



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2006
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

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

Incorporated/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
(Street and Number)
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
(Street and Number)
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
(Street and Number)
PHILADELPHIA, PA 19103-1480 215-241-2400
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
<u>Joseph Anthony Frick</u>	<u>President</u>	<u>Paul Andrew Tufano</u>	<u>Secretary</u>
<u>John George Foes</u>	<u>Treasurer</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright #</u>	<u>SR. V.P.</u>	<u>Christopher Desmond Butler</u>	<u>Executive V.P.</u>
<u>John Christopher Cashman</u>	<u>SR. V.P.</u>	<u>John Allan Daddis</u>	<u>SR. V.P.</u>
<u>Michael Anthony Green</u>	<u>SR. V.P.</u>	<u>William Frederick Haggett #</u>	<u>Chief Marketing Executive</u>
<u>Karen Goldsmith Lessin</u>	<u>SR. V.P.</u>	<u>Daniel Coombs Lyons, M.D.</u>	<u>SR. V.P.</u>
<u>Kathleen Anne McEndy</u>	<u>SR. V.P.</u>	<u>Donna O'Leary Moore</u>	<u>SR. V.P.</u>
<u>Richard Joseph Neeson</u>	<u>SR. V.P.</u>	<u>Thomas Francis Pappalardo</u>	<u>SR. V.P.</u>
<u>Rosemary Anne Park</u>	<u>SR. V.P.</u>	<u>Ian Steven Udvarhelyi, M.D.</u>	<u>SR. V.P.</u>

DIRECTORS OR TRUSTEES

<u>Christopher Desmond Butler</u>	<u>John Allan Daddis</u>	<u>John George Foes</u>	<u>Joseph Anthony Frick</u>
<u>William Frederick Haggett</u>	<u>Rosemary Anne Park</u>		

State of Pennsylvania

County of Philadelphia

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

Joseph Anthony Frick
President

Paul Andrew Tufano
Secretary

John George Foes
Treasurer

Subscribed and sworn to before me this
27 day of February, 2007

a. Is this an original filing? Yes [] 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 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	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	2,255,495	.0.1		.0.0	2,255,495	
4. Total capitation payments	2,255,495	.0.1	0	.0.0	2,255,495	0
Other Payments:						
5. Fee-for-service	60,263,189	2.3	XXX	XXX	60,263,189	
6. Contractual fee payments	2,531,042,554	97.6	XXX	XXX	2,531,042,554	
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	2,591,305,743	99.9	XXX	XXX	2,591,305,743	0
13. Total (Line 4 plus Line 12)	2,593,561,238	100 %	XXX	XXX	2,593,561,238	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

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	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 2006 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 Alabama

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	10,274												10,274
3. Second Quarter	12,174												12,174
4. Third Quarter	11,515												11,515
5. Current Year	11,036												11,036
6. Current Year Member Months	132,881												132,881
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	11,832,564												11,832,564
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	10,679,077												10,679,077
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	3,130,375												3,130,375
18. Amount Incurred for Provision of Health Care Services	3,543,057												3,543,057

(a) For health business: number of persons insured under PPO managed care products 11,036 and number of persons under indemnity only products _____

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ANNUAL STATEMENT FOR THE YEAR 2006 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 2006

NAIC Company Code 93688

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

NONE

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

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2006 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 Colorado

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.CO



ANNUAL STATEMENT FOR THE YEAR 2006 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 Delaware

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	1,000		698		302								
2. First Quarter	1,745		713		292								740
3. Second Quarter	1,950		772		284								894
4. Third Quarter	2,006		817		300								889
5. Current Year	1,950		827		278								845
6. Current Year Member Months	22,601		9,323		3,506								9,772
Total Member Ambulatory Encounters for Year:													
7. Physician	13,283		13,283										
8. Non-Physician	1,509		1,509										
9. Total	14,792	0	14,792	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	276		276										
11. Number of Inpatient Admissions	62		62										
12. Health Premiums Written	5,263,084		4,112,462		7,837								1,142,785
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	5,239,536		4,045,021		7,732								1,186,783
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	3,409,832		2,897,221		7,102								505,509
18. Amount Incurred for Provision of Health Care Services	3,798,920		3,257,616		7,102								534,202

(a) For health business: number of persons insured under PPO managed care products 1,950 and number of persons under indemnity only products _____

30.DE



ANNUAL STATEMENT FOR THE YEAR 2006 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 District of Columbia		DURING THE YEAR 2006									NAIC Company Code	93688
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other	
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	1,103												1,103	
3. Second Quarter	1,071												1,071	
4. Third Quarter	1,070												1,070	
5. Current Year	1,038												1,038	
6. Current Year Member Months	12,826												12,826	
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	1,357,069												1,357,069	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,413,561												1,413,561	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	285,325												285,325	
18. Amount Incurred for Provision of Health Care Services	293,397												293,397	

(a) For health business: number of persons insured under PPO managed care products 1,038 and number of persons under indemnity only products _____

30.DC



ANNUAL STATEMENT FOR THE YEAR 2006 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 Florida

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	54,834												54,834
3. Second Quarter	50,944												50,944
4. Third Quarter	49,557												49,557
5. Current Year	45,950												45,950
6. Current Year Member Months	608,499												608,499
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	58,812,208												58,812,208
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	52,634,350												52,634,350
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	35,194,464												35,194,464
18. Amount Incurred for Provision of Health Care Services	37,116,872												37,116,872

(a) For health business: number of persons insured under PPO managed care products 45,950 and number of persons under indemnity only products _____

30.FL



ANNUAL STATEMENT FOR THE YEAR 2006 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 Georgia

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year .....	.0												
2. First Quarter	11,377												11,377
3. Second Quarter	12,231												12,231
4. Third Quarter	11,786												11,786
5. Current Year	11,123												11,123
6. Current Year Member Months	138,108												138,108
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	11,912,410												11,912,410
13. Life Premiums Direct .....	.0												
14. Property/Casualty Premiums Written .....	.0												
15. Health Premiums Earned	10,384,134												10,384,134
16. Property/Casualty Premiums Earned .....	.0												
17. Amount Paid for Provision of Health Care Services	6,566,103												6,566,103
18. Amount Incurred for Provision of Health Care Services	6,784,819												6,784,819

(a) For health business: number of persons insured under PPO managed care products 11,123 and number of persons under indemnity only products _____

30.GA



ANNUAL STATEMENT FOR THE YEAR 2006 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 Indiana

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	9,442												9,442
3. Second Quarter	9,713												9,713
4. Third Quarter	8,724												8,724
5. Current Year	8,317												8,317
6. Current Year Member Months	109,677												109,677
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	9,974,219												9,974,219
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	9,296,801												9,296,801
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	8,958,714												8,958,714
18. Amount Incurred for Provision of Health Care Services	9,423,459												9,423,459

(a) For health business: number of persons insured under PPO managed care products 8,317 and number of persons under indemnity only products _____

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ANNUAL STATEMENT FOR THE YEAR 2006 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 Kansas

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.KS



ANNUAL STATEMENT FOR THE YEAR 2006 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 Kentucky

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	7,114												7,114
3. Second Quarter	8,937												8,937
4. Third Quarter	8,791												8,791
5. Current Year	8,283												8,283
6. Current Year Member Months	97,423												97,423
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	8,982,351												8,982,351
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	8,332,639												8,332,639
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	3,032,310												3,032,310
18. Amount Incurred for Provision of Health Care Services	3,236,242												3,236,242

(a) For health business: number of persons insured under PPO managed care products 8,283 and number of persons under indemnity only products _____

30.KY



ANNUAL STATEMENT FOR THE YEAR 2006 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 Louisiana

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	13,488												13,488
3. Second Quarter	11,314												11,314
4. Third Quarter	11,069												11,069
5. Current Year	10,486												10,486
6. Current Year Member Months	140,701												140,701
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	12,793,209												12,793,209
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	11,433,706												11,433,706
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	7,523,545												7,523,545
18. Amount Incurred for Provision of Health Care Services	7,759,333												7,759,333

(a) For health business: number of persons insured under PPO managed care products 10,486 and number of persons under indemnity only products _____

30.LA



ANNUAL STATEMENT FOR THE YEAR 2006 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 Maryland

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	4,228												4,228
3. Second Quarter	6,845												6,845
4. Third Quarter	7,032												7,032
5. Current Year	6,713												6,713
6. Current Year Member Months	73,047												73,047
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	6,660,430												6,660,430
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	6,991,899												6,991,899
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	4,749,408												4,749,408
18. Amount Incurred for Provision of Health Care Services	4,950,650												4,950,650

(a) For health business: number of persons insured under PPO managed care products 6,713 and number of persons under indemnity only products _____

30.MD



ANNUAL STATEMENT FOR THE YEAR 2006 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 Massachusetts

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2006 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 Mississippi

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.MS



ANNUAL STATEMENT FOR THE YEAR 2006 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 Montana

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.MT



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2006									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													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

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

30.NV



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF New Mexico			DURING THE YEAR 2006									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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

NONE

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.ND



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	21,476												21,476
3. Second Quarter	22,308												22,308
4. Third Quarter	22,095												22,095
5. Current Year	21,721												21,721
6. Current Year Member Months	259,187												259,187
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	25,289,151												25,289,151
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	23,230,665												23,230,665
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	15,710,370												15,710,370
18. Amount Incurred for Provision of Health Care Services	16,739,469												16,739,469

(a) For health business: number of persons insured under PPO managed care products 21,721 and number of persons under indemnity only products _____

30.0H



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Oklahoma			DURING THE YEAR 2006									NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other	
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

NONE

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

30.OK



ANNUAL STATEMENT FOR THE YEAR 2006 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 Pennsylvania		DURING THE YEAR 2006								NAIC Company Code			93688
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other		
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year	737,657	23,477	669,752		18,919			25,509							
2. First Quarter	694,700	23,696	592,154		40,419			24,493					13,938		
3. Second Quarter	701,491	23,341	592,815		44,379			24,652					16,304		
4. Third Quarter	756,813	23,112	590,306		70,657			24,983					47,755		
5. Current Year	814,157	23,090	587,406		131,531			24,962					47,168		
6. Current Year Member Months	8,786,380	280,978	7,099,857		799,078			298,197					308,270		
Total Member Ambulatory Encounters for Year:															
7. Physician	12,608,078	437,992	11,067,343					1,102,743							
8. Non-Physician	1,953,419	66,677	1,684,822					201,920							
9. Total	14,561,497	504,669	12,752,165	0	0	0	0	1,304,663	0	0	0	0	0		
10. Hospital Patient Days Incurred	356,301	21,035	253,014					82,252							
11. Number of Inpatient Admissions	76,405	3,841	59,690					12,874							
12. Health Premiums Written	2,873,953,228	112,558,945	2,416,793,770		3,754,976			307,497,634		1,115,115			32,232,788		
13. Life Premiums Direct	0														
14. Property/Casualty Premiums Written	0														
15. Health Premiums Earned	2,857,559,540	107,655,880	2,413,546,457		3,657,922			299,329,173		1,115,115			32,254,993		
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services	2,481,184,528	118,358,342	2,031,632,164		2,248,394			304,223,227					24,722,401		
18. Amount Incurred for Provision of Health Care Services	2,421,700,045	122,524,633	1,984,282,679		2,248,394			284,295,753		1,031,456			27,317,130		

(a) For health business: number of persons insured under PPO managed care products 814,157 and number of persons under indemnity only products _____

30.PA



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2006

NAIC Company Code 93688

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

NONE

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	26,832												26,832
3. Second Quarter	23,235												23,235
4. Third Quarter	22,402												22,402
5. Current Year	21,938												21,938
6. Current Year Member Months	285,250												285,250
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	28,315,271												28,315,271
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	25,787,765												25,787,765
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	20,483,763												20,483,763
18. Amount Incurred for Provision of Health Care Services	21,612,520												21,612,520

(a) For health business: number of persons insured under PPO managed care products 21,938 and number of persons under indemnity only products _____

30.TN



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Texas			DURING THE YEAR 2006									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													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

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

30.TX



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2006									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													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

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

30.UT



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Virgin Islands (U.S.)			DURING THE YEAR 2006									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													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2006									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													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services													
18. Amount Incurred for Provision of Health Care Services													

NONE

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2006 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 2006

NAIC Company Code 93688

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	5,118												5,118
3. Second Quarter	5,854												5,854
4. Third Quarter	5,840												5,840
5. Current Year	5,678												5,678
6. Current Year Member Months	64,865												64,865
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	7,419,189												7,419,189
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	7,529,466												7,529,466
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	3,332,738												3,332,738
18. Amount Incurred for Provision of Health Care Services	4,017,499												4,017,499

(a) For health business: number of persons insured under PPO managed care products 5,678 and number of persons under indemnity only products _____

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

QCC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2006									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	738,657	23,477	670,450	0	19,221	0	0	25,509	0	0	0	0	0		
2. First Quarter	861,731	23,696	592,867	0	40,711	0	0	24,493	0	0	0	0	179,964		
3. Second Quarter	868,067	23,341	593,587	0	44,663	0	0	24,652	0	0	0	0	181,824		
4. Third Quarter	918,700	23,112	591,123	0	70,957	0	0	24,983	0	0	0	0	208,525		
5. Current Year	968,390	23,090	588,233	0	131,809	0	0	24,962	0	0	0	0	200,296		
6. Current Year Member Months	10,731,445	280,978	7,109,180	0	802,584	0	0	298,197	0	0	0	0	2,240,506		
Total Member Ambulatory Encounters for Year:															
7. Physician	12,621,361	437,992	11,080,626	0	0	0	0	1,102,743	0	0	0	0	0		
8. Non-Physician	1,954,928	66,677	1,686,331	0	0	0	0	201,920	0	0	0	0	0		
9. Total	14,576,289	504,669	12,766,957	0	0	0	0	1,304,663	0	0	0	0	0		
10. Hospital Patient Days Incurred	356,577	21,035	253,290	0	0	0	0	82,252	0	0	0	0	0		
11. Number of Inpatient Admissions	76,467	3,841	59,752	0	0	0	0	12,874	0	0	0	0	0		
12. Health Premiums Written	3,062,564,383	112,558,945	2,420,906,232	0	3,762,813	0	0	307,497,634	0	1,115,115	0	0	216,723,644		
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	3,030,513,139	107,655,880	2,417,591,478	0	3,665,654	0	0	299,329,173	0	1,115,115	0	0	201,155,839		
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	2,593,561,475	118,358,342	2,034,529,385	0	2,255,496	0	0	304,223,227	0	0	0	0	134,195,025		
18. Amount Incurred for Provision of Health Care Services	2,540,976,282	122,524,633	1,987,540,295	0	2,255,496	0	0	284,295,753	0	1,031,456	0	0	143,328,649		

(a) For health business: number of persons insured under PPO managed care products 968,390 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.....	0
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column).....	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 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	3,853,442	23,491,563	10,148,971	518,881	9,103	38,021,960	5.0	47,300,144	10.0	38,021,960	.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	3,853,442	23,491,563	10,148,971	518,881	9,103	38,021,960	5.0	47,300,144	10.0	38,021,960	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	2,237,464	14,658,872	14,263,924	19,495,893	2,213,404	52,869,557	6.9	51,240,243	10.8	52,869,557	.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	2,237,464	14,658,872	14,263,924	19,495,893	2,213,404	52,869,557	6.9	51,240,243	10.8	52,869,557	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	3,289,543	9,052,103	5,484,352	3,793,415	994,972	22,614,385	3.0	11,920,503	2.5	22,614,385	.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	3,289,543	9,052,103	5,484,352	3,793,415	994,972	22,614,385	3.0	11,920,503	2.5	22,614,385	0

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ANNUAL STATEMENT FOR THE YEAR 2006 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	1,772,025	.0	.0	1,772,025	0.2	.0	0.0	1,772,025	.0
6.4 Class 4	.0	128,700	868,386	.0	.0	997,086	0.1	.0	0.0	997,086	.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	128,700	2,640,411	0	0	2,769,111	0.4	0	0.0	2,769,111	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	372,573,869	140,201,958	9,270,162	5,202,336	2,476,474	529,724,799	65.0	266,279,558	42.7	529,724,799	.0
7.2 Class 2	1,842,143	8,432,664	21,227,326	2,424,208	722,554	34,648,895	4.3	27,243,572	5.8	34,648,895	.0
7.3 Class 3	263,997	18,680,243	44,065,550	781,292	212,921	64,004,003	7.9	66,254,971	14.0	64,004,003	.0
7.4 Class 4	463,451	12,850,759	55,301,346	.0	25,488	68,641,044	8.4	66,212,754	14.0	68,641,044	.0
7.5 Class 5	.0	168,061	1,294,551	.0	.0	1,462,612	0.2	1,180,438	0.3	1,462,612	.0
7.6 Class 6	0	0	0	0	0	0	0.0	133,500	0.0	0	.0
7.7 Totals	375,143,460	180,333,685	131,158,935	8,407,836	3,437,437	698,481,353	85.7	427,304,794	76.7	698,481,353	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 2006 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)
10. Total Bonds Current Year											
10.1 Class 1	381,954,318	187,404,496	39,167,409	29,010,525	5,693,953	643,230,701	78.9	XXX	XXX	643,230,701	.0
10.2 Class 2	1,842,143	8,432,664	21,227,326	2,424,208	722,554	34,648,895	4.3	XXX	XXX	34,648,895	.0
10.3 Class 3	263,997	18,680,243	45,837,575	781,292	212,921	65,776,028	8.1	XXX	XXX	65,776,028	.0
10.4 Class 4	463,451	12,979,459	56,169,732	.0	25,488	69,638,130	8.5	XXX	XXX	69,638,130	.0
10.5 Class 5	.0	168,061	1,294,551	.0	.0	1,462,612	0.2	XXX	XXX	1,462,612	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	384,523,909	227,664,923	163,696,593	32,216,025	6,654,916	814,756,366	100.0	XXX	XXX	814,756,366	.0
10.8 Line 10.7 as a % of Col. 6	44.0	30.0	21.0	4.0	1.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	119,137,316	195,054,033	33,037,962	23,294,275	6,216,864	XXX	XXX	376,740,449	70.1	376,740,449	.0
11.2 Class 2	1,887,410	6,824,159	16,032,058	2,499,945	.0	XXX	XXX	27,243,572	5.1	27,243,572	.0
11.3 Class 3	78,389	14,618,183	50,136,621	1,144,558	277,220	XXX	XXX	66,254,971	12.3	66,254,971	.0
11.4 Class 4	.0	8,405,300	57,067,505	714,386	25,562	XXX	XXX	66,212,753	12.3	66,212,754	.0
11.5 Class 5	.0	119,063	1,061,375	.0	.0	XXX	XXX	1,180,438	0.2	1,180,438	.0
11.6 Class 6	.0	133,500	.0	.0	.0	XXX	XXX	133,500	0.0	133,500	.0
11.7 Totals	121,103,115	225,154,237	157,335,522	27,653,164	6,519,646	XXX	XXX	537,765,684	100.0	537,765,684	.0
11.8 Line 11.7 as a % of Col. 8	23.0	41.0	29.0	6.0	1.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	381,954,318	187,404,496	39,167,409	29,010,525	5,693,953	643,230,701	78.9	376,740,449	70.1	643,230,701	XXX
12.2 Class 2	1,842,143	8,432,664	21,227,326	2,424,208	722,554	34,648,895	4.3	27,243,572	5.1	34,648,895	XXX
12.3 Class 3	263,997	18,680,243	45,837,575	781,292	212,921	65,776,028	8.1	66,254,971	12.3	65,776,028	XXX
12.4 Class 4	463,451	12,979,459	56,169,732	.0	25,488	69,638,130	8.5	66,212,754	12.3	69,638,130	XXX
12.5 Class 5	.0	168,061	1,294,551	.0	.0	1,462,612	0.2	1,180,438	0.2	1,462,612	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	133,500	0.0	.0	XXX
12.7 Totals	384,523,909	227,664,923	163,696,593	32,216,025	6,654,916	814,756,366	100.0	537,765,684	100.0	814,756,366	XXX
12.8 Line 12.7 as a % of Col. 6	44.0	30.0	21.0	4.0	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	44.0	30.0	21.0	4.0	1.0	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	XXX	XXX	XXX	XXX	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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

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ANNUAL STATEMENT FOR THE YEAR 2006 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	3,704,024	23,121,173	9,962,495	434,854	5,114	37,227,660	4.9	47,300,144	10.0	37,227,660	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	149,418	370,390	186,476	84,027	3,989	794,300	0.1	0	0.0	794,300	0
1.7 Totals	3,853,442	23,491,563	10,148,971	518,881	9,103	38,021,960	5.0	47,300,144	10.0	38,021,960	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	2,237,464	14,658,872	14,263,924	19,495,893	2,213,404	52,869,557	6.9	51,240,243	10.8	52,869,557	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	2,237,464	14,658,872	14,263,924	19,495,893	2,213,404	52,869,557	6.9	51,240,243	10.8	52,869,557	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	219,167	0	0	0	219,167	0.0	0	0.0	219,167	0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	2,131,266	5,541,405	3,450,098	2,176,630	674,975	13,974,374	1.7	8,287,993	1.8	13,974,374	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	1,087,708	3,049,351	1,805,238	1,326,738	167,346	7,436,381	0.9	3,632,510	0.8	7,436,381	0
5.4 Other	70,569	242,180	229,016	290,047	152,651	984,463	0.1	0	0.0	984,463	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	3,289,543	9,052,103	5,484,352	3,793,415	994,972	22,614,385	2.8	11,920,503	2.6	22,614,385	0

ANNUAL STATEMENT FOR THE YEAR 2006 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
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations	0	128,700	2,640,411	0	0	2,769,111	0.4	0	0.0	2,769,111	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	128,700	2,640,411	0	0	2,769,111	0.4	0	0.0	2,769,111	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	372,944,623	172,392,554	123,946,652	1,161,600	1,125,942	671,571,371	81.3	401,329,164	71.2	671,571,371	0
7.2 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											
7.3 Defined	2,198,837	7,941,131	7,212,283	7,246,236	2,311,495	26,909,982	3.5	25,975,630	5.5	26,909,982	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	375,143,460	180,333,685	131,158,935	8,407,836	3,437,437	698,481,353	84.8	427,304,794	76.7	698,481,353	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 2006 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	378,886,111	210,520,466	150,813,482	21,092,347	3,344,460	764,656,866	93.5	XXX	XXX	764,656,866	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	2,280,684	5,911,795	3,636,574	2,260,657	678,964	14,768,674	1.9	XXX	XXX	14,768,674	.0
10.3 Defined	3,286,545	10,990,482	9,017,521	8,572,974	2,478,841	34,346,363	4.5	XXX	XXX	34,346,363	.0
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	70,569	242,180	229,016	290,047	152,651	984,463	0.1	XXX	XXX	984,463	.0
10.5 Defined	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Other	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	384,523,909	227,664,923	163,696,593	32,216,025	6,654,916	814,756,366	100.0	XXX	XXX	814,756,366	.0
10.8 Line 10.7 as a % of Col. 6	44.0	30.0	21.0	4.0	1.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	116,441,625	211,323,539	148,423,490	19,453,581	4,227,316	XXX	XXX	499,869,551	92.0	499,869,551	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	1,585,552	3,893,530	1,598,642	932,932	277,337	XXX	XXX	8,287,993	1.8	8,287,993	.0
11.3 Defined	3,075,938	9,937,168	7,313,390	7,266,651	2,014,993	XXX	XXX	29,608,140	6.3	29,608,140	.0
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	121,103,115	225,154,237	157,335,522	27,653,164	6,519,646	XXX	XXX	537,765,684	100.0	537,765,684	.0
11.8 Line 11.7 as a % of Col. 8	22.5	41.9	29.3	5.1	1.2	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	378,886,111	210,520,466	150,813,482	21,092,347	3,344,460	764,656,866	93.5	499,869,551	92.0	764,656,866	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	2,280,684	5,911,795	3,636,574	2,260,657	678,964	14,768,674	1.9	8,287,993	1.8	14,768,674	XXX
12.3 Defined	3,286,545	10,990,482	9,017,521	8,572,974	2,478,841	34,346,363	4.5	29,608,140	6.3	34,346,363	XXX
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	70,569	242,180	229,016	290,047	152,651	984,463	0.1	.0	0.0	984,463	XXX
12.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	384,523,909	227,664,923	163,696,593	32,216,025	6,654,916	814,756,366	100.0	537,765,684	100.0	814,756,366	XXX
12.8 Line 12.7 as a % of Col. 6	47.2	27.9	20.1	4.0	0.8	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	47.2	27.9	20.1	4.0	0.8	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 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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	103,560,371	103,560,371	0	0	0
2. Cost of short-term investments acquired	2,649,326,631	2,649,326,631	0	0	0
3. Increase (decrease) by adjustment	78,809	78,809	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments	(633)	(633)	0	0	0
6. Consideration received on disposal of short-term investments	2,624,726,131	2,624,726,131	0	0	0
7. Book/adjusted carrying value, current year	128,239,047	128,239,047	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	128,239,047	128,239,047	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	128,239,047	128,239,047	0	0	0
12. Income collected during year	3,884,395	3,884,395	0	0	0
13. Income earned during year	5,267,832	5,267,832	0	0	0

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

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)	96,875
2. Cost/Option Premium (Section 2, Column 7)	733,522
3. Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	(6,667)
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	85,609
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5. Consideration Received on Terminations (Section 3, Column 12)	877,698
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	0
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)	31,641

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
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	0
7.2 Used to Adjust Basis	0
8. Book value, December 31, current year	0

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

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 Section 1, Column 10 and Section 3, Column 11)	0
3.1 Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 3, Column 11)	0
3.2 Change in Variation Margin on Open Contracts Recognized (Difference between years (Section 1, Column 10))	0
4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	0
4.2 Less:	
4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	0
4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	0
4.3 Subtotal (Line 4.1 minus Line 4.2)	0
5.1 Net additions to Cash Deposits (Section 2, Column 7)	0
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)	0
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	0
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
7.1 Recognized	
7.2 Used to Adjust Basis of Hedged Item	0
8. 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	31,641
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)	31,641
6. Part E, Section 1, Column 4	31,641
7. Part E, Section 1, Column 5	0
8. Lines (5) - (6) - (7)	0
	Fair Value
9. Part A, Section 1, Column 11	31,641
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)	31,641
14. Part E, Section 1, Column 7	31,641
15. Part E, Section 1, Column 8	0
16. Lines (13) - (14) - (15)	0

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
54704	23-0370270	01/01/1993	Independence Blue Cross	Pennsylvania	SSL/G/L	272,340			2,172,372		
10975	06-1505051	09/01/2000	AmeriHealth Casualty Insurance Company	Delaware	OTH/G/L				6,485,386		
0199999 - Total - Affiliates						272,340			8,657,758		
24457	23-0580680	09/01/1997	Reliance Insurance Company	Pennsylvania	OTH/G/L				3,068,893		
60410	73-0714500	01/01/2000	American Fidelity Assurance Company	Oklahoma	SSL/G/A	1,051,886			189,132		
70939	13-2611847	01/01/2003	Gerber Life Insurance Company	New York	SSL/G/A	19,285			24,071		
93440	06-1041332	11/01/2003	Highmark Life Insurance Company	Pennsylvania	SSL/G/L	2,540,214			277,231		
35599	25-1334623	07/01/2005	Highmark Casualty Insurance Company	Pennsylvania	SSL/G/A	103,653			14,294		
0299999 - Total Non-Affiliates						3,715,038			3,573,621		
0399999 Totals						3,987,378			12,231,379		

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 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	3,429	3,213
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	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
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).....	1,250,894,501		1,250,894,501
2. Accident and health premiums due and unpaid (Line 13).....	40,273,788		40,273,788
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).....	249,944,616		249,944,616
6. Total assets (Line 26)	1,541,112,905	0	1,541,112,905
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	365,452,462	0	365,452,462
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	232,275,803		232,275,803
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	308,046,958		308,046,958
12. Total liabilities (Line 22).....	905,775,223	0	905,775,223
13. Total capital and surplus (Line 31).....	635,337,682	XXX	635,337,682
14. Total liabilities, capital and surplus (Line 32)	1,541,112,905	0	1,541,112,905
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 payables/offsets.....	0		
25. Total net credit for ceded reinsurance.....	0		

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE Y
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	5,500,000	(34,000,000)			507,585,349	15,358,354		81,735,000	576,178,703	(5,161,628)
93688	23-2184623	QCC Insurance Company					(370,870,808)	(22,643,535)			(393,514,343)	(8,657,758)
	23-2425461	AmeriHealth, Inc.	13,621,725	(2,500,000)			10,039,155				21,160,880	
95056	23-2405376	Keystone Health Plan East, Inc.	(36,400,000)				(222,262,242)			67,975,000	(190,687,242)	
60061	22-3338404	AmeriHealth Insurance Company of New Jersey					(13,856,557)	5,963,739			(7,892,818)	
95044	23-2314460	AmeriHealth HMO, Inc.	37,500,000				(30,740,142)	(5,963,739)		(64,076,000)	(63,279,881)	
95262	74-2439056	AmeriHealth of Florida, Inc.	(3,600,000)				(243,000)				(3,843,000)	
	23-2800586	AmeriHealth Agency, Inc.					(143,579)				(143,579)	
	23-2521508	AmeriHealth Administrators	(11,121,725)				(21,018,156)				(32,139,881)	
	23-2795357	AmeriHealth Services, Inc.					(1,346,000)			(751,000)	(2,097,000)	
	23-2317715	AmeriHealth Integrated Benefits, Inc.					1,000			(13,000)	(12,000)	
10975	06-1505051	AmeriHealth Casualty Insurance Company	(2,500,000)	2,500,000			(7,338,770)	8,073,921			735,151	6,485,386
	23-2754696	AmeriHealth Integrated Case Management, Inc.					(4,253,000)			(2,784,000)	(7,037,000)	
	25-1686685	CompServices, Inc.					(35,850)				(35,850)	
	25-1765486	CSI Services, Inc.					748,863				748,863	
95794	51-0296135	Healthcare Delaware, Inc.					(29,000)				(29,000)	
	23-2671650	Independence Healthcare Management, Inc.					167,282,195			(23,467,000)	143,815,195	
60254	23-2865349	Independence Insurance, Inc.					(27,000)				(27,000)	
	23-2982367	Independence Holdings, Inc.					757,000			(51,888,000)	(51,131,000)	
	23-2864737	Keystone Benefits, Inc.					(1,883,000)			(6,718,000)	(8,601,000)	
	23-2773183	Keystone Health Systems, Inc.					(33,000)				(33,000)	
	22-2724721	IBC/HBS Caring Foundation For Children					(61,015)				(61,015)	
96660	23-2408039	Vista Health Plan, Inc.					(1,600,000)				(1,600,000)	
	23-2723299	AmeriHealth Integrated Workers Compensation Management, Inc.					1,000			(13,000)	(12,000)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(788,740)			(788,740)	7,334,000
53546	66-0195325	La Cruz Azul de Puerto Rico		34,000,000			(6,638,818)				27,361,182	
	98-0426648	AmeriHealth Assurance, Ltd.	(3,000,000)				(1,914,000)				(4,914,000)	
	30-0326654	Region 6 Rx Corp.					(132,110)				(132,110)	
		Veridign, LLC					765,423				765,423	
		Future Scripts, LLC					(2,753,938)				(2,753,938)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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 Report 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 Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. 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

- | | |
|---|---------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |YES..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |YES..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |YES..... |

APRIL FILING

- | | |
|---|---------------|
| 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1? |NO..... |
| 15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |YES..... |
| 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |YES..... |

EXPLANATION:

9.

12.

14.

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. Receivable for membership sale.....	4,247,453		4,247,453	0
2397. Summary of remaining write-ins for Line 23 from Page 2	4,247,453	0	4,247,453	0



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

MEDICARE PART D COVERAGE SUPPLEMENT

For The Year Ended December 31, 2006
(To Be Filed by March 1)

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	213,982,796	XXX	1,588,500	XXX	215,571,296
1.12 Without Reinsurance Coverage.....	2,912,372	XXX		XXX	2,912,372
1.13 Risk-Corridor Payment Adjustments.....	0	XXX		XXX	0
1.2 Supplemental Benefits.....	211,590	XXX		XXX	211,590
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	579,969	XXX		XXX	XXX
4.2 Payable.....	(16,147,772)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	213,982,796	XXX	1,588,500	XXX	XXX
5.12 Without Reinsurance Coverage.....	2,912,372	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(15,567,803)	XXX		XXX	XXX
5.2 Supplemental Benefits.....	211,590	XXX		XXX	XXX
6. Total Premiums.....	201,538,955	XXX	1,588,500	XXX	203,127,455
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	149,916,668	XXX	2,784,237	XXX	152,700,905
7.12 Without Reinsurance Coverage.....	1,906,719	XXX		XXX	1,906,719
7.2 Supplemental Benefits.....	40,179	XXX		XXX	40,179
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	21,119,723	XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	1,556,004	XXX		XXX	XXX
8.2 Supplemental Benefits.....	32,788	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	31,233,635	XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	9,595	XXX		XXX	XXX
9.2 Supplemental Benefits.....	202	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	139,802,756	XXX	2,784,237	XXX	XXX
10.12 Without Reinsurance Coverage.....	3,453,128	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	72,765	XXX	0	XXX	XXX
11. Total Claims.....	143,328,649	XXX	2,784,237	XXX	146,112,886
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net to Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....		XXX		XXX	0
15. Expenses Incurred.....	30,411,075	XXX	602,455	XXX	XXX
16. Underwriting Gain/Loss.....	27,799,231	XXX	(1,798,192)	XXX	XXX
17. Cash Flow Results.....	XXX	XXX	XXX	XXX	64,047,455



LIFE SUPPLEMENTS

For The Year Ended December 31, 2006

(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.....



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.
2.1 Does the reporting entity at present issue both participating and non-participating contracts?
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?
4. Has the reporting entity any assessment or stipulated premium contracts in force?
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?
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.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
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:

NONE



PROPERTY/CASUALTY SUPPLEMENTS

For The Year Ended December 31, 2006

(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 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE F - PART 1

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7							
06-1505051	10975	AmeriHealth Casualty Insurance Company	DE	0	0	6,485,386	6,485,386							
0299999 - Total - Affiliates - U.S. Non-Pool						6,485,386	6,485,386							
0499999 - Total - Affiliates						6,485,386	6,485,386							
23-0580680	24457	Reliance Insurance Company	PA	0	0	3,068,893	3,068,893							
0599998 - Other U.S. Unaffil Insurers - Reins Col 8 < 100,000							0							
0599999 - Total - Other U.S. Unaffiliated Insurers						3,068,893	3,068,893							
0699998 - Pools and Associations - Reins Col 8 < 100,000							0							
0799998 - Pools and Associations - Reins Col 8 < 100,000							0							
0999998 - Other Non-U.S. Insurers - Reins Col 8 < 100,000							0							
9999999 Totals						9,554,279	9,554,279							

PS207-1

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE F - PART 3

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties												
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers															
NONE																															
9999999 Totals															0																

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

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

B. 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.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.			Yes [] No []
2.			Yes [] No []
3.			Yes [] No []
4.			Yes [] No []
5.			Yes [] No []

PS207-2

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1997	54	5	49	236	0	28	0	0	0	0	264	XXX
3. 1998	4,174	386	3,788	2,877	0	346	0	0	0	0	3,223	XXX
4. 1999	7,666	709	6,957	5,301	0	609	0	0	0	0	5,910	XXX
5. 2000	9,921	822	9,099	7,183	0	828	0	0	0	0	8,011	XXX
6. 2001	19,713	249	19,464	21,705	0	2,147	0	0	0	0	23,852	XXX
7. 2002	37,942	3,036	34,906	19,020	0	2,157	0	0	0	0	21,177	XXX
8. 2003	17,909	3,429	14,480	14,693	0	1,543	0	0	0	0	16,236	XXX
9. 2004	(7)	55	(62)	290	0	44	0	0	0	0	334	XXX
10. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	71,305	0	7,702	0	0	0	0	79,007	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	423	0	107	0	0	0	23	0	0	0	0	553	XXX
4.	708	0	133	0	0	0	37	0	0	0	0	878	XXX
5.	1,153	0	263	0	0	0	61	0	0	0	0	1,477	XXX
6.	793	0	92	0	104	0	17	0	0	0	0	1,006	XXX
7.	1,497	0	148	0	247	0	24	0	0	0	0	1,916	XXX
8.	3,006	0	298	0	338	0	34	0	0	0	0	3,676	XXX
9.	34	0	3	0	9	0	1	0	0	0	0	47	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. Totals	7,614	0	1,044	0	698	0	197	0	0	0	0	9,553	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	264	0	264	488.9	0.0	538.8	0	0		0	0
3.	3,776	0	3,776	90.5	0.0	99.7	0	0		530	23
4.	6,788	0	6,788	88.5	0.0	97.6	0	0		841	37
5.	9,488	0	9,488	95.6	0.0	104.3	0	0		1,416	61
6.	24,858	0	24,858	126.1	0.0	127.7	0	0		885	121
7.	23,093	0	23,093	60.9	0.0	66.2	0	0		1,645	271
8.	19,912	0	19,912	111.2	0.0	137.5	0	0		3,304	372
9.	381	0	381	(5,442.9)	0.0	(614.5)	0	0		37	10
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. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8,658	895

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.

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1997	54	5	49	236	0	28	0	0	0	0	264	10
3. 1998	4,174	386	3,788	2,877	0	346	0	0	0	0	3,223	434
4. 1999	7,666	709	6,957	5,301	0	609	0	0	0	0	5,910	859
5. 2000	9,921	822	9,099	7,183	0	828	0	0	0	0	8,011	1,542
6. 2001	19,713	249	19,464	21,705	0	2,147	0	0	0	0	23,852	3,784
7. 2002	37,942	3,036	34,906	19,020	0	2,157	0	0	0	0	21,177	4,186
8. 2003	17,909	3,429	14,480	14,693	0	1,543	0	0	0	0	16,236	3,103
9. 2004	(7)	55	(62)	290	0	44	0	0	0	0	334	45
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	71,305	0	7,702	0	0	0	0	79,007	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	423	0	107	0	0	0	23	0	0	0	0	553	2
4.	708	0	133	0	0	0	37	0	0	0	0	878	8
5.	1,153	0	263	0	0	0	61	0	0	0	0	1,477	29
6.	793	0	92	0	104	0	17	0	0	0	0	1,006	61
7.	1,497	0	148	0	247	0	24	0	0	0	0	1,916	113
8.	3,006	0	298	0	338	0	34	0	0	0	0	3,676	123
9.	34	0	3	0	9	0	1	0	0	0	0	47	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.	7,614	0	1,044	0	698	0	197	0	0	0	0	9,553	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.	264	0	264	488.9	0.0	538.8	0	0	0.0	0	0
3.	3,776	0	3,776	90.5	0.0	99.7	0	0	0.0	530	23
4.	6,788	0	6,788	88.5	0.0	97.6	0	0	0.0	841	37
5.	9,488	0	9,488	95.6	0.0	104.3	0	0	0.0	1,416	61
6.	24,858	0	24,858	126.1	0.0	127.7	0	0	0.0	885	121
7.	23,093	0	23,093	60.9	0.0	66.2	0	0	0.0	1,645	271
8.	19,912	0	19,912	111.2	0.0	137.5	0	0	0.0	3,304	372
9.	381	0	381	(5,442.9)	0.0	(614.5)	0	0	0.0	37	10
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	8,658	895

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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 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. 1997	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 1997	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	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

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	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

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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)	4 Loss Payments		6 Defense and Cost Containment Payments		8 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. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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)	4 Loss Payment		5 Defense and Cost Containment Payments		8 Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				Direct and Assumed	Ceded	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. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$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. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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)	4 Loss Payments		6 Defense and Cost Containment Payments		8 Adjusting and Other Payments		10 Salvage and Subrogation Received		11 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. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 1M - INTERNATIONAL

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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

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

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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. 1997	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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					
				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	0	XXX
2. 1997	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2006	0	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	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	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

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

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. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	One Year	Two Year
1. Prior											.0	.0
2. 1997	.0	.0	.0	.0	.0	.0	264	264	264	264	.0	.0
3. 1998	.XXX	.0	.0	.0	.0	.0	3,155	2,804	3,064	3,776	.712	.972
4. 1999	.XXX	.XXX	.0	.0	.0	.0	5,810	5,159	5,575	6,788	1,213	1,629
5. 2000	.XXX	.XXX	.XXX	.0	.0	.0	8,515	7,102	8,203	9,488	1,285	2,386
6. 2001	.XXX	.XXX	.XXX	.XXX	.0	.0	22,704	22,981	24,113	24,858	.745	1,877
7. 2002	.XXX	.XXX	.XXX	.XXX	.XXX	.0	20,108	20,811	21,336	23,093	1,757	2,282
8. 2003	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	14,647	15,432	17,577	19,912	2,335	4,480
9. 2004	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.164	.367	.381	.14	.217
10. 2005	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX
11. 2006	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.XXX	.XXX
12. Totals											8,061	13,843

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE QCC INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1997	2 1998	3 1999	4 2000	5 2001	6 2002	7 2003	8 2004	9 2005	10 2006	11 One Year	12 Two Year
1. Prior											0	0
2. 1997	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
3. 1998	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0
4. 1999	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	0
5. 2000	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	0
6. 2001	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	0	0
7. 2002	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	0	0
8. 2003	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	0	0
9. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0	0
10. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	XXX
11. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

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

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

NONE

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

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

NONE

SCHEDULE P - PART 2D- WORKERS' COMPENSATION

1. Prior											0	0
2. 1997	25	142	196	269	264	264	264	264	264	264	0	0
3. 1998	XXX	1,584	1,950	3,184	3,116	3,116	3,155	2,804	3,064	3,776	712	972
4. 1999	XXX	XXX	2,753	4,572	5,715	5,662	5,810	5,159	5,575	6,788	1,213	1,629
5. 2000	XXX	XXX	XXX	6,217	8,262	8,503	8,515	7,102	8,203	9,488	1,285	2,386
6. 2001	XXX	XXX	XXX	XXX	14,100	18,759	22,704	22,981	24,113	24,858	745	1,877
7. 2002	XXX	XXX	XXX	XXX	XXX	19,137	20,108	20,811	21,336	23,093	1,757	2,282
8. 2003	XXX	XXX	XXX	XXX	XXX	XXX	14,647	15,432	17,577	19,912	2,335	4,480
9. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	367	381	14	217
10. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											8,061	13,843

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

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

NONE

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

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

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

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

NONE

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

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

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

NONE