
		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	
Total Members at end of:															
1. Prior Year		0													
2. First Quarter		0													
3. Second Quarter		0													
4. Third Quarter		0													
5. Current Year		0													
6. Current Year Member Months		0													
Total Member Ambulatory Encounters for Year:															
7. Physician		0													
8. Non-Physician		0													
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0													
11. Number of Inpatient Admissions		0													
12. Health Premiums Written.....		0		0											
13. Life Premiums Direct.....		0													
14. Property/Casualty Premiums Written.....		0													
15. Health Premiums Earned.....		0		0											
16. Property/Casualty Premiums Earned.....		0													
17. Amount Paid for Provision of Health Care Services		2,400,000		2,400,000											
18. Amount Incurred for Provision of Health Care Services		1,077,090		1,077,090											

(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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2004									NAIC Company Code		93688	
				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		
Total Members at end of:																		
1. Prior Year				0														
2. First Quarter				0														
3. Second Quarter				0														
4. Third Quarter				0														
5. Current Year				0														
6. Current Year Member Months				0														
Total Member Ambulatory Encounters for Year:																		
7. Physician				0														
8. Non-Physician				0														
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred				0														
11. Number of Inpatient Admissions				0														
12. Health Premiums Written.....				0														
13. Life Premiums Direct				0														
14. Property/Casualty Premiums Written.....				0														
15. Health Premiums Earned.....				0														
16. Property/Casualty Premiums Earned.....				0														
17. Amount Paid for Provision of Health Care Services				0														
18. Amount Incurred for Provision of Health Care Services				0														

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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2004									NAIC Company Code		93688	
				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		
Total Members at end of:																		
1. Prior Year				0														
2. First Quarter				0														
3. Second Quarter				0														
4. Third Quarter				0														
5. Current Year				0														
6. Current Year Member Months				0														
Total Member Ambulatory Encounters for Year:																		
7. Physician				0														
8. Non-Physician				0														
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred				0														
11. Number of Inpatient Admissions				0														
12. Health Premiums Written.....				0														
13. Life Premiums Direct				0														
14. Property/Casualty Premiums Written.....				0														
15. Health Premiums Earned.....				0														
16. Property/Casualty Premiums Earned.....				0														
17. Amount Paid for Provision of Health Care Services				0														
18. Amount Incurred for Provision of Health Care Services				0														

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 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code		0936		BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2004									NAIC Company Code		93688	
				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		
Total Members at end of:																		
1. Prior Year				0														
2. First Quarter				0														
3. Second Quarter				0														
4. Third Quarter				0														
5. Current Year				0														
6. Current Year Member Months				0														
Total Member Ambulatory Encounters for Year:																		
7. Physician				0														
8. Non-Physician				0														
9. Total				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred				0														
11. Number of Inpatient Admissions				0														
12. Health Premiums Written.....				0														
13. Life Premiums Direct				0														
14. Property/Casualty Premiums Written.....				0														
15. Health Premiums Earned.....				0														
16. Property/Casualty Premiums Earned.....				0														
17. Amount Paid for Provision of Health Care Services				0														
18. Amount Incurred for Provision of Health Care Services				0														

NONE

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION QCC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code 0936		BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2004							NAIC Company Code 93688		
		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
Total Members at end of:														
1. Prior Year		753,179	21,836	700,081	0	8,028	0	0	23,234	0	0	0	0	0
2. First Quarter		749,664	21,838	695,154	0	8,827	0	0	23,845	0	0	0	0	0
3. Second Quarter		745,520	22,075	689,962	0	9,025	0	0	24,458	0	0	0	0	0
4. Third Quarter		745,446	22,257	688,479	0	9,420	0	0	25,290	0	0	0	0	0
5. Current Year		747,097	22,598	688,773	0	9,966	0	0	25,760	0	0	0	0	0
6. Current Year Member Months		8,972,574	265,487	8,300,750	0	109,968	0	0	296,369	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician		11,514,075	460,243	10,120,102	0	0	0	0	933,730	0	0	0	0	0
8. Non-Physician		1,368,880	64,506	1,166,232	0	0	0	0	138,142	0	0	0	0	0
9. Total		12,882,955	524,749	11,286,334	0	0	0	0	1,071,872	0	0	0	0	0
10. Hospital Patient Days Incurred		445,591	27,043	295,694	0	0	0	0	122,854	0	0	0	0	0
11. Number of Inpatient Admissions		90,356	4,046	71,373	0	0	0	0	14,937	0	0	0	0	0
12. Health Premiums Written.....		2,670,252,892	88,163,251	2,334,091,415	0	469,935	0	0	246,668,788	0	859,503	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.....		2,649,261,878	86,178,562	2,321,517,322	0	469,935	0	0	240,236,556	0	859,503	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		2,286,369,876	96,656,169	1,951,045,353	0	327,942	0	0	231,488,968	0	6,851,444	0	0	0
18. Amount Incurred for Provision of Health Care Services		2,245,609,404	96,251,679	1,913,743,550	0	327,942	0	0	234,449,778	0	836,455	0	0	0

(a) For health business: number of persons insured under PPO managed care products 747,097 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).....	0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	0
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	0
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	0
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

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

SCHEDULE BA - VERIFICATION BETWEEN YEARS

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

ANNUAL STATEMENT FOR THE YEAR 2004 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)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1	9,019,430	46,075,004	8,594,221	749,878	423,150	64,861,683	11.2	84,401,555	12.5	64,861,683	.0
1.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	9,019,430	46,075,004	8,594,221	749,878	423,150	64,861,683	11.2	84,401,555	12.5	64,861,683	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.6 Class 6	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
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1	.0	15,220,137	11,036,516	19,024,817	2,990,042	48,271,512	8.3	.0	0.0	48,271,512	.0
3.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	15,220,137	11,036,516	19,024,817	2,990,042	48,271,512	8.3	0	0.0	48,271,512	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.6 Class 6	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
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	4,532,184	11,966,475	4,185,246	2,829,006	723,222	24,236,133	4.2	8,750,283	1.3	24,236,134	.0
5.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	4,532,184	11,966,475	4,185,246	2,829,006	723,222	24,236,133	4.2	8,750,283	1.3	24,236,134	0

ANNUAL STATEMENT FOR THE YEAR 2004 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)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	5,942,404	0.9	.0	.0
6.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	2,799,221	0.4	.0	.0
6.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	3,821,826	0.6	.0	.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	0	0	0	0	0	0.0	12,563,451	1.9	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	30,475,450	175,524,633	10,444,121	3,701,307	1,178,413	221,323,924	38.3	393,541,470	58.2	221,323,924	.0
7.2 Class 2	754,574	12,698,217	27,370,193	2,846,436	280,784	43,950,204	7.6	45,017,997	6.7	43,950,204	.0
7.3 Class 3	321,107	9,342,633	58,898,023	1,280,021	.0	69,841,784	12.1	50,578,666	7.5	69,841,784	.0
7.4 Class 4	.0	12,682,941	90,707,752	.0	1,056,795	104,447,488	18.1	81,136,551	12.0	104,447,488	.0
7.5 Class 5	.0	243,534	1,219,109	75,363	.0	1,538,006	0.3	299,455	0.0	1,538,005	.0
7.6 Class 6	0	0	0	0	0	0	0.0	1,598	0.0	0	0
7.7 Totals	31,551,131	210,491,958	188,639,198	7,903,127	2,515,992	441,101,406	76.3	570,575,737	84.4	441,101,405	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
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
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
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 2004 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

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	44,027,064	248,786,249	34,260,104	26,305,008	5,314,827	358,693,252	62.0	XXX	XXX	358,693,253	.0
10.2 Class 2	754,574	12,698,217	27,370,193	2,846,436	280,784	43,950,204	7.6	XXX	XXX	43,950,204	.0
10.3 Class 3	321,107	9,342,633	58,898,023	1,280,021	.0	69,841,784	12.1	XXX	XXX	69,841,784	.0
10.4 Class 4	.0	12,682,941	90,707,752	.0	1,056,795	104,447,488	18.1	XXX	XXX	104,447,488	.0
10.5 Class 5	.0	243,534	1,219,109	75,363	.0	1,538,006	0.3	XXX	XXX	1,538,005	.0
10.6 Class 6	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	45,102,745	283,753,574	212,455,181	30,506,828	6,652,406	578,470,734	100.0	XXX	XXX	578,470,734	.0
10.8 Line 10.7 as a % of Col. 6	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	363,852,613	73,676,713	37,774,103	8,243,793	9,088,490	XXX	XXX	492,635,712	72.8	492,635,712	.0
11.2 Class 2	2,789,060	8,905,908	29,050,645	4,272,384	.0	XXX	XXX	45,017,997	6.7	45,017,997	.0
11.3 Class 3	2,498,981	10,710,645	39,005,190	1,163,071	.0	XXX	XXX	53,377,887	7.9	53,377,887	.0
11.4 Class 4	1,771,126	14,692,630	66,507,326	1,987,295	.0	XXX	XXX	84,958,377	12.6	84,958,377	.0
11.5 Class 5	.0	.0	299,455	.0	.0	XXX	XXX	299,455	0.0	299,455	.0
11.6 Class 6	0	1,598	0	0	0	XXX	XXX	1,598	0.0	1,598	0
11.7 Totals	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	XXX	XXX	676,291,026	100.0	676,291,026	.0
11.8 Line 11.7 as a % of Col. 8	54.8	15.9	25.5	2.3	1.3	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	44,027,064	248,786,249	34,260,104	26,305,008	5,314,827	358,693,252	62.0	492,635,712	72.8	358,693,252	XXX
12.2 Class 2	754,574	12,698,217	27,370,193	2,846,436	280,784	43,950,204	7.6	45,017,997	6.7	43,950,204	XXX
12.3 Class 3	321,107	9,342,633	58,898,023	1,280,021	.0	69,841,784	12.1	53,377,887	7.9	69,841,784	XXX
12.4 Class 4	.0	12,682,941	90,707,752	.0	1,056,795	104,447,488	18.1	84,958,377	12.6	104,447,488	XXX
12.5 Class 5	.0	243,534	1,219,109	75,363	.0	1,538,006	0.3	299,455	0.0	1,538,006	XXX
12.6 Class 6	0	0	0	0	0	0	0.0	1,598	0.0	0	XXX
12.7 Totals	45,102,745	283,753,574	212,455,181	30,506,828	6,652,406	578,470,734	100.0	676,291,026	100.0	578,470,734	XXX
12.8 Line 12.7 as a % of Col. 6	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
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	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.0 current year, \$.0 prior year of bonds with Z designations and \$.0 , current year, \$.0 prior year of bonds with Z* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z*” means the SVO could not evaluate the obligation because valuation procedures for the security class 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.

ANNUAL STATEMENT FOR THE YEAR 2004 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
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	9,019,430	46,075,004	8,594,221	749,878	423,150	64,861,683	11.2	65,585,844	9.7	64,861,683	.0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	18,815,711	2.8	0	0
1.7 Totals	9,019,430	46,075,004	8,594,221	749,878	423,150	64,861,683	11.2	84,401,555	12.5	64,861,683	0
2. All Other Governments, Schedules D & DA (Group 2)											
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
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations	.0	15,220,137	11,036,516	19,024,817	2,990,042	48,271,512	8.3	.0	0.0	48,271,512	.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	15,220,137	11,036,516	19,024,817	2,990,042	48,271,512	8.3	0	0.0	48,271,512	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
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
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
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	3,093,398	8,323,979	2,819,046	1,601,130	545,913	16,383,466	2.8	.0	0.0	16,383,466	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	1,438,786	3,642,497	1,366,200	1,227,876	177,309	7,852,668	1.4	8,750,283	1.3	7,852,668	.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	4,532,184	11,966,476	4,185,246	2,829,006	723,222	24,236,134	4.2	8,750,283	1.3	24,236,134	0

ANNUAL STATEMENT FOR THE YEAR 2004 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

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations	0	0	0	0	0	0	0.0	12,563,451	1.9	0	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	0	0	0	0	0	0.0	12,563,451	1.9	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	27,533,648	196,551,354	179,291,799	1,969,747	1,056,795	406,403,343	70.3	537,862,498	79.5	406,403,343	0
7.2 Single Class Mortgage-Backed/Asset-Based Securities	23,798	144,350	141,743	113,503	47,635	471,029	0.1	0	0.0	471,029	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined	3,993,685	13,796,255	9,205,656	5,819,877	1,411,562	34,227,035	5.9	32,713,239	4.8	34,227,035	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	0	0.0	0	0
7.7 Totals	31,551,131	210,491,959	188,639,198	7,903,127	2,515,992	441,101,407	76.3	570,575,737	84.4	441,101,407	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
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
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
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 2004 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
10. Total Bonds Current Year											
10.1 Issuer Obligations	36,553,078	257,846,495	198,922,536	21,744,442	4,469,987	519,536,538	89.8	XXX	XXX	519,536,538	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	3,117,196	8,468,329	2,960,789	1,714,633	593,548	16,854,495	2.9	XXX	XXX	16,854,495	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	5,432,471	17,438,752	10,571,856	7,047,753	1,588,871	42,079,703	7.3	XXX	XXX	42,079,703	.0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	.0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	45,102,745	283,753,576	212,455,181	30,506,828	6,652,406	578,470,736	100.0	XXX	XXX	578,470,736	.0
10.8 Line 10.7 as a % of Col. 6	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	370,911,780	92,944,584	151,768,063	387,366	0	XXX	XXX	616,011,793	91.1	616,011,793	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	6,253,915	6,799,896	3,685,342	2,076,558	XXX	XXX	18,815,711	2.8	18,815,711	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	8,788,995	14,068,760	11,593,835	7,011,932	XXX	XXX	41,463,522	6.1	41,463,522	.0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	.0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	370,911,780	107,987,494	172,636,719	15,666,543	9,088,490	XXX	XXX	676,291,026	100.0	676,291,026	.0
11.8 Line 11.7 as a % of Col. 8	54.8	16.0	25.5	2.3	1.3	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	44,027,064	248,786,249	34,260,104	26,305,008	5,314,827	358,693,252	62.0	616,011,793	91.1	358,693,252	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	754,574	12,698,217	27,370,193	2,846,436	280,784	43,950,204	7.6	18,815,711	2.8	43,950,204	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined	321,107	9,342,633	58,898,023	1,280,021	0	69,841,784	12.1	41,463,522	6.1	69,841,784	XXX
12.4 Other	0	12,682,941	90,707,752	0	1,056,795	104,447,488	18.1	0	0.0	104,447,488	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	243,534	1,219,109	75,363	0	1,538,006	0.3	0	0.0	1,538,006	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	45,102,745	283,753,574	212,455,181	30,506,828	6,652,406	578,470,734	100.0	676,291,026	100.0	578,470,734	XXX
12.8 Line 12.7 as a % of Col. 6	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	7.8	49.1	36.7	5.3	1.1	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
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	0	0	0	0	0	0	0.0	0	0.0	XXX	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	.0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined	0	0	0	0	0	0	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
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2

Verification 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	113,153,082	113,153,082	0	0	0
2. Cost of short-term investments acquired	26,669,926	26,669,926	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	113,153,082	113,153,082	0	0	0
7. Book/adjusted carrying value, current year	26,669,926	26,669,926	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	26,669,926	26,669,926	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	26,669,926	26,669,926	0	0	0
12. Income collected during year	406,011	406,011	0	0	0
13. Income earned during year	398,124	398,124	0	0	0

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

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	0
2.	Cost/Option Premium (Section 2, Column 7)	51,766
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	(14,656)
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14)	0
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5.	Consideration Received on Terminations (Section 3, Column 12)	0
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	0
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized	
7.2	Used to Adjust Basis of Hedged Item	0
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)	37,110

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	0
2.	Consideration received (Section 2, Column 7)	0
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	0
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14)	0
4.2	Used to Adjust Basis (Section 3, Column 15)	0
5.	Consideration Paid on Terminations (Section 3, Column 12)	0
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	0
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized	
7.2	Used to Adjust Basis	0
8.	Aggregate write-in book value, December 31, Current Year	0

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards		
1.	Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year)	0
2.	Cost or (Consideration Received) (Section 2, Column 7)	0
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	0
4.	Gain/(Loss) on Termination:	
4.1	Recognized (Section 3, Column 14)	0
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)	0
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	0
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1	Recognized	
7.2	Used to Adjust Basis of Hedged Item	0
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)	0

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts		
1.	Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year)	0
2.	Change in total Variation Margin on Open Contracts (Difference between Line 3 - Section 1, Column 10 and Line 4.3)	0
3.1	Change in Variation Margin on Open Contracts used to Adjust Basis of Hedged Item (Section 3, Column 11)	0
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years (Section 1, Column 10))	0
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	0
4.2	Less:	
4.21	Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	0
4.22	Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	0
4.3	Subtotal (Line 4.1 minus Line 4.2)	0
5.1	Net additions to Cash Deposits (Section 2, Column 7)	0
5.2	Less: Net Reductions to Cash Deposits (Section 3, Column 9)	0
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	0
7.	Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
7.1	Recognized	
7.2	Used to Adjust Basis of Hedged Item	0
8.	Aggregate write-in book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)	0

SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

Verification of Statement Value and Fair Value of Open Contracts		
		Statement Value
1.	Part A, Section 1, Column 10	51,766
2.	Part B, Section 1, Column 10	0
3.	Part C, Section 1, Column 10	0
4.	Part D, Section 1, Column 9 - 12	0
5.	Lines (1) - (2) + (3) + (4)	51,766
6.	Part E, Section 1, Column 4	0
7.	Part E, Section 1, Column 5	0
8.	Lines (5) - (6) - (7)	51,766
		Fair Value
9.	Part A, Section 1, Column 11	37,110
10.	Part B, Section 1, Column 11	0
11.	Part C, Section 1, Column 11	0
12.	Part D, Section 1, Column 9	0
13.	Lines (9) - (10) + (11) + (12)	37,110
14.	Part E, Section 1, Column 7	0
15.	Part E, Section 1, Column 8	0
16.	Lines (13) - (14) - (15)	37,110

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2004 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

[illegible]

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

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

	1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS					
1. Premiums.....	0	3,429	3,213	818	1,832
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	0	(126)	858
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	280	985
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
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	832,220,181		832,220,181
2. Accident and health premiums due and unpaid (Line 12).....	53,453,706		53,453,706
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).....	218,741,832		218,741,832
6. Total assets (Line 26)	1,104,415,719	0	1,104,415,719
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	367,113,019	0	367,113,019
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	157,261,010		157,261,010
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	141,953,953		141,953,953
12. Total liabilities (Line 22).....	666,327,982	0	666,327,982
13. Total capital and surplus (Line 30).....	438,087,737	XXX	438,087,737
14. Total liabilities, capital and surplus (Line 31)	1,104,415,719	0	1,104,415,719
NET CREDIT FOR CEDED REINSURANCE			
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	0		
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		

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 [☒]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

YES [☒] NO [☐]
3.

Will an actuarial certification be filed by March 1?.....

YES [☒] NO [☐]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

YES [☒] NO [☐]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

YES [☒] NO [☐]
6.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

YES [☒] NO [☐]
7.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

YES [☒] NO [☐]

APRIL FILING

8.

Will Management's Discussion and Analysis be filed by April 1?.....

YES [☒] NO [☐]
9.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

YES [☐] NO [☒]
10.

Will the Investment Risks Interrogatories be filed by April 1?

YES [☒] NO [☐]

JUNE FILING

11.

Will an audited financial report be filed by June 1 with the state of domicile?

YES [☒] NO [☐]

EXPLANATIONS:

1.
9.

BAR CODE:

1.



9 3 6 8 8 2 0 0 4 3 6 0 5 8 0 0 0

9.



9 3 6 8 8 2 0 0 4 3 3 0 5 8 0 0 0

OVERFLOW PAGE FOR WRITE-INS



LIFE SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1
FOR THE YEAR ENDED DECEMBER 31, 2004

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.....

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

[illegible]



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

1.1. Has the reporting entity ever issued both participating and non-participating contracts?

Yes [] No []

1.2. If not, state which kind is issued.

2.1. Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No []

2.2. If not, state which kind is issued.

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the Instructions.

Yes [] No []

4. Has the reporting entity any assessment or stipulated premium contracts in force?

Yes [] No []

4.1 Amount of insurance?

\$

4.2 Amount of reserve?

\$

4.3 Basis of reserve:

4.4 Basis of regular assessments:

NONE

4.5 Basis of special assessments:

4.6 Assessments collected during the year

\$

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts which are less than the reserves that would be held on a standard basis?

Yes [] No []

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

\$

6.2 Which would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?

Yes [] No []

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?

\$

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business:

\$

7.4 Identify where the reserves are reported in the blank:

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance	.0					
2. Deposits received during the year	.0					
3. Investment earnings credited to the account	.0					
4. Other net change in reserves	.0					
5. Fees and other charges assessed	.0					
6. Surrender charges	.0					
7. Net surrender or withdrawal payments	.0					
8. Other net transfers to or (from) Separate Accounts	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year	.0					
11. Net change in reinsurance assumed	.0					
12. Net change in reinsurance ceded	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12)	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount in Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinurance Reserve	12 Funds Withheld Under Coinurance
NONE											
0799999 Totals											

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

[illegible]



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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	4,094,927	4,167,336		3,853,028	3,520,064
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)	4,094,927	4,167,336	0	3,853,028	3,520,064



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2004

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
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
				(a)						
	0	0	0	0	0	0	0	0	0	0
									0	0
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(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				(10,308)	(10,308)
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	(10,308)	(10,308)



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2004

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
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
				(a)						
	0	0	0	0	0	0	0	0	0	0
									0	0
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(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					
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	0



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2004

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
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT						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)							

(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					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2004

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
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					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
7.2 Applied to provide paid-up annuities					0
7.3 Other					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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
				(a)						
	0	0	0	0	0	0	0	0	0	0
									0	0
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(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	2,577,994,714	2,558,915,980		2,183,815,120	2,145,115,012
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	88,163,251	86,178,562		96,656,169	96,251,679
25.6 Totals (Sum of Lines 25.1 to 25.5)	88,163,251	86,178,562	0	96,656,169	96,251,679
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	2,666,157,965	2,645,094,542	0	2,280,471,289	2,241,366,691



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2004

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
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT						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)							

(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					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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				(344, 133)	(344, 133)
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	(344, 133)	(344, 133)



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

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

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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				2,400,000	1,077,090
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	2,400,000	1,077,090



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2004

NAIC Group Code 0936

LIFE INSURANCE

NAIC Company Code 93688

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					.0
6.4 Other					.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
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.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
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
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										
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)										
POLICY EXHIBIT					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)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies					
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 2004 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2004

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
DIRECT DIVIDENDS TO POLICYHOLDERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DETAILS OF WRITE-INS					
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
POLICY EXHIBIT					No. of Policies					
				(a)						
	20. In force December 31, prior year	0	0	0	0	0	0	0	0	0
	21. Issued during year	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
23. In force December 31 of current year	0	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	2,582,089,641	2,563,083,316	0	2,189,713,707	2,149,357,725
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	88,163,251	86,178,562	0	96,656,169	96,251,679
25.6 Totals (Sum of Lines 25.1 to 25.5)	88,163,251	86,178,562	0	96,656,169	96,251,679
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	2,670,252,892	2,649,261,878	0	2,286,369,876	2,245,609,404



PROPERTY/CASUALTY SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1
FOR THE YEAR ENDED DECEMBER 31, 2004

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 2004 OF THE QCC INSURANCE COMPANY

SCHEDULE F - PART 1

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

[illegible]

PS207-1

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

SCHEDULE F - PART 3

[illegible]

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	2	3
Name of Company	<u>Ceded Premium</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>

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
	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)	Number of Claims Reported Direct and Assumed
				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. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	54	5	49	236	0	28	0	0	0	0	264	XXX
5. 1998	4,174	386	3,788	2,302	0	293	0	0	0	0	2,595	XXX
6. 1999	7,666	709	6,957	4,286	0	519	0	0	0	0	4,805	XXX
7. 2000	9,921	822	9,099	5,451	0	654	0	0	0	0	6,105	XXX
8. 2001	19,713	249	19,464	18,900	0	1,739	0	0	0	0	20,639	XXX
9. 2002	37,942	3,036	34,906	14,973	0	1,501	0	0	0	0	16,474	XXX
10. 2003	17,909	3,429	14,480	9,577	0	685	0	0	0	0	10,262	XXX
11. 2004	(7)	55	(62)	127	0	13	0	0	0	0	140	XXX
12. Totals	XXX	XXX	XXX	55,852	0	5,432	0	0	0	0	61,284	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	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.	127	0	64	0	12	0	6	0	0	0	0	209	XXX
6.	207	0	120	0	17	0	10	0	0	0	0	354	XXX
7.	558	0	318	0	77	0	44	0	0	0	0	997	XXX
8.	2,059	0	51	0	226	0	6	0	0	0	0	2,342	XXX
9.	3,821	0	16	0	498	0	2	0	0	0	0	4,337	XXX
10.	4,601	0	8	0	560	0	1	0	0	0	0	5,170	XXX
11.	16	0	0	0	8	0	0	0	0	0	0	24	XXX
12. Totals	11,389	0	577	0	1,398	0	69	0	0	0	0	13,433	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
3.	0	0	0	0.0	0.0	0.0	0	0		0	0
4.	264	0	264	488.9	0.0	538.8	0	0		0	0
5.	2,804	0	2,804	67.2	0.0	74.0	0	0		191	18
6.	5,159	0	5,159	67.3	0.0	74.2	0	0		327	27
7.	7,102	0	7,102	71.6	0.0	78.1	0	0		876	121
8.	22,981	0	22,981	116.6	0.0	118.1	0	0		2,110	232
9.	20,811	0	20,811	54.8	0.0	59.6	0	0		3,837	500
10.	15,432	0	15,432	86.2	0.0	106.6	0	0		4,609	561
11.	164	0	164	(2,342.9)	0.0	(264.5)	0	0		16	8
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	11,966	1,467

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 - HOMEOWNERS/FARMOWNERS

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO
LIABILITY/MEDICAL

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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK
LIABILITY/MEDICAL

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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	54	5	49	236	0	28	0	0	0	0	264	10
5. 1998	4,174	386	3,788	2,302	0	293	0	0	0	0	2,595	434
6. 1999	7,666	709	6,957	4,286	0	519	0	0	0	0	4,805	859
7. 2000	9,921	822	9,099	5,451	0	654	0	0	0	0	6,105	1,542
8. 2001	19,713	249	19,464	18,900	0	1,739	0	0	0	0	20,639	3,784
9. 2002	37,942	3,036	34,906	14,973	0	1,501	0	0	0	0	16,474	4,186
10. 2003	17,909	3,429	14,480	9,577	0	685	0	0	0	0	10,262	3,103
11. 2004	(7)	55	(62)	127	0	13	0	0	0	0	140	45
12. Totals	XXX	XXX	XXX	55,852	0	5,432	0	0	0	0	61,284	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	22			
	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.	127	0	64	0	12	0	6	0	0	0	0	209	2
6.	207	0	120	0	17	0	10	0	0	0	0	354	8
7.	558	0	318	0	77	0	44	0	0	0	0	997	29
8.	2,059	0	51	0	226	0	6	0	0	0	0	2,342	61
9.	3,821	0	16	0	498	0	2	0	0	0	0	4,337	113
10.	4,601	0	8	0	560	0	1	0	0	0	0	5,170	123
11.	16	0	0	0	8	0	0	0	0	0	0	24	2
12.	11,389	0	577	0	1,398	0	69	0	0	0	0	13,433	338

	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.	264	0	264	488.9	0.0	538.8	0	0	0.0	0	0
5.	2,804	0	2,804	67.2	0.0	74.0	0	0	0.0	191	18
6.	5,159	0	5,159	67.3	0.0	74.2	0	0	0.0	327	27
7.	7,102	0	7,102	71.6	0.0	78.1	0	0	0.0	876	121
8.	22,981	0	22,981	116.6	0.0	118.1	0	0	0.0	2,110	232
9.	20,811	0	20,811	54.8	0.0	59.6	0	0	0.0	3,837	500
10.	15,432	0	15,432	86.2	0.0	106.6	0	0	0.0	4,609	561
11.	164	0	164	(2,342.9)	0.0	(264.5)	0	0	0.0	16	8
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	11,966	1,467

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

(\$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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$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. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$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. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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

	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 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.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

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	5	6	7	8	9			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding - Direct and Assumed
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1K - FIDELITY/SURETY

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		5		6				
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Total Losses	Direct	Loss Expense		Losses Unpaid	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.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$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. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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

	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 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.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1M - INTERNATIONAL

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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.	0	0	0	0.0	0	0	0	0	0.0	0	0
7.	0	0	0	0.0	0	0	0	0	0.0	0	0
8.	0	0	0	0.0	0	0	0	0	0.0	0	0
9.	0	0	0	0.0	0	0	0	0	0.0	0	0
10.	0	0	0	0.0	0	0	0	0	0.0	0	0
11.	0	0	0	0.0	0	0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL
ASSUMED PROPERTY

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. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY

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. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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
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	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL
ASSUMED FINANCIAL LINES

(\$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. 1995	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	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.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12.	0	0	0	0	0	0	0	0	0	0	0	0	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

(\$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. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	0	0	0	0	0	0	0	0	0	0	0	0
4. 1997	0	0	0	0	0	0	0	0	0	0	0	0
5. 1998	0	0	0	0	0	0	0	0	0	0	0	0
6. 1999	0	0	0	0	0	0	0	0	0	0	0	0
7. 2000	0	0	0	0	0	0	0	0	0	0	0	0
8. 2001	0	0	0	0	0	0	0	0	0	0	0	0
9. 2002	0	0	0	0	0	0	0	0	0	0	0	0
10. 2003	0	0	0	0	0	0	0	0	0	0	0	0
11. 2004	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$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. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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

	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	27	28	29	30	31	32	33		35	36	
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Losses	Loss Expense		Losses Unpaid	Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0
2.	0	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	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0

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
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	One Year	Two Year
1. Prior											.0	.0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1996	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1997	.XXX	.XXX	.0	.0	.0	.0	.0	.0	264	264	.0	264
5. 1998	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	3,155	2,804	(351)	2,804
6. 1999	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	5,810	5,159	(651)	5,159
7. 2000	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	8,515	7,102	(1,413)	7,102
8. 2001	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	22,704	22,981	277	22,981
9. 2002	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	20,108	20,811	703	20,811
10. 2003	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	14,647	15,432	785	.XXX
11. 2004	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	164	.XXX	.XXX
12. Totals											(650)	59,121

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	One Year	Two Year
1. Prior											0	0
2. 1995	.0	.0	.0		.0	.0		.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0		.0	.0		.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0		.0	.0		.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2D- WORKERS' COMPENSATION

1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	25	142	196	269	264	264	264	264	0	0
5. 1998	XXX	XXX	XXX	1,584	1,950	3,184	3,116	3,116	3,155	2,804	(351)	(312)
6. 1999	XXX	XXX	XXX	XXX	2,753	4,572	5,715	5,662	5,810	5,159	(651)	(503)
7. 2000	XXX	XXX	XXX	XXX	XXX	6,217	8,262	8,503	8,515	7,102	(1,413)	(1,401)
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	14,100	18,759	22,704	22,981	277	4,222
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,137	20,108	20,811	703	1,674
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,647	15,432	785	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	XXX	XXX
12. Totals											(650)	3,680

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior											0	0
2. 1995	.0	.0	.0		.0	.0		.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	One Year	Two Year
1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior											0	0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2L - OTHER
(INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior											0	0
2. 1995	0	0	0	0	0	0	0	0	0	0	0	0
3. 1996	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 1997	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 1998	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 1999	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2000	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2N - REINSURANCE
Nonproportional Assumed Property

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1995	2 1996	3 1997	4 1998	5 1999	6 2000	7 2001	8 2002	9 2003	10 2004	11 One Year	12 Two Year
1. Prior											.0	.0
2. 1995	.0	.0	.0		.0	.0		.0	.0	.0	.0	.0
3. 1996	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2O - REINSURANCE
Nonproportional Assumed Liability

1. Prior											.0	.0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1996	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1997	XXX	XXX	.0		.0	.0		.0	.0	.0	.0	.0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2P - REINSURANCE
Nonproportional Assumed Financial Lines

1. Prior											.0	.0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1996	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1997	XXX	XXX	.0		.0	.0		.0	.0	.0	.0	.0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1995	2 1996	3 1997	4 1998	5 1999	6 2000	7 2001	8 2002	9 2003	10 2004	11 One Year	12 Two Year
1. Prior											.0	.0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior											.0	.0
2. 1995	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1996	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1997	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1998	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 1999	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2000	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2001	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	.0
2. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
3. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
4. Totals											0	0