



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2005
OF THE CONDITION AND AFFAIRS OF THE

QCC INSURANCE COMPANY

NAIC Group Code	0936	0936	NAIC Company Code	93688	Employer's ID Number	23-2184623
	(Current Period)	(Prior Period)				
Organized under the Laws of	Pennsylvania			State of Domicile or Port of Entry	Pennsylvania	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [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/Organized	05/13/1981		Commenced Business	12/21/1981		
Statutory Home Office	1901 MARKET STREET			PHILADELPHIA, PA 19103-1480		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	1901 MARKET STREET					
	PHILADELPHIA, PA 19103-1480			215-241-2400		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1901 MARKET STREET			PHILADELPHIA, PA 19103-1480		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	1901 MARKET STREET					
	PHILADELPHIA, PA 19103-1480			215-241-2529		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.ibx.com					
Statutory Statement Contact	Kevin Deal			215-241-2529		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	kevin.deal@ibx.com			215-241-0406		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	1901 MARKET STREET					
	PHILADELPHIA, PA 19103-1480			215-241-2400		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

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

OTHER OFFICERS

Christopher Desmond Butler	Executive 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.	Kathleen Anne McEndy #	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.....

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
Subscribed and sworn to before me this 24 day of February, 2006		
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		

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2005 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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2005 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	376,088	.0.0		.0.0	376,088	
4. Total capitation payments	376,088	.0.0	0	.0.0	376,088	0
Other Payments:						
5. Fee-for-service	82,655,910	3.4	XXX	XXX	82,655,910	
6. Contractual fee payments	2,318,631,125	96.5	XXX	XXX	2,318,631,125	
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	2,401,287,035	100.0	XXX	XXX	2,401,287,035	0
13. TOTAL (Line 4 plus Line 12)	2,401,663,123	100 %	XXX	XXX	2,401,663,123	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 2005 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 Arizona		DURING THE YEAR 2005										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 2005 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 Colorado				DURING THE YEAR 2005					(LOCATION)				NAIC Company Code		93688										
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13			
						2		3		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		Individual		Group																					
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION			QCC INSURANCE COMPANY			2.																						
NAIC Group Code			0936			(LOCATION)																						
BUSINESS IN THE STATE OF Delaware			DURING THE YEAR 2005													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:																												
1. Prior Year			1,214				854				360																	
2 First Quarter			1,300				896				404																	
3 Second Quarter			1,225				847				378																	
4. Third Quarter			1,241				849				392																	
5. Current Year			1,000				698				302																	
6 Current Year Member Months			14,685				10,131				4,554																	
Total Member Ambulatory Encounters for Year:																												
7. Physician			11,695				11,695		0																			
8. Non-Physician			1,288				1,288		0																			
9. Total			12,983		0		12,983		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred			610				610																					
11. Number of Inpatient Admissions			195				195																					
12. Health Premiums Written			4,072,592				4,062,893				9,699																	
13. Life Premiums Direct			0				0																					
14. Property/Casualty Premiums Written			0				0																					
15. Health Premiums Earned			4,085,155				4,075,456				9,699																	
16. Property/Casualty Premiums Earned			0																									
17. Amount Paid for Provision of Health Care Services			3,451,795				3,451,795																					
18. Amount Incurred for Provision of Health Care Services			3,146,652				3,146,652																					

(a) For health business: number of persons insured under PPO managed care products 1,000 and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2005 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 District of Columbia			DURING THE YEAR 2005					(LOCATION)		NAIC Company Code		93688											
		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:																											
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	
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 2005 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 2005				(LOCATION)				NAIC Company Code		93688											
		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:																											
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	
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code0936

BUSINESS IN THE STATE OF Georgia

(LOCATION)

NAIC Company Code93688

	1	DURING THE YEAR 2005				6	7	8	9	10	11	12	13
		Comprehensive (Hospital & Medical)		4	5								
		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 2005 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 Indiana			DURING THE YEAR 2005					(LOCATION) NAIC Company Code		93688													
		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:																											
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	
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 2005 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 Kansas		DURING THE YEAR 2005						(LOCATION)				
												NAIC Company Code		93688	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12		
		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		
Total Members at end of:															
1. Prior Year	0														13
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	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 2005 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 Massachusetts			DURING THE YEAR 2005					(LOCATION)		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	
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				QCC INSURANCE COMPANY																									
NAIC Group Code		0936		BUSINESS IN THE STATE OF Mississippi				DURING THE YEAR 2005					(LOCATION)																
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13			
						2		3																					
				Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Stop Loss		Disability Income		Long-Term Care		Other	
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																									



ANNUAL STATEMENT FOR THE YEAR 2005 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 Montana				DURING THE YEAR 2005					(LOCATION) NAIC Company Code				93688										
		1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13												
		Individual	Group	2	3																						
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		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 2005 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 Nebraska												
						DURING THE YEAR 2005												
						(LOCATION)												
						NAIC Company Code												
						93688												



ANNUAL STATEMENT FOR THE YEAR 2005 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 Nevada		DURING THE YEAR 2005					(LOCATION) NAIC Company Code					93688											
		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:																											
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	
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 2005 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 New Mexico			DURING THE YEAR 2005					(LOCATION)		NAIC Company Code		93688
		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:																
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 2005 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 North Dakota				DURING THE YEAR 2005				(LOCATION)				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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				2.													
QCC INSURANCE COMPANY		(LOCATION)															
NAIC Group Code		0936		BUSINESS IN THE STATE OF Ohio					DURING THE YEAR 2005					NAIC Company Code		93688	
		1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
				2	3	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:		Total		Individual	Group												
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 2005 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 Oklahoma			DURING THE YEAR 2005					(LOCATION)		NAIC Company Code		93688											
		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:																											
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	
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

QCC INSURANCE COMPANY															2.													
NAIC Group Code			0936			BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR 2005					(LOCATION)				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			745,883		22,598		687,919				9,606						25,760											
2 First Quarter			717,479		23,495		658,196				10,431						25,357											
3 Second Quarter			713,299		23,796		653,366				10,906						25,231											
4. Third Quarter			753,176		24,262		685,630				17,732						25,552											
5. Current Year			737,657		23,477		669,752				18,919						25,509											
6 Current Year Member Months			8,793,652		284,775		8,040,366				163,266						305,245											
Total Member Ambulatory Encounters for Year:																												
7. Physician			12,388,369		670,664		10,735,392										982,313											
8. Non-Physician			1,477,301		62,110		1,266,076										149,115											
9. Total			13,865,670		732,774		12,001,468		0		0		0		0		1,131,428		0		0		0		0		0	
10. Hospital Patient Days Incurred			458,494		26,199		292,959										139,336											
11. Number of Inpatient Admissions			92,770		5,067		73,710										13,993											
12. Health Premiums Written			2,938,424,173		91,343,690		2,588,757,058				692,018						256,693,527				937,880							
13. Life Premiums Direct			0																									
14. Property/Casualty Premiums Written			0																									
15. Health Premiums Earned			2,896,495,336		101,381,120		2,516,749,964				692,018						276,734,354				937,880							
16. Property/Casualty Premiums Earned			0																									
17. Amount Paid for Provision of Health Care Services			2,396,284,163		111,717,053		2,030,414,829				376,088						253,016,488				759,705							
18. Amount Incurred for Provision of Health Care Services			2,432,713,771		110,400,967		2,055,386,409				376,088						265,682,768				867,539							

(a) For health business: number of persons insured under PPO managed care products 725,166 and number of persons under indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2005 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 2005					(LOCATION) NAIC Company Code			93688
		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:																
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

NAIC Group Code0936

BUSINESS IN THE STATE OF South Dakota

(LOCATION)

NAIC Company Code93688

	1	DURING THE YEAR 2005				(LOCATION)							
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:	Total												
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 2005 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 Tennessee				DURING THE YEAR 2005								(LOCATION)		NAIC Company Code		93688							
		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:																											
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	
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 2005 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 Texas				DURING THE YEAR 2005					(LOCATION) NAIC Company Code		93688												
		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:																											
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	
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 2005 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION			2.																									
QCC INSURANCE COMPANY			(LOCATION)																									
NAIC Group Code			0936			BUSINESS IN THE STATE OF U.S. Virgin Islands				DURING THE YEAR 2005				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			1,927,165				1,927,165																					
18. Amount Incurred for Provision of Health Care Services			1,927,402				1,927,402																					

(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 2005 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 Utah				DURING THE YEAR 2005					(LOCATION) 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																		
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		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 2005 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 Washington				DURING THE YEAR 2005					(LOCATION)																
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13			
						2		3																					
				Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Stop Loss		Disability Income		Long-Term Care		Other	
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 2005 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 2005									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

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ANNUAL STATEMENT FOR THE YEAR 2005 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 Consolidated		DURING THE YEAR 2005					(LOCATION)			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	747,097	22,598	688,773	0	9,966	0	0	25,760	0	0	0	0	0			
2. First Quarter	718,779	23,495	659,092	0	10,835	0	0	25,357	0	0	0	0	0			
3. Second Quarter	714,524	23,796	654,213	0	11,284	0	0	25,231	0	0	0	0	0			
4. Third Quarter	754,417	24,262	686,479	0	18,124	0	0	25,552	0	0	0	0	0			
5. Current Year	738,657	23,477	670,450	0	19,221	0	0	25,509	0	0	0	0	0			
6. Current Year Member Months	8,808,337	284,775	8,050,497	0	167,820	0	0	305,245	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																
7. Physician	12,400,064	670,664	10,747,087	0	0	0	0	982,313	0	0	0	0	0			
8. Non-Physician	1,478,589	62,110	1,267,364	0	0	0	0	149,115	0	0	0	0	0			
9. Total	13,878,653	732,774	12,014,451	0	0	0	0	1,131,428	0	0	0	0	0			
10. Hospital Patient Days Incurred	459,104	26,199	293,569	0	0	0	0	139,336	0	0	0	0	0			
11. Number of Inpatient Admissions	92,965	5,067	73,905	0	0	0	0	13,993	0	0	0	0	0			
12. Health Premiums Written	2,942,496,765	91,343,690	2,592,819,951	0	701,717	0	0	256,693,527	0	937,880	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	2,900,580,491	101,381,120	2,520,825,420	0	701,717	0	0	276,734,354	0	937,880	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	2,401,663,123	111,717,053	2,035,793,789	0	376,088	0	0	253,016,488	0	759,705	0	0	0			
18. Amount Incurred for Provision of Health Care Services	2,437,787,825	110,400,967	2,060,460,463	0	376,088	0	0	265,682,768	0	867,539	0	0	0			

(a) For health business: number of persons insured under PPO managed care products 726,166 and number of persons under indemnity only products 0

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SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	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 credit to 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

Mortgage Loans

1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31, 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

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31, 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	0
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 2005 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	10,965,281	27,916,910	8,122,540	246,558	48,855	47,300,144	10.0	64,861,683	11.4	47,300,144	.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	10,965,281	27,916,910	8,122,540	246,558	48,855	47,300,144	10.0	64,861,683	11.4	47,300,144	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	17,012,742	13,782,135	16,530,961	3,914,405	51,240,243	10.8	48,271,512	8.7	51,240,243	.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	17,012,742	13,782,135	16,530,961	3,914,405	51,240,243	10.8	48,271,512	8.7	51,240,243	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	2,406,380	5,670,241	2,129,606	1,435,409	278,868	11,920,503	2.5	24,236,133	4.2	11,920,503	.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	2,406,380	5,670,241	2,129,606	1,435,409	278,868	11,920,503	2.5	24,236,134	4.4	11,920,503	0

ANNUAL STATEMENT FOR THE YEAR 2005 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	.0	.0.0	.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	.0	.0.0	.0	.0
6.4 Class 4	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.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	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	105,765,654	144,454,139	9,003,682	5,081,347	1,974,736	266,279,558	42.7	221,323,924	36.1	266,279,558	.0
7.2 Class 2	1,887,410	6,824,159	16,032,058	2,499,945	.0	27,243,572	5.8	43,950,204	7.8	27,243,572	.0
7.3 Class 3	78,389	14,618,183	50,136,621	1,144,558	277,220	66,254,971	14.0	69,841,784	12.6	66,254,971	.0
7.4 Class 4	.0	8,405,300	57,067,505	714,386	25,562	66,212,754	14.0	104,447,488	18.8	66,212,754	.0
7.5 Class 5	.0	119,063	1,061,375	.0	.0	1,180,438	0.3	1,538,006	0.3	1,180,438	.0
7.6 Class 6	0	133,500	0	0	0	133,500	0.0	0	0.0	133,500	0
7.7 Totals	107,731,453	174,554,344	133,301,242	9,440,236	2,277,518	427,304,793	76.7	441,101,406	75.5	427,304,793	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 2005 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	119,137,315	195,054,032	33,037,963	23,294,275	6,216,864	376,740,449	70.1	XXX	XXX	376,740,448	.0
10.2 Class 2	1,887,410	6,824,159	16,032,058	2,499,945	.0	27,243,572	5.1	XXX	XXX	27,243,572	.0
10.3 Class 3	78,389	14,618,183	50,136,621	1,144,558	277,220	66,254,971	12.3	XXX	XXX	66,254,971	.0
10.4 Class 4	.0	8,405,300	57,067,505	714,386	25,562	66,212,753	12.3	XXX	XXX	66,212,754	.0
10.5 Class 5	.0	119,063	1,061,375	.0	.0	(c) 1,180,438	0.2	XXX	XXX	1,180,438	.0
10.6 Class 6	.0	133,500	0	.0	.0	(c) 133,500	0.0	XXX	XXX	133,500	0
10.7 Totals	121,103,114	225,154,237	157,335,522	27,653,164	6,519,646	(b) 537,765,683	100.0	XXX	XXX	537,765,683	.0
10.8 Line 10.7 as a % of Col. 6	22.5	41.9	29.3	5.1	1.2	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	44,027,064	248,786,249	34,260,104	26,305,008	5,314,827	XXX	XXX	358,693,252	62.0	358,693,252	.0
11.2 Class 2	754,574	12,698,217	27,370,193	2,846,436	280,784	XXX	XXX	43,950,204	7.6	43,950,204	.0
11.3 Class 3	321,107	9,342,633	58,898,023	1,280,021	.0	XXX	XXX	69,841,784	12.1	69,841,784	.0
11.4 Class 4	.0	12,682,941	90,707,753	.0	1,056,795	XXX	XXX	104,447,488	18.1	104,447,488	.0
11.5 Class 5	.0	243,533	1,219,109	75,363	.0	XXX	XXX	(c) 1,538,006	0.3	1,538,006	.0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) .0	0.0	0	0
11.7 Totals	45,102,745	283,753,575	212,455,182	30,506,828	6,652,406	XXX	XXX	(b) 578,470,734	100.0	578,470,734	.0
11.8 Line 11.7 as a % of Col. 8	4.0	51.0	38.0	5.0	1.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	119,137,315	195,054,033	33,037,962	23,294,276	6,216,863	376,740,449	66.0	358,693,252	60.5	376,740,449	XXX
12.2 Class 2	1,887,410	6,824,159	16,032,058	2,499,945	.0	27,243,572	5.8	43,950,204	7.8	27,243,572	XXX
12.3 Class 3	78,389	14,618,183	50,136,621	1,144,558	277,220	66,254,971	14.0	69,841,784	12.6	66,254,971	XXX
12.4 Class 4	.0	8,405,300	57,067,505	714,386	25,562	66,212,754	14.0	104,447,488	18.8	66,212,754	XXX
12.5 Class 5	.0	119,063	1,061,375	.0	.0	1,180,438	0.3	1,538,006	0.3	1,180,438	XXX
12.6 Class 6	0	133,500	0	0	0	133,500	0.0	0	0.0	133,500	XXX
12.7 Totals	121,103,114	225,154,238	157,335,522	27,653,165	6,519,645	537,765,684	100.0	578,470,734	100.0	537,765,684	XXX
12.8 Line 12.7 as a % of Col. 6	22.5	41.9	29.3	5.1	1.2	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	22.5	41.9	29.3	5.1	1.2	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 2005 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	10,965,281	27,916,910	8,122,540	246,558	48,855	47,300,144	10.0	64,861,683	11.4	47,300,144	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	10,965,281	27,916,910	8,122,540	246,558	48,855	47,300,144	10.0	64,861,683	11.4	47,300,144	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	17,012,742	13,782,135	16,530,961	3,914,405	51,240,243	10.8	48,271,512	8.7	51,240,243	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	17,012,742	13,782,135	16,530,961	3,914,405	51,240,243	10.8	48,271,512	8.7	51,240,243	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	1,585,552	3,893,530	1,598,642	932,932	277,337	8,287,993	1.8	16,383,466	3.0	8,287,993	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	820,828	1,776,711	530,963	502,477	1,531	3,632,510	0.8	7,852,668	1.4	3,632,510	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	2,406,380	5,670,241	2,129,606	1,435,409	278,868	11,920,503	2.5	24,236,134	4.4	11,920,503	0

ANNUAL STATEMENT FOR THE YEAR 2005 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	0	0.0	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	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	105,476,344	166,393,887	126,518,815	2,676,062	264,056	401,329,164	71.2	406,403,343	69.3	401,329,162	0
7.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	471,029	0.1	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined	2,255,110	8,160,457	6,782,427	6,764,174	2,013,462	25,975,630	5.5	34,227,035	6.1	25,975,630	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	107,731,454	174,554,344	133,301,242	9,440,236	2,277,518	427,304,794	76.7	441,101,407	75.5	427,304,792	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 2005 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	116,441,625	211,323,539	148,423,490	19,453,581	4,227,316	499,869,551	92.0	XXX	XXX	499,869,549	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,585,552	3,893,530	1,598,642	932,932	277,337	8,287,993	1.8	XXX	XXX	8,287,993	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	3,075,938	9,937,168	7,313,390	7,266,651	2,014,993	29,608,140	6.3	XXX	XXX	29,608,140	.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	121,103,115	225,154,237	157,335,522	27,653,164	6,519,646	537,765,684	100.0	XXX	XXX	537,765,682	.0
10.8 Line 10.7 as a % of Col. 6	22.5	41.9	29.3	5.1	1.2	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	36,553,078	257,846,495	198,922,536	21,744,442	4,469,987	XXX	XXX	519,536,538	89.5	519,536,538	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	3,117,196	8,468,329	2,960,789	1,714,633	593,548	XXX	XXX	16,854,495	3.0	16,854,495	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	5,432,471	17,438,752	10,571,856	7,047,753	1,588,871	XXX	XXX	42,079,703	7.5	42,079,703	.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	45,102,745	283,753,575	212,455,182	30,506,828	6,652,406	XXX	XXX	578,470,736	100.0	578,470,736	.0
11.8 Line 11.7 as a % of Col. 8	4.0	51.0	38.0	5.0	1.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	116,441,625	211,323,539	148,423,490	19,453,581	4,227,316	499,869,551	93.0	519,536,538	89.5	499,869,551	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,585,552	3,893,530	1,598,642	932,932	277,337	8,287,993	1.5	16,854,495	3.0	8,287,993	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined	3,075,938	9,937,168	7,313,390	7,266,651	2,014,993	29,608,141	5.5	42,079,703	7.5	29,608,141	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	121,103,115	225,154,237	157,335,522	27,653,164	6,519,646	537,765,685	100.0	578,470,736	100.0	537,765,685	XXX
12.8 Line 12.7 as a % of Col. 6	22.5	41.9	33.0	6.0	1.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	22.5	41.9	33.0	6.0	1.0	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 BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	26,669,926	26,669,926	0	0	0
2. Cost of short-term investments acquired	3,087,441,684	3,087,441,684			
3. Increase (decrease) by adjustment	17,163	17,163			
4. Increase (decrease) by foreign exchange adjustment	0	0			
5. Total profit (loss) on disposal of short-term investments	(4,663)	(4,663)			
6. Consideration received on disposal of short-term investments	3,010,563,739	3,010,563,739			
7. Book/adjusted carrying value, current year	103,560,371	103,560,371	0	0	0
8. Total valuation allowance	0	0			
9. Subtotal (Lines 7 plus 8)	103,560,371	103,560,371	0	0	0
10. Total nonadmitted amounts	0	0			
11. Statement value (Lines 9 minus 10)	103,560,371	103,560,371	0	0	0
12. Income collected during year	4,751,685	4,751,685			
13. Income earned during year	4,858,735	4,858,735			

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

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Owned

1. Book value, December 31, prior year (Line 8, prior year)	51,766
2. Cost/Option Premium (Section 2, Column 7)	952,630
3. Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	(118,293)
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	(257,778)
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0 (257,778)
5. Consideration Received on Terminations (Section 3, Column 12)	531,450
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. Book value, December 31, current year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)	96,875

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Written

1. 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 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. Book value, December 31, current year	0

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Statement Value and Fair Value of Open Contracts	
1. 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. Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)	0

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Futures Contracts and Insurance Futures Contracts	
1. 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 4.2)	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 Line 3.1 and Line 2)	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. Book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)	0

SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

Statement Value and Fair Value of Open Contracts	
Statement Value	
1. Part A, Section 1, Column 10	96,875
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)	96,875
6. Part E, Section 1, Column 4	0
7. Part E, Section 1, Column 5	0
8. Lines (5) - (6) - (7)	96,875
Fair Value	
9. Part A, Section 1, Column 11	96,875
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)	96,875
14. Part E, Section 1, Column 7	0
15. Part E, Section 1, Column 8	0
16. Lines (13) - (14) - (15)	96,875

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2005 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 2005	2 2004	3 2003	4 2002	5 2001
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	3,429	3,213	818
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	0	(126)
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	280
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)	885,853,864		885,853,864
2. Accident and health premiums due and unpaid (Line 13).....	77,237,124		77,237,124
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	358,949,677		358,949,677
6. Total assets (Line 26)	1,322,040,665	0	1,322,040,665
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	406,107,090	0	406,107,090
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	221,075,429		221,075,429
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	166,994,330		166,994,330
12. Total liabilities (Line 22).....	794,176,849	0	794,176,849
13. Total capital and surplus (Line 31).....	527,863,816	XXX	527,863,816
14. Total liabilities, capital and surplus (Line 32)	1,322,040,665	0	1,322,040,665
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		

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Blue Cross	20,000,000	(15,000,000)			487,253,204	6,697,319		85,473,000	584,423,523	(7,095,543)
93688	23-2184623	QCC Insurance Company					(350,779,286)	(11,059,423)			(361,838,709)	(9,495,090)
	23-2425461	AmeriHealth, Inc.	7,645,108	(45,265,271)			6,273,671				(31,346,492)	
95056	23-2405376	Keystone Health Plan East, Inc.	(20,000,000)	(45,000,000)	(103,866,067)		(224,997,889)			99,599,067	(294,264,889)	
60061	22-3338404	AmeriHealth Insurance Company of New Jersey					(18,953,641)	6,102,927			(12,850,714)	
95044	23-2314460	AmeriHealth HMO, Inc.		38,615,271	103,866,067		(30,351,421)	(6,102,927)		(109,148,067)	(3,121,077)	
95262	74-2439056	AmeriHealth of Florida, Inc.					(63,000)				(63,000)	
	23-2800586	AmeriHealth Agency, Inc.					(178,358)				(178,358)	
	23-2521508	AmeriHealth Administrators	(7,645,108)				(17,890,681)				(25,535,789)	
	23-2795357	AmeriHealth Services, Inc.					1,184,958			(413,000)	771,958	
	23-2317715	AmeriHealth Integrated Benefits, Inc.					1,000			(9,000)	(8,000)	
10975	06-1505051	AmeriHealth Casualty Insurance Company	0	15,000,000			(4,901,092)	5,498,847			15,597,755	7,569,633
	23-2754696	AmeriHealth Integrated Case Management, Inc.					(3,978,734)			(2,625,000)	(6,603,734)	
	25-1686685	CompServices, Inc.					(29,462)				(29,462)	
	25-1765486	CSI Services, Inc.					467,679				467,679	
95794	51-0296135	Healthcare Delaware, Inc.					(17,000)				(17,000)	
	23-2671650	Independence Healthcare Management, Inc.					159,837,813			(17,408,000)	142,429,813	
60254	23-2865349	Independence Insurance, Inc.					(30,465)				(30,465)	
	23-2982367	Independence Holdings, Inc.					67,439			(49,908,000)	(49,840,561)	
	23-2864737	Keystone Benefits, Inc.					296,869			(5,551,000)	(5,254,131)	
	23-2773183	Keystone Health Systems, Inc.					(18,000)				(18,000)	
	22-2724721	IBC/HBS Caring Foundation For Children					(180,578)				(180,578)	
96660	23-2408039	Vista Health Plan, Inc.	0	45,000,000			(912,406)				44,087,594	
	23-2723299	AmeriHealth Integrated Workers Compensation Management, Inc.					1,000			(10,000)	(9,000)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.					0	(1,136,743)			(1,136,743)	9,021,000
53546	66-0195325	La Cruz Azul de Puerto Rico	0	5,000,000			(1,761,172)				3,238,828	
	98-0426648	AmeriHealth Assurance, Ltd.					(336,448)				(336,448)	
	30-0326654	Region 6 Rx Corp.		1,650,000			(4,000)				1,646,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES..... |
| 2. Will an actuarial opinion be filed by March 1? | YES..... |
| 3. Will the Risk-based Capital Report be filed with the NAIC by March 1? | YES..... |
| 4. Will the Risk-based Capital be filed with the state of domicile, if required by March 1? | YES..... |

APRIL FILING

- | | |
|---|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? | YES..... |
| 6. Will the Investment Risks Interrogatories be filed by April 1? | YES..... |

JUNE FILING

- | | |
|---|---------------|
| 7. Will an audited financial report be filed by June 1? | YES..... |
|---|---------------|

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

MARCH FILING

- | | |
|---|---------------|
| 8. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO..... |
| 9. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | YES..... |
| 10. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | YES..... |
| 11. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO..... |

APRIL FILING

- | | |
|--|---------------|
| 12. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1? | NO..... |
| 13. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | YES..... |
| 14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC? | YES..... |

EXPLANATION:

8.

11.

12.

BAR CODE:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Prepaid expenses.....	105,218	105,218	0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	105,218	105,218	0	0



LIFE SUPPLEMENTS

For The Year Ended December 31, 2005

(To Be Filed By March 1)

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 2005 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?

Yes [] No []

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

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:

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 that 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 That 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

LS205-4

LS205-4

LS205-4

LS205-4

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type of Re-insurance Ceded	Amount in Force at End of Year	8	9	Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
							Current Year	Previous Year		Current Year	Prior Year		
NONE													
0799999 Totals													

LS205-5



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2005

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	4,072,592	4,085,155		3,451,795	3,146,652
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)	4,072,592	4,085,155	0	3,451,795	3,146,652

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OFIndiana

DURING THE YEAR2005

NAIC Group Code0936

LIFE INSURANCE

NAIC Company Code93688

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2005

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					
				(a)						
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	2,847,080,483	2,795,114,216		2,284,567,110	2,322,312,804
24.1 Federal Employees Health Benefits Program premium					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies					
Other Individual Policies:					
25.1 Non-cancellable					
25.2 Guaranteed renewable					
25.3 Non-renewable for stated reasons only					
25.4 Other accident only					
25.5 All other	91,343,690	101,381,120		111,717,053	110,400,967
25.6 Totals (Sum of Lines 25.1 to 25.5)	91,343,690	101,381,120	0	111,717,053	110,400,967
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	2,938,424,173	2,896,495,336	0	2,396,284,163	2,432,713,771

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

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

DURING THE YEAR 2005

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				1,927,165	1,927,402
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	1,927,165	1,927,402

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2005

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)					

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



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE QCC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2005

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
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)					

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



PROPERTY/CASUALTY SUPPLEMENTS

For The Year Ended December 31, 2005

(To Be Filed On Or Before March 1)

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 2005 OF THE QCC INSURANCE COMPANY

SCHEDULE F - PART 3

[illegible]

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:

NOTE: A. contract with ceded premium in excess of \$50,000;

2 Commission Rate 3 Ceded Premium

1.
2.
3.
4.
5.

Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

<u>Total Recoverables</u>	<u>Ceded Premiums</u>

- | | Yes | No |
|----|-----|----|
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	54	5	49	236	0	28	0	0	0	0	264	XXX
4. 1998	4,174	386	3,788	2,550	0	321	0	0	0	0	2,871	XXX
5. 1999	7,666	709	6,957	4,693	0	564	0	0	0	0	5,257	XXX
6. 2000	9,921	822	9,099	6,550	0	777	0	0	0	0	7,327	XXX
7. 2001	19,713	249	19,464	20,694	0	2,006	0	0	0	0	22,700	XXX
8. 2002	37,942	3,036	34,906	17,167	0	1,906	0	0	0	0	19,073	XXX
9. 2003	17,909	3,429	14,480	12,310	0	1,146	0	0	0	0	13,456	XXX
10. 2004	(7)	55	(62)	201	0	33	0	0	0	0	234	XXX
11. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	64,401	0	6,781	0	0	0	0	71,182	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	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.	(88)	0	260	0	(8)	0	29	0	0	0	0	193	XXX
5.	(143)	0	426	0	(12)	0	47	0	0	0	0	318	XXX
6.	(345)	0	1,143	0	(49)	0	127	0	0	0	0	876	XXX
7.	880	0	386	0	104	0	43	0	0	0	0	1,413	XXX
8.	2,196	0	(220)	0	319	0	(32)	0	0	0	0	2,263	XXX
9.	4,075	0	(407)	0	503	0	(50)	0	0	0	0	4,121	XXX
10.	143	0	0	0	5	0	(15)	0	0	0	0	133	XXX
11.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	6,718	0	1,588	0	862	0	149	0	0	0	0	9,317	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.	264	0	264	488.9	0.0	538.8	0	0		0	0
4.	3,064	0	3,064	73.4	0.0	80.9	0	0		172	21
5.	5,575	0	5,575	72.7	0.0	80.1	0	0		283	35
6.	8,203	0	8,203	82.7	0.0	90.2	0	0		798	78
7.	24,113	0	24,113	122.3	0.0	123.9	0	0		1,266	147
8.	21,336	0	21,336	56.2	0.0	61.1	0	0		1,976	287
9.	17,577	0	17,577	98.1	0.0	121.4	0	0		3,668	453
10.	367	0	367	(5,242.9)	0.0	(591.9)	0	0		143	(10)
11.	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8,306	1,011

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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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 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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	54	5	49	236	0	28	0	0	0	0	264	10
4. 1998	4,174	386	3,788	2,550	0	321	0	0	0	0	2,871	434
5. 1999	7,666	709	6,957	4,693	0	564	0	0	0	0	5,257	859
6. 2000	9,921	822	9,099	6,550	0	777	0	0	0	0	7,327	1,542
7. 2001	19,713	249	19,464	20,694	0	2,006	0	0	0	0	22,700	3,784
8. 2002	37,942	3,036	34,906	17,167	0	1,906	0	0	0	0	19,073	4,186
9. 2003	17,909	3,429	14,480	12,310	0	1,146	0	0	0	0	13,456	3,103
10. 2004	(7)	55	(62)	201	0	33	0	0	0	0	234	45
11. 2005	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	64,401	0	6,781	0	0	0	0	71,182	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.	(88)	0	260	0	(8)	0	29	0	0	0	0	193	2
5.	(143)	0	426	0	(12)	0	47	0	0	0	0	318	8
6.	(345)	0	1,143	0	(49)	0	127	0	0	0	0	876	29
7.	880	0	386	0	104	0	43	0	0	0	0	1,413	61
8.	2,196	0	(220)	0	319	0	(32)	0	0	0	0	2,263	113
9.	4,075	0	(407)	0	503	0	(50)	0	0	0	0	4,121	123
10.	143	0	0	0	5	0	(15)	0	0	0	0	133	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	6,718	0	1,588	0	862	0	149	0	0	0	0	9,317	336

	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.	264	0	264	488.9	0.0	538.8	0	0	0.0	0	0
4.	3,064	0	3,064	73.4	0.0	80.9	0	0	0.0	172	21
5.	5,575	0	5,575	72.7	0.0	80.1	0	0	0.0	283	35
6.	8,203	0	8,203	82.7	0.0	90.2	0	0	0.0	798	78
7.	24,113	0	24,113	122.3	0.0	123.9	0	0	0.0	1,266	147
8.	21,336	0	21,336	56.2	0.0	61.1	0	0	0.0	1,976	287
9.	17,577	0	17,577	98.1	0.0	121.4	0	0	0.0	3,668	453
10.	367	0	367	(5,242.9)	0.0	(591.9)	0	0	0.0	143	(10)
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	8,306	1,011

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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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 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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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 1F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2005	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	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	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	Number of Claims Reported - Direct and Assumed
	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)	
				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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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 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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding - Direct and Assumed
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. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2005	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

(\$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. 2004	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005	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		6		8				
				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. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2005	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					
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
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. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2005	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

(\$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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2005	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	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. 1996	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2005	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
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 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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	0	0	0	0	0	0	0	0	0	0	0	0
4. 1998	0	0	0	0	0	0	0	0	0	0	0	0
5. 1999	0	0	0	0	0	0	0	0	0	0	0	0
6. 2000	0	0	0	0	0	0	0	0	0	0	0	0
7. 2001	0	0	0	0	0	0	0	0	0	0	0	0
8. 2002	0	0	0	0	0	0	0	0	0	0	0	0
9. 2003	0	0	0	0	0	0	0	0	0	0	0	0
10. 2004	0	0	0	0	0	0	0	0	0	0	0	0
11. 2005	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. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2005	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	Net	Losses	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 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
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior											.0	.0
2. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1997	.XXX	.0	.0	.0	.0	.0	.0	.264	.264	.264	.0	.0
4. 1998	.XXX	.XXX	.0	.0	.0	.0	.0	.3,155	.2,804	.3,064	.260	.(91)
5. 1999	.XXX	.XXX	.XXX	.0	.0	.0	.0	.5,810	.5,159	.5,575	.416	.(235)
6. 2000	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.8,515	.7,102	.8,203	.1,101	.(312)
7. 2001	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.22,704	.22,981	.24,113	.1,132	.1,409
8. 2002	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.20,108	.20,811	.21,336	.525	.1,228
9. 2003	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.14,647	.15,432	.17,577	.2,145	.2,930
10. 2004	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.164	.367	.203	.XXX
11. 2005	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.XXX	.XXX
12. Totals											5,782	4,929

ANNUAL STATEMENT FOR THE YEAR 2005 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 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1. Prior											0	0
2. 1996	.0	.0	.0		.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0		.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0		.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	25	142	196	269	264	264	264	264	264	0	0
4. 1998	XXX	XXX	1,584	1,950	3,184	3,116	3,116	3,155	2,804	3,064	260	(91)
5. 1999	XXX	XXX	XXX	2,753	4,572	5,715	5,662	5,810	5,159	5,575	416	(235)
6. 2000	XXX	XXX	XXX	XXX	6,217	8,262	8,503	8,515	7,102	8,203	1,101	(312)
7. 2001	XXX	XXX	XXX	XXX	XXX	14,100	18,759	22,704	22,981	24,113	1,132	1,409
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	19,137	20,108	20,811	21,336	525	1,228
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,647	15,432	17,577	2,145	2,930
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	367	203	XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											5,782	4,929

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior											0	0
2. 1996	.0	.0	.0		.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX		.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1. Prior											0	0
2. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2005	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
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2005	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. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2005	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. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2005	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. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2005	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. 1996	0	0	0	0	0	0	0	0	0	0	0	0
3. 1997	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 1998	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 1999	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2000	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2001	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2005	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 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1. Prior											.0	.0
2. 1996	.0	.0	.0		.0	.0		.0	.0	.0	.0	.0
3. 1997	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1997	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1998	XXX	XXX	.0		.0	.0		.0	.0	.0	.0	.0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1997	XXX	.0	.0		.0	.0		.0	.0	.0	.0	.0
4. 1998	XXX	XXX	.0		.0	.0		.0	.0	.0	.0	.0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2005	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 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1. Prior											.0	.0
2. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2005	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. 1996	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1997	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 1998	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 1999	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2000	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2001	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2005	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. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
3. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
4. Totals											0	0