* 1 2 5 0 4 2 0 0 8 2 0 1 0 0 1 0 0 *

ANNUAL STATEMENT

For the Year Ended December 31, 2008

of the Condition and Affairs of the

Ameriprise Insurance Company

NAIC Group Code..... 4, 4 (Current Period) (Prior Period) NAIC Company Code..... 12504 Employer's ID Number..... 65-1261374

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

Incorporated/Organized..... October 14, 2005 Commenced Business..... January 26, 2006

Statutory Home Office	3500 Packerland Drive….. De Pere ..... WI ..... 54115 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	3500 Packerland Drive….. De Pere ..... WI ..... 54115 *(Street and Number) (City or Town, State and Zip Code)*	920-330-5100 *(Area Code) (Telephone Number)*
Mail Address	3500 Packerland Drive….. De Pere ..... WI ..... 54115 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	3500 Packerland Drive….. De Pere ..... WI ..... 54115 *(Street and Number) (City or Town, State and Zip Code)*	920-330-5100 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.ameriprise.com	
Statutory Statement Contact	Carolyn M Jazgar *(Name)*	920-330-5936 *(Area Code) (Telephone Number) (Extension)*
	carolyn.m.jazgar@ampf.com *(E-Mail Address)*	920-330-5603 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kenneth John Ciak	President	2. Thomas Richard Moore	Secretary
3. Walter Stanley Berman	Treasurer	4.	

OTHER

Thomas John Boogaard	Vice President	Thomas Scott Botsford	Vice President
Richard Norman Bush	Sr Vice President	Debra Marie Conrad	Vice President
Scott Emil Creutzmann	Vice President	Larry William Frazier	Vice President
Jon Patrick Gingrich	Vice President	Lisa Kay Jossart #	Vice President
Thomas William Murphy	Vice President	Rebecca Ann Nash	Sr Vice President
Tammy Rae Nelson	Vice President	Rebecca Lea Roever	Vice President
Dianne Lynn Wilson	Sr Vice President		

DIRECTORS OR TRUSTEES

Thomas Scott Botsford	Kenneth John Ciak	Larry William Frazier	Michael Richard Greene
Charles Neal Maglaque	Lisa Ann Steffes	Jeffrey Alan Williams	Dianne Lynn Wilson

State of........ Wisconsin
County of..... Brown

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

(Signature)	(Signature)	(Signature)
Kenneth J Ciak	Carolyn M Jazgar	Larry W Frazier
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Asst Secretary	Asst Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 2nd day of February 2009

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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	44,629,623		44,629,623	45,155,259
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $..........0 encumbrances)			0	
4.2 Properties held for the production of income (less $..........0 encumbrances)			0	
4.3 Properties held for sale (less $..........0 encumbrances)			0	
5. Cash ($.....2,236,473, Sch. E-Part 1), cash equivalents ($..........0, Sch. E-Part 2) and short-term investments ($..........0, Sch. DA)	2,236,473		2,236,473	3,198,529
6. Contract loans (including $..........0 premium notes)			0	
7. Other invested assets (Schedule BA)			0	
8. Receivables for securities	3,081		3,081	13,956
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	46,869,177	0	46,869,177	48,367,744
11. Title plants less $..........0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	626,711		626,711	630,635
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in course of collection			0	
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..........0 earned but unbilled premiums)			0	
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon			0	
16.2 Net deferred tax asset			0	
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software			0	
19. Furniture and equipment, including health care delivery assets ($..........0)			0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates			0	
22. Health care ($..........0) and other amounts receivable			0	
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	47,495,888	0	47,495,888	48,998,379
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	47,495,888	0	47,495,888	48,998,379

DETAILS OF WRITE-INS

	1	2	3	4
0901.			0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		3,661
7.1	Current federal and foreign income taxes (including $.....(472) on realized capital gains (losses))	(22,065)	33,304
7.2	Net deferred tax liability	194,806	244,519
8.	Borrowed money $..........0 and interest thereon $..........0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of $.....345,524 and including warranty reserves of $..........0)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (Schedule F, Part 7)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	97,334	58,722
20.	Payable for securities		
21.	Liability for amounts held under uninsured plans		
22.	Capital notes $..........0 and interest thereon $..........0		
23.	Aggregate write-ins for liabilities	0	0
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	270,075	340,206
25.	Protected cell liabilities		
26.	Total liabilities (Lines 24 and 25)	270,075	340,206
27.	Aggregate write-ins for special surplus funds	0	0
28.	Common capital stock	8,000,000	8,000,000
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds	0	0
31.	Surplus notes		
32.	Gross paid in and contributed surplus	37,726,474	37,726,474
33.	Unassigned funds (surplus)	1,499,339	2,931,699
34.	Less treasury stock, at cost:		
	34.1 ....0.000 shares common (value included in Line 28 $..........0)		
	34.2 ....0.000 shares preferred (value included in Line 29 $..........0)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)	47,225,813	48,658,173
36.	TOTALS (Page 2, Line 26, Col. 3)	47,495,888	48,998,379

DETAILS OF WRITE-INS

2301.			
2302.			
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0
2701.			
2702.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page	0	0
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001.			
3002.			
3003.			
3098.	Summary of remaining write-ins for Line 30 from overflow page	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	0	0

STATEMENT OF INCOME

		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)		
	DEDUCTIONS		
2.	Losses incurred (Part 2, Line 35, Column 7)		
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	315,169	316,022
5.	Aggregate write-ins for underwriting deductions	0	0
6.	Total underwriting deductions (Lines 2 through 5)	315,169	316,022
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(315,169)	(316,022)
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	2,029,690	2,087,145
10.	Net realized capital gains (losses) less capital gains tax of $.....(472) (Exhibit of Capital Gains (Losses))	(876)	50,646
11.	Net investment gain (loss) (Lines 9 + 10)	2,028,814	2,137,791
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered $..........0 amount charged off $..........0)	0	
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income	0	0
15.	Total other income (Lines 12 through 14)	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,713,645	1,821,769
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,713,645	1,821,769
19.	Federal and foreign income taxes incurred	95,718	92,421
20.	Net income (Line 18 minus Line 19) (to Line 22)	1,617,927	1,729,348
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	48,658,173	47,170,950
22.	Net income (from Line 20)	1,617,927	1,729,348
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of $..........0		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax	49,713	(242,125)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26 Column 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
	33.3. Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders	(3,100,000)	
36.	Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus	0	0
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(1,432,360)	1,487,223
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)	47,225,813	48,658,173

DETAILS OF WRITE-INS

0501.			
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0
1401.			
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0
3701.			
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0
3799.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance		
2.	Net investment income	2,223,327	2,275,499
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	2,223,327	2,275,499
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	319,255	312,361
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $..........0 tax on capital gains (losses)	150,615	41,962
10.	Total (Lines 5 through 9)	469,870	354,323
11.	Net cash from operations (Line 4 minus Line 10)	1,753,457	1,921,176
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	335,000	3,892,410
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds	10,875	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	345,875	3,892,410
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		2,891,750
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		3,625
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	2,895,375
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	345,875	997,035
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders	3,100,000	
	16.6 Other cash provided (applied)	38,612	83,812
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(3,061,388)	83,812
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(962,056)	3,002,023
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	3,198,529	196,506
	19.2 End of year (Line 18 plus Line 19.1)	2,236,473	3,198,529

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

20.0001			

Pt. 1-Premiums Earned
NONE

Pt. 1A-Recapitulation of All Premiums
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

	Line of Business	1 Direct Business (a)	Reinsurance Assumed 2 From Affiliates	Reinsurance Assumed 3 From Non-Affiliates	Reinsurance Ceded 4 To Affiliates	Reinsurance Ceded 5 To Non-Affiliates	6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
1.	Fire						0
2.	Allied lines						0
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril						0
5.	Commercial multiple peril						0
6.	Mortgage guaranty						0
8.	Ocean marine						0
9.	Inland marine						0
10.	Financial guaranty						0
11.1	Medical malpractice - occurrence						0
11.2	Medical malpractice - claims-made						0
12.	Earthquake						0
13.	Group accident and health						0
14.	Credit accident and health (group and individual)						0
15.	Other accident and health						0
16.	Workers' compensation						0
17.1	Other liability - occurrence						0
17.2	Other liability - claims-made						0
18.1	Products liability - occurrence						0
18.2	Products liability - claims-made						0
19.1, 19.2	Private passenger auto liability	521,109			521,109		0
19.3, 19.4	Commercial auto liability						0
21.	Auto physical damage	491,504			491,504		0
22.	Aircraft (all perils)						0
23.	Fidelity						0
24.	Surety						0
26.	Burglary and theft						0
27.	Boiler and machinery						0
28.	Credit						0
29.	International						0
30.	Warranty						0
31.	Reinsurance - nonproportional assumed property	XXX					0
32.	Reinsurance - nonproportional assumed liability	XXX					0
33.	Reinsurance - nonproportional assumed financial lines	XXX					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	1,012,613	0	0	1,012,613	0	0

DETAILS OF WRITE-INS

3401.							0
3402.							0
3403.							0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ ]

If yes: 1. The amount of such installment premiums $..........0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis $..........0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

	Losses Paid Less Salvage				5	6	7	8
	1	2	3	4				
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire				0			0	
2. Allied lines				0			0	
3. Farmowners multiple peril				0			0	
4. Homeowners multiple peril				0			0	
5. Commercial multiple peril				0			0	
6. Mortgage guaranty				0			0	
8. Ocean marine				0			0	
9. Inland marine				0			0	
10. Financial guaranty				0			0	
11.1 Medical malpractice - occurrence				0			0	
11.2 Medical malpractice - claims-made				0			0	
12. Earthquake				0			0	
13. Group accident and health				0			0	
14. Credit accident and health (group and individual)				0			0	
15. Other accident and health				0			0	
16. Workers' compensation				0			0	
17.1 Other liability - occurrence				0			0	
17.2 Other liability - claims-made				0			0	
18.1 Products liability - occurrence				0			0	
18.2 Products liability - claims-made				0			0	
19.1, 19.2 Private passenger auto liability	113,012		113,012	0			0	
19.3, 19.4 Commercial auto liability				0			0	
21. Auto physical damage	231,389		231,389	0			0	
22. Aircraft (all perils)				0			0	
23. Fidelity				0			0	
24. Surety				0			0	
26. Burglary and theft				0			0	
27. Boiler and machinery				0			0	
28. Credit				0			0	
29. International				0			0	
30. Warranty				0			0	
31. Reinsurance - nonproportional assumed property	XXX			0			0	
32. Reinsurance - nonproportional assumed liability	XXX			0			0	
33. Reinsurance - nonproportional assumed financial lines	XXX			0			0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	
35. TOTALS	344,401	0	344,401	0	0	0	0	

DETAILS OF WRITE-INS

	1	2	3	4	5	6	7	8
3401.				0			0	
3402.				0			0	
3403.				0			0	
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire				0				0	
2.	Allied lines				0				0	
3.	Farmowners multiple peril				0				0	
4.	Homeowners multiple peril				0				0	
5.	Commercial multiple peril				0				0	
6.	Mortgage guaranty				0				0	
8.	Ocean marine				0				0	
9.	Inland marine				0				0	
10.	Financial guaranty				0				0	
11.1	Medical malpractice - occurrence				0				0	
11.2	Medical malpractice - claims-made				0				0	
12.	Earthquake				0				0	
13.	Group accident and health				0				(a) 0	
14.	Credit accident and health (group and individual)				0				0	
15.	Other accident and health				0				(a) 0	
16.	Workers' compensation				0				0	
17.1	Other liability - occurrence				0				0	
17.2	Other liability - claims-made				0				0	
18.1	Products liability - occurrence				0				0	
18.2	Products liability - claims-made				0				0	
19.1, 19.2	Private passenger auto liability	66,400		66,400	0	94,391		94,391	0	
19.3, 19.4	Commercial auto liability				0				0	
21.	Auto physical damage	22,724		22,724	0	2,021		2,021	0	
22.	Aircraft (all perils)				0				0	
23.	Fidelity				0				0	
24.	Surety				0				0	
26.	Burglary and theft				0				0	
27.	Boiler and machinery				0				0	
28.	Credit				0				0	
29.	International				0				0	
30.	Warranty				0				0	
31.	Reinsurance - nonproportional assumed property	XXX			0	XXX			0	
32.	Reinsurance - nonproportional assumed liability	XXX			0	XXX			0	
33.	Reinsurance - nonproportional assumed financial lines	XXX			0	XXX			0	
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35.	TOTALS	89,124	0	89,124	0	96,412	0	96,412	0	0

DETAILS OF WRITE-INS

		1	2	3	4	5	6	7	8	9
3401.					0				0	
3402.					0				0	
3403.					0				0	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including $..........0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct				0
1.2 Reinsurance assumed				0
1.3 Reinsurance ceded				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent				0
2.2 Reinsurance assumed, excluding contingent				0
2.3 Reinsurance ceded, excluding contingent				0
2.4 Contingent - direct				0
2.5 Contingent - reinsurance assumed				0
2.6 Contingent - reinsurance ceded				0
2.7 Policy and membership fees				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0
3. Allowances to manager and agents				0
4. Advertising		34,454		34,454
5. Boards, bureaus and associations		15,886	4	15,890
6. Surveys and underwriting reports		9,085		9,085
7. Audit of assureds' records				0
8. Salary and related items:				
8.1 Salaries		70,242	667	70,909
8.2 Payroll taxes		4,983	21	5,004
9. Employee relations and welfare		16,688	313	17,001
10. Insurance		3,818		3,818
11. Directors' fees				0
12. Travel and travel items		743	20	763
13. Rent and rent items		8,666	1,606	10,272
14. Equipment		6,515	149	6,665
15. Cost or depreciation of EDP equipment and software		34,348	494	34,842
16. Printing and stationery		2,712	3	2,715
17. Postage, telephone and telegraph, exchange and express		6,870	4	6,875
18. Legal and auditing		25,775	1,772	27,547
19. Totals (Lines 3 to 18)	0	240,787	5,053	245,841
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of $..........0				0
20.2 Insurance department licenses and fees		44,885		44,885
20.3 Gross guaranty association assessments				0
20.4 All other (excluding federal and foreign income and real estate)		5,629		5,629
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	50,514	0	50,514
21. Real estate expenses		18	4,012	4,031
22. Real estate taxes			992	992
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	23,849	183	24,032
25. Total expenses incurred	0	315,168	10,240	(a) 325,409
26. Less unpaid expenses - current year				0
27. Add unpaid expenses - prior year				0
28. Amounts receivable relating to uninsured plans, prior year				0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	315,168	10,240	325,409

DETAILS OF WRITE-INS

2401. General miscellaneous expenses		23,849	183	24,032
2402.				0
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above)	0	23,849	183	24,032

(a) Includes management fees of $.....240,518 to affiliates and $..........0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 297,484	161,747
1.1	Bonds exempt from U.S. tax	(a) 1,698,868	1,819,804
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 57,868	57,868
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	511	511
10.	Total gross investment income	2,054,731	2,039,930
11.	Investment expenses		(g) 10,240
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		10,240
17.	Net investment income (Line 10 minus Line 16)		2,029,690

DETAILS OF WRITE-INS

0901.			
0902.			
0903.	Miscellaneous Income	511	511
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	511	511
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....516 accrual of discount less $.....189,804 amortization of premium and less $..........0 paid for accrued interest on purchases.
(b) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued dividends on purchases.
(c) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued interest on purchases.
(d) Includes $..........0 for company's occupancy of its own buildings; and excludes $..........0 interest on encumbrances.
(e) Includes $..........0 accrual of discount less $..........0 amortization of premium and less $..........0 paid for accrued interest on purchases.
(f) Includes $..........0 accrual of discount less $..........0 amortization of premium.
(g) Includes $..........0 investment expenses and $..........0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $..........0 interest on surplus notes and $..........0 interest on capital notes.
(i) Includes $..........0 depreciation on real estate and $..........0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(1,348)		(1,348)		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(1,348)	0	(1,348)	0	0

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Other invested assets (Schedule BA)			0
8. Receivables for securities			0
9. Aggregate write-ins for invested assets	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
11. Title plants (for Title insurers only)			0
12. Investment income due and accrued			0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
13.3 Accrued retrospective premiums			0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			0
14.2 Funds held by or deposited with reinsured companies			0
14.3 Other amounts receivable under reinsurance contracts			0
15. Amounts receivable relating to uninsured plans			0
16.1 Current federal and foreign income tax recoverable and interest thereon			0
16.2 Net deferred tax asset			0
17. Guaranty funds receivable or on deposit			0
18. Electronic data processing equipment and software			0
19. Furniture and equipment, including health care delivery assets			0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0
21. Receivables from parent, subsidiaries and affiliates			0
22. Health care and other amounts receivable			0
23. Aggregate write-ins for other than invested assets	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	0	0	0
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
26. TOTALS (Lines 24 and 25)	0	0	0

NONE

DETAILS OF WRITE-INS

0901.			0
0902.			0
0903.			0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0
2301.			0
2302.			0
2303.			0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Ameriprise Insurance Company (Company) have been completed in accordance with the NAIC Accounting Practices and Procedures manual except to the extent that state laws differ.

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Wisconsin Insurance Department. The State of Wisconsin requires insurance companies domiciled in the state of Wisconsin to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual, subject to any deviations prescribed or permitted by the Wisconsin Insurance Department of which none have been identified.

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

The preparation of financial statements of the Company in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual requires the use of management's estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from those estimates.

C. Accounting Policies

Direct, assumed and ceded premiums are earned ratably over the terms of the policies and reinsurance contracts. Unearned premiums are calculated on a daily basis and represent the unexpired portion of premiums written. Expenses incurred in connection with acquiring new insurance business, including acquisition costs, are charged to operations as incurred.

Net investment income earned consists primarily of interest and dividends less investment related expense. Realized capital gains and losses are determined using the specific identification basis when securities are sold, redeemed or otherwise disposed.

In addition, the Company uses the following accounting policies:

1) Short-term investments are stated at amortized cost, which approximates fair value.

2) Bonds are stated at amortized cost with premiums or discounts amortized using the scientific amortization method.

3) The Company has no common stocks.

4) The Company has no preferred stocks.

5) The Company has no mortgage loans.

6) The Company has no loan-backed securities in its portfolio.

7) The Company has no investments in subsidiaries, controlled and affiliated companies.

8) The Company has no investments in joint ventures, partnerships or limited liability companies.

9) The Company has no derivative investments.

10) The Company does not use anticipated investment income as a factor in the premium deficiency calculation.

11) The Company has no liabilities for unpaid losses and loss adjustment expenses.

12) The Company has a written capitalization policy for purchase of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.

13) The Company has no pharmaceutical rebate receivables.

Note 2 - Accounting Changes and Corrections of Errors

A. The Company had no material changes in accounting principles or correction of errors.

Note 3 - Business Combinations and Goodwill

A. The Company was not involved in any business combinations during the course of the year.

B. The Company was not involved in any merger activity during the course of the year.

C. Since the Company was not involved in any business combinations or merger activity, no impairment loss was recognized.

NOTES TO FINANCIAL STATEMENTS

Note 4 - Discontinued Operations

A. The Company had no discontinued operations during the calendar year.

Note 5 - Investments

A. Mortgage Loans - The Company has no mortgage backed investments.

B. Debt Restructuring - The Company has no restructured debt.

C. Reverse Mortgages - The Company has no reverse mortgages.

D. Loan-Backed Securities - The Company has no loan-backed securities.

E. Repurchase Agreements - The Company has not entered into any repurchasing agreements.

F. Investments in Real Estate - The Company had no real estate investments, impairments or retail land sales.

G. Low Income Housing Tax Credits - The Company has no investments in low income housing tax credits.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

A. The Company had no investments in joint ventures, partnerships or limited liability companies that exceeded 10% of admitted assets.

B. The Company did not recognize any impairment write-down for investments in joint ventures, partnerships or limited liability companies.

Note 7 - Investment Income

A. Accrued Investment Income- All investment income due and accrued is reported as admitted assets in the Company's financial statements.

B. Amounts Nonadmitted- The Company did not exclude any due and accrued interest income from admitted assets during the statement period. The Company had no interest income due and accrued over 90 days past due.

Note 8 - Derivative Instruments

A. The Company neither holds nor has issued any derivative financial instruments.

Note 9 - Income Taxes

A. The components of the net deferred tax assets and net deferred tax liabilities at December 31, 2008 and December 31, 2007 are as follows:

	Dec. 31 2008	Dec. 31 2007
Total gross deferred tax assets	0	4,740
Total gross deferred tax liabilities	194,806	249,259
Net deferred tax asset/(liability)	(194,806)	(244,519)
Net admitted deferred tax assets	(194,806)	(244,519)
Nonadmitted deferred tax assets	0	0
Change in nonadmitted deferred tax assets	0	0

B. All deferred tax liabilities are recognized.

C. Current Tax and Change in Deferred Tax

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

	2008	2007
Current year expense	63,431	96,359
Prior year over accrual of tax reserves	31,815	(4,048)
Total federal income taxes incurred	95,246	92,311
State	110	110
Federal and state income taxes incurred	95,356	92,421

NOTES TO FINANCIAL STATEMENTS

The tax effect of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

	Dec. 31, 2008	Dec. 31, 2007
Deferred tax assets		
Other	0	4,740
Deferred tax liabilities		
Investments	194,806	249,259
Total deferred asset (liability)	(194,806)	(244,519)

The change in net deferred income taxes was comprised of the following:

	Dec. 31, 2008	Dec. 31, 2007	Change
Total deferred tax assets	0	4,740	(4,740)
Total deferred tax liabilities	194,806	249,259	(54,453)
Net deferred tax asset/(liability)	(194,806)	(244,519)	49,713
Deferred tax on change in unrealized gains	0	0	0
Net change in deferred taxes	(194,806)	(244,519)	49,713

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the enacted federal income tax rate to income before taxes. The significant items causing this difference are as follows:

	2008	Effective Tax Rate
Provision computed at statutory rate	599,611	35.0%
Tax exempt interest	(575,292)	-33.5%
Provision to return adjustment	21,217	1.2%
Adjustment to gross deferred tax liability	0	0.0%
Other	(3)	0.0%
Total statutory income taxes	45,533	2.7%
Federal & foreign income taxes incurred	95,718	5.6%
Realized capital gains tax	(472)	0.0%
Change in net deferred income taxes	(49,713)	-2.9%
Total statutory income taxes	45,533	2.7%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

1. At December 31, 2008, the Company had no operating loss carryforwards or capital loss carryforwards.

2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

   2008 $95,246
   2007 $92,311

3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

1. The Company's return is consolidated with Ameriprise Financial, Inc.

2. The method of allocation among the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses to the extent they are utilized by the consolidated group. Intercompany tax balances are settled quarterly in accordance with the terms of the written agreement.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of Relationships- The Company is a Wisconsin-domiciled, wholly owned subsidiary of IDS Property Casualty Insurance Company (the Parent), domiciled in the State of Wisconsin. The Parent is a wholly owned subsidiary of Ameriprise Financial, Inc., domiciled in the State of Delaware. The Company was organized October 14, 2005 and commenced business on January 26, 2006. The Company was capitalized on January 17, 2006.

B. Detail of Affiliate Transactions Greater than 1/2% of Admitted Assets in 2008- During the year the Company paid the parent $240,518 of fees for management and cost sharing arrangements.

C. Change in Terms of Intercompany Arrangements- There were no changes to the terms of any inter-company arrangements during the calendar year that impacted the results of the financial statements.

NOTES TO FINANCIAL STATEMENTS

D. Amounts Due to or from Related (Affiliate) Parties- At December 31, 2008 and 2007, respectively, the Company reported $97,344 and $58,722 as amounts due to Parent for management and cost sharing arrangements. The terms of the settlement require these amounts to be settled on a quarterly basis.

E. Guarantees or Contingencies for Related Parties- There have not been any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that resulted in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

1) The Company has a Service and Cost Allocation Agreement, effective January 1, 2006 with its Parent for which the Company pays for marketing, sales, and advertising; policyholder service, claims processing, and contract issuance; actuarial; accounting, finance, audit, investment underwriting, compliance and legal service; data processing and human resources.

2) Inter-company Tax Allocation Agreement between the Parent and Ameriprise Financial, Inc., effective January 1, 2006, that outlines the allocation method for any federal income tax change or refund that the Company may incur.

3) Reinsurance Agreement, effective January 1, 2006, between the Company and Parent, whereby the Company agrees to cede and the Parent agrees to reinsure certain liabilities, net of reinsurance recoveries or recoverables, under or arising out of property or casualty insurance policies that have been issued or renewed by the Company on a 100% quota share basis.

4) Investment Management and Services Agreement, effective January 1, 2006, between the Company and RiverSource Investments, LLC, whereby RiverSource Investments, LLC agrees to provide investment management and accounting services for the Company assets.

5) Inter-company Agency Agreement, effective January 1, 2006, between the Company and Ameriprise Auto & Home Insurance Agency Inc. whereby the Company will provide sales, servicing, accounting, compliance, audit, legal and other general administrative services.

G. Nature of Relationships that Could Affect Operations- All outstanding shares of the Company are owned by Parent.

H. Amount Deducted for Investment in Upstream Company- The Company holds no ownership in any upstream intermediate entity including the parent company, Ameriprise, and therefore has no reduction for the value of such ownership in admitted assets that were reported at the end of the statement period.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets- The Company does not own any investments in affiliates.

J. Write-down's for Impairment of Investments in Affiliates- The Company recorded no write-downs for impairment of assets in any affiliates during the calendar year.

K. Foreign Subsidiary Valued Using CARVM- The Company has no investment in a foreign insurance subsidiary.

L. Downstream Holding Company Valued Using Look-Through Method- The Company has no investment in a downstream noninsurance holding company.

Note 11 - Debt

A. The Company has no debt.

Note 12 - Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan- The Company does not sponsor any defined benefit plans.

B. Defined Contribution Plans- The Company does not sponsor any defined contribution plans. The Company had no employees in 2008.

C. Multi-employer Plans- The Company does not participate in any multi-employer plans.

D. Consolidated/Holding Company Plans-The Company does not participate in any consolidated/holding company plans.

E. Post-Employment Benefits and Compensated Absences- Since the Company has no employees, there exists no obligation to accrue any post employment benefits.

F. Impact of Medicare Modernization Act on Postretirement Benefits- The Company has had no employees.

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares- The Company has 5,000,000 shares of authorized common stock with 3,200,000 shares issued and outstanding. The par value of each share of common stock is $2.50.

B. Dividend Rate of Preferred Stock- The Company has no preferred stock outstanding.

NOTES TO FINANCIAL STATEMENTS

C. Dividend Restrictions- Dividends on common stock are paid as declared by the board of directors of the Company. Dividends paid by the Company are restricted by Wisconsin insurance regulations. The payment of dividends by the Company is limited and cannot be made except from earned profits of the Company and, in certain circumstances, without prior approval of the Office of the Commissioner of Insurance of the State of Wisconsin. The maximum dividend available for distribution, without prior approval of the Office of the Commissioner of Insurance of the State of Wisconsin, is the lesser of 10% of surplus or net income less realized capital gains of which there were none.

D. Amount of Ordinary Dividends That May Be Paid - See note 13.C above.

E. Restrictions on Unassigned Funds- See note 13.C above.

F. Mutual Surplus Advances - Not applicable.

G. Company Stock Held for Special Purposes - Not applicable.

H. Changes in Special Surplus Funds - Not applicable.

I. Changes in Unassigned Funds

The portion of unassigned funds represented or reduced by each item below is as follows:

	2008 Change	2007 Change
1) Unrealized gains and losses:	0	0
2) Nonadmitted asset values:	0	0
3) Separate account business:	0	0
4) Asset valuation reserve:	0	0
5) Provision for reinsurance:	0	0

J. Surplus Notes - Not applicable.

K. Impact of Quasi Reorganizations - Not applicable.

L. Date of Quasi Reorganizations - Not applicable.

M. Dividend Payments- The Company made a dividend payment to its Parent on May 8 in the amount of $3,100,000. The dividend was ordinary and did receive regulatory approval.

Note 14 - Contingencies

A. Contingent Commitments- The Company has no contingent commitments.

B. Guaranty Fund and Other Assessments- The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued at the time the assessments are levied or in the case of premium-based assessments, at the time the premiums are written. The Company has no assessments outstanding that could have a material impact on the reported financial results.

C. Gain Contingencies- The Company had no gain contingencies to report prior to the issuance of these financial statements.

D. Extra Contractual Obligation and Bad Faith Losses- Not applicable.

E. Other Contingencies and Write-down's for Impairment- In the normal course of its business operations, the Company is involved in litigation from time to time with claimants and others. None of the pending lawsuits are considered to be material. There are no write-down's for impairment.

Note 15 – Leases

A. Lessee Leasing Arrangements - Not applicable.

B. Lessor Leasing Arrangements - Not applicable.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

A. Face or Contract Amounts- The Company has no financial instruments with off-balance sheet risk.

B. Nature and Terms- The Company has no financial instruments with off-balance sheet risk or concentrations of credit risk.

C. Exposure to Credit-Related Losses- The Company has no exposure to credit related losses.

D. Collateral Policy- The Company holds no collateral.

NOTES TO FINANCIAL STATEMENTS

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales - Not applicable.

B. Transfers and Servicing of Financial Assets - Not applicable.

C. Wash Sales - Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans - Not applicable.

B. Administrative Services Contract (ASC) Plans - Not applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts - Not applicable.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

A. The Company does not have any direct written premium produced by managing general agents or third party administrators that exceeds 5% of policyholders' surplus.

Note 20 – Other Items

A. Extraordinary Items - Not applicable.

B. Troubled Debt Restructuring for Debtors - Not applicable.

C. Other Disclosures – Assets in the amount of $4,033,164 and $4,053,370 at December 31, 2008 and December 31, 2007 respectively, were on deposit with government authorities as required by law.

D. Uncollectible Premiums Receivable- The Company has no reported admitted assets for premiums receivable due from policyholders at the end of the years 2008 or 2007.

E. Business Interruption Insurance Recoveries – The Company did not have any business interruption insurance recoveries.

F. State Transferable Tax Credits- Not applicable.

G. Hybrid Securities- Not applicable.

H. Subprime Mortgage Related Risk Exposure- Not applicable. The company has no subprime mortgage securities.

Note 21 - Events Subsequent

A. The Company is not aware of any events subsequent to the close of the books for this statement that may have a material affect on its financial condition.

Note 22 - Reinsurance

A. Unsecured Reinsurance Recoverables- The Company does not have any unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company policyholder surplus.

B. Reinsurance Recoverable in Dispute- The Company does not have any reinsurance recoverable on paid and unpaid losses, including IBNR that is in dispute of payment by the participating reinsurer.

C. Reinsurance Assumed and Ceded and Protected Cells

1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current year.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	(1)	(2)	(3)	(4)	(5)	(6)
Debit/(Credit)	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates	-	-	345,524	-	(345,524)	-
b. All Other	-	-	-	-	-	-
c. Total	-	-	345,524	-	(345,524)	-
d. Direct Unearned Premium Reserves:						

2) There are no additional commissions that are predicated on loss experience or any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements.

3) The Company does not use protective cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance- The Company has not written off any uncollectible reinsurance during the course of the current calendar year.

NOTES TO FINANCIAL STATEMENTS

E. Commutation of Ceded Reinsurance- The Company had no commutation of ceded reinsurance during the course of the current calendar year.

F. Retroactive Reinsurance- Not applicable.

G. Reinsurance Accounted for as a Deposit - Not applicable.

Note 23 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. – D. Not applicable. The Company is not involved in any retrospectively rated contracts or contracts subject to redetermination.

Note 24 - Change in Incurred Losses and Loss Adjustment Expenses

A. The Company has no incurred losses and loss adjustment expenses.

Note 25 - Inter-company Pooling Arrangements

A. The Company was not involved in any inter-company pooling arrangements during the statement period.

Note 26 - Structured Settlements

A. Reserves Released Due to Purchase of Annuities - Not applicable.

B. Annuity Insurers with Balances Due Greater then 1% of Policyholders' Surplus - Not applicable.

Note 27 – Health Care Receivables

A.- B. The Company has no health care receivables.

Note 28 – Participating Policies

A. The Company has no participating accident and health policies.

Note 29 – Premium Deficiency Reserves

A. At the end of the calendar year, the Company had no liabilities relative to premium deficiency reserves.

Note 30 - High Deductibles

A. The Company had no reserve credits recorded at the end of the reporting period for unpaid claims with high deductibles.

Note 31 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

A.- C. The Company does not discount unpaid losses or unpaid loss adjustment expenses for financial reporting.

Note 32 – Asbestos and Environmental Reserves

A.- F. The Company has no expense for asbestos and/or environmental claims.

Note 33 - Subscriber Savings Accounts

A. The Company is not a reciprocal insurance company.

Note 34 – Multiple-Peril Crop Insurance

A. Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Wisconsin

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 03/31/2006

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 03/31/2006

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/07/2006

3.4 By what department or departments? State of Wisconsin Office of the Commissioner of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control ....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No [ ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
American Enterprise Investment Services, Inc.	Minneapolis, MN					YES
Ameriprise Bank, FSB	New York, NY			YES		
Ameriprise Certificate Company	Minneapolis, MN					YES
Ameriprise Financial Services, Inc.	Minneapolis, MN					YES
Ameriprise Financial, Inc.	Minneapolis, MN			YES		
IDS Capital Holdings Inc.	Minneapolis, MN					YES
Kenwood Capital Management LLC	Minneapolis, MN					YES
RiverSource Distributors	Minneapolis, MN					YES
RiverSource Investments, LLC	Minneapolis, MN					YES
RiverSource Service Corporation	Minneapolis, MN					YES
Securities America Advisors, Inc.	Omaha, NE					YES
Securities America, Inc.	Omaha, NE					YES

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, Minneapolis, MN

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Robert Wainscott, Principal, Ernst & Young, Chicago, IL

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]
11.11 Name of real estate holding company

11.12 Number of parcels involved ....
11.13 Total book/adjusted carrying value ....
11.2 If yes, provide explanation.

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
12.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
13.11 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
13.31 If the response to 13.3 is yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

16. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
18.11 To directors or other officers $..0
18.12 To stockholders not officers $..0
18.13 Trustees, supreme or grand (Fraternal only) $..0
18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
18.21 To directors or other officers $..0
18.22 To stockholders not officers $..0
18.23 Trustees, supreme or grand (Fraternal only) $..0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]
19.2 If yes, state the amount thereof at December 31 of the current year:
19.21 Rented from others ....
19.22 Borrowed from others ....
19.23 Leased from others ....
19.24 Other ....

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]
20.2 If answer is yes:
20.21 Amount paid as losses or risk adjustment ....
20.22 Amount paid as expenses ....
20.23 Other amounts paid ....

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]
21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. ....

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 22.3)? Yes [ ] No [X]

22.2 If no, give full and complete information relating thereto.
In custodianship with the Northern Trust Company

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 16 where this information is also provided).
The Company does not participate in any security lending programs.

22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ]

22.5 If answer to 22.4 is yes, report amount of collateral. ....

22.6 If answer to 22.4 is no, report amount of collateral. ....

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3) Yes [X] No [ ]

23.2 If yes, state the amount thereof at December 31 of the current year:

23.21	Subject to repurchase agreements	$..0
23.22	Subject to reverse repurchase agreements	$..0
23.23	Subject to dollar repurchase agreements	$..0
23.24	Subject to reverse dollar repurchase agreements	$..0
23.25	Pledged as collateral	$..0
23.26	Placed under option agreements	$..0
23.27	Letter stock or securities restricted as to sale	$..0
23.28	On deposit with state or other regulatory body	$............................4,033,164
23.29	Other	$..0

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year: ....

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

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

1 Name of Custodian(s)	2 Custodian's Address
The Northern Trust Company	Chicago, IL

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [ ] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
50189	RiverSource Investments, LLC	Ameriprise Financial Center, Minneapolis, MN

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
27.2999. TOTAL		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	44,629,623	38,983,032	(5,646,591)
28.2 Preferred stocks			0
28.3 Totals	44,629,623	38,983,032	(5,646,591)

28.4 Describe the sources or methods utilized in determining the fair values:
The fair market value for public issues is obtained from pricing services at year end.
For private issues, the fair market value is obtained from outside vendors.

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]
29.2 If no, list exceptions:

OTHER

30.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $4,148
30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

31.1 Amount of payments for legal expenses, if any? $0
31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $0
32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]
1.2 If yes, indicate premium earned on U.S. business only. ....
1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....
1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....
1.5 Indicate total incurred claims on all Medicare Supplement insurance. ....
1.6 Individual policies:
Most current three years:
1.61 Total premium earned ....
1.62 Total incurred claims ....
1.63 Number of covered lives ....
All years prior to most current three years:
1.64 Total premium earned ....
1.65 Total incurred claims ....
1.66 Number of covered lives ....
1.7 Group policies:
Most current three years:
1.71 Total premium earned ....
1.72 Total incurred claims ....
1.73 Number of covered lives ....
All years prior to most current three years:
1.74 Total premium earned ....
1.75 Total incurred claims ....
1.76 Number of covered lives ....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator..	$..............................0	$..................................0
2.2 Premium Denominator.......................................	$..............................0	$..................................0
2.3 Premium Ratio (2.1/2.2).....................................	..............................0.0	..................................0.0
2.4 Reserve Numerator...	$..............................0	$..................................0
2.5 Reserve Denominator..	$..............................0	$..................................0
2.6 Reserve Ratio (2.4/2.5)......................................	..............................0.0	..................................0.0

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [ ] No [X]
3.2 If yes, state the amount of calendar year premiums written on:
3.21 Participating policies ....
3.22 Non-participating policies ....

4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:
4.1 Does the reporting entity issue assessable policies? Yes [ ] No [ ]
4.2 Does the reporting entity issue non-assessable policies? Yes [ ] No [ ]
4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? ....%
4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....

5. FOR RECIPROCAL EXCHANGES ONLY:
5.1 Does the exchange appoint local agents? Yes [ ] No [ ]
5.2 If yes, is the commission paid:
5.21 Out of Attorney's-in-fact compensation Yes [ ] No [ ] N/A [ ]
5.22 As a direct expense of the exchange Yes [ ] No [ ] N/A [ ]
5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [ ] No [ ]
5.5 If yes, give full information:

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
N/A

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
N/A

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
The Company has a reinsurance arrangement whereby all risk relative to property exposures is ceded to an affiliate insurer, IDS Property Casualty.
IDS Property Casualty buys catastrophe reinsurance protection to cover both direct and assumed losses arising from property damage.
6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No [ ]
6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [ ] No [X]
7.2 If yes, indicate the number of reinsurance contracts containing such provisions. ....
7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [ ] No [ ]

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [ ] No [X]

8.2 If yes, give full information:

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? Yes [ ] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

(a) The written premium ceded to the reinsurer by the reporting entity or its affiliate represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract? Yes [ ] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [ ] No [X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

(a) The entity does not utilize reinsurance; or Yes [ ] No [X]
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [X] No [ ]
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [ ] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [ ] No [ ] N/A [X]

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [ ] No [X]

11.2 If yes, give full information:

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses $..................................0
12.12 Unpaid underwriting expenses (including loss adjustment expenses) $..................................0

12.2 Of the amount on Line 13.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds: $..................................0

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] N/A [X]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From ....%
12.42 To ....%

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [X]

12.6 If yes, state the amount thereof at December 31 of current year:

12.61 Letters of credit ....
12.62 Collateral and other funds ....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): $.......................400,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 1

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [ ] No [X]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financial premium accounts? Yes [ ] No [X]

15.2 If yes, give full information:

16.1 Does the reporting entity write any warranty business? Yes [ ] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home					
16.12 Products					
16.13 Automobile					
16.14 Other*					

* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5? Yes [ ] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

17.12 Unfunded portion of Interrogatory 17.11

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11

17.14 Case reserves portion of Interrogatory 17.11

17.15 Incurred but not reported portion of Interrogatory 17.11

17.16 Unearned premium portion of Interrogatory 17.11

17.17 Contingent commission portion of Interrogatory 17.11

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

17.19 Unfunded portion of Interrogatory 17.18

17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18

17.21 Case reserves portion of Interrogatory 17.18

17.22 Incurred but not reported portion of Interrogatory 17.18

17.23 Unearned premium portion of Interrogatory 17.18

17.24 Contingent commission portion of Interrogatory 17.18

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

		1 2008	2 2007	3 2006	4 2005	5 2004
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	521,109	41,039			
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	491,504	42,669			
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	1,012,613	83,708	0	0	0
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35)	0	0	0	0	0
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	(315,169)	(316,022)	(535,385)		
14.	Net investment gain (loss) (Line 11)	2,028,814	2,137,791	1,940,878		
15.	Total other income (Line 15)					
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)	95,718	92,421	(41,377)		
18.	Net income (Line 20)	1,617,927	1,729,348	1,446,870	0	0
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)	47,495,888	48,998,379	47,156,189		
20.	Premiums and considerations (Page 2, Col. 3):					
	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 24)	270,075	340,206	(14,761)		
22.	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)					
25.	Capital paid up (Page 3, Lines 28 & 29)	8,000,000	8,000,000	8,000,000		
26.	Surplus as regards policyholders (Page 3, Line 35)	47,225,813	48,658,173	47,170,950		
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	1,753,457	1,921,176	936,964		
	Risk-Based Capital Analysis					
28.	Total adjusted capital	47,225,813	48,658,173	47,170,950		
29.	Authorized control level risk-based capital	363,796	207,770	188,919		
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
30.	Bonds (Line 1)	95.2	93.4	99.6		
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 & 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)	4.8	6.6	0.4		
35.	Contract loans (Line 6)					
36.	Other invested assets (Line 7)					
37.	Receivable for securities (Line 8)	0.0	0.0	0.0		
38.	Aggregate write-ins for invested assets (Line 9)					
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	0.0	0.0
	Investments in Parent, Subsidiaries and Affiliates					
40.	Affiliated bonds (Sch. D, Summary, Line 25, Col. 1)					
41.	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
42.	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)					
43.	Affiliated short-term investments (Schedule DA, Verification, Col. 5, Line 10)					
44.	Affiliated mortgage loans on real estate					
45.	All other affiliated					
46.	Total of above lines 40 to 45	0	0	0	0	0
47.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 46 above divided by Page 3, Col. 1, Line 35 x 100.0)	0.0				

FIVE-YEAR HISTORICAL DATA

(Continued)

		1 2008	2 2007	3 2006	4 2005	5 2004
	Capital and Surplus Accounts (Page 4)					
48.	Net unrealized capital gains (losses) (Line 24)					
49.	Dividends to stockholders (Line 35)	(3,100,000)				
50.	Change in surplus as regards policyholders for the year (Line 38)	(1,432,360)	1,487,223	47,170,950		
	Gross Losses Paid (Page 9, Part 2, Cols. 1&2)					
51.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	113,012				
52.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	231,389				
53.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
54.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
55.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
56.	Total (Line 35)	344,401	0	0	0	0
	Net Losses Paid (Page 9, Part 2, Col. 4)					
57.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
58.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
59.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
60.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
61.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
62.	Total (Line 35)	0	0	0	0	0
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
63.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
64.	Losses incurred (Line 2)					
65.	Loss expenses incurred (Line 3)					
66.	Other underwriting expenses incurred (Line 4)					
67.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
68.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)					
69.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
70.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 35, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
71.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)					
72.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 71 above divided by Page 4, Line 21, Col. 1 x 100)					
	Two Year Loss Development (000 omitted)					
73.	Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)					
74.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 73 above divided by Page 4, Line 21, Col. 2 x 100.0)					

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

($000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Claims Reported- Direct and Assumed
1. Prior	XXX	XXX	XXX								0	XXX
2. 1999			0								0	XXX
3. 2000			0								0	XXX
4. 2001			0								0	XXX
5. 2002			0								0	XXX
6. 2003			0								0	XXX
7. 2004			0								0	XXX
8. 2005			0								0	XXX
9. 2006			0								0	XXX
10. 2007	16	16	0								0	XXX
11. 2008	735	735	0	344	344	1	1	3	3	20	0	XXX
12. Totals	XXX	XXX	XXX	344	344	1	1	3	3	20	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22		Total	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
1. Prior												0	XXX
2. 1999												0	XXX
3. 2000												0	XXX
4. 2001												0	XXX
5. 2002												0	XXX
6. 2003												0	XXX
7. 2004												0	XXX
8. 2005												0	XXX
9. 2006												0	XXX
10. 2007												0	XXX
11. 2008	89	89	96	96	6	6	7	7	8	8		0	XXX
12. Totals	89	89	96	96	6	6	7	7	8	8	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1999	0	0	0	0.0	0.0	0.0				0	0
3. 2000	0	0	0	0.0	0.0	0.0				0	0
4. 2001	0	0	0	0.0	0.0	0.0				0	0
5. 2002	0	0	0	0.0	0.0	0.0				0	0
6. 2003	0	0	0	0.0	0.0	0.0				0	0
7. 2004	0	0	0	0.0	0.0	0.0				0	0
8. 2005	0	0	0	0.0	0.0	0.0				0	0
9. 2006	0	0	0	0.0	0.0	0.0				0	0
10. 2007	0	0	0	0.0	0.0	0.0				0	0
11. 2008	555	555	0	75.5	75.5	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 2 - SUMMARY

NONE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted) 1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	DEVELOPMENT 11 One Year	12 Two Year
1. Prior											0	0
2. 1999											0	0
3. 2000	XXX										0	0
4. 2001	XXX	XXX									0	0
5. 2002	XXX	XXX	XXX								0	0
6. 2003	XXX	XXX	XXX	XXX							0	0
7. 2004	XXX	XXX	XXX	XXX	XXX						0	0
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

SCHEDULE P - PART 3 - SUMMARY

NONE

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted) 1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

NONE

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End ($000 omitted) 1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken 2 Direct Premiums Written	 3 Direct Premiums Earned	4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Pur-chasing Groups (Incl. in Col. 2)
1. Alabama AL	L								
2. Alaska AK	L								
3. Arizona AZ	L								
4. Arkansas AR	L								
5. California CA	N								
6. Colorado CO	L								
7. Connecticut CT	N								
8. Delaware DE	L								
9. District of Columbia DC	L								
10. Florida FL	L								
11. Georgia GA	L	1,012,612	734,810		344,401	529,936	185,536	5,655	
12. Hawaii HI	N								
13. Idaho ID	N								
14. Illinois IL	L								
15. Indiana IN	L								
16. Iowa IA	L								
17. Kansas KS	L								
18. Kentucky KY	L								
19. Louisiana LA	N								
20. Maine ME	L								
21. Maryland MD	L								
22. Massachusetts MA	L								
23. Michigan MI	L								
24. Minnesota MN	N								
25. Mississippi MS	L								
26. Missouri MO	L								
27. Montana MT	L								
28. Nebraska NE	L								
29. Nevada NV	L								
30. New Hampshire NH	N								
31. New Jersey NJ	N								
32. New Mexico NM	L								
33. New York NY	L								
34. North Carolina NC	N								
35. North Dakota ND	L								
36. Ohio OH	L								
37. Oklahoma OK	L								
38. Oregon OR	L								
39. Pennsylvania PA	L								
40. Rhode Island RI	L								
41. South Carolina SC	L								
42. South Dakota SD	L								
43. Tennessee TN	N								
44. Texas TX	L								
45. Utah UT	L								
46. Vermont VT	L								
47. Virginia VA	L								
48. Washington WA	N								
49. West Virginia WV	L								
50. Wisconsin WI	L								
51. Wyoming WY	L								
52. American Samoa AS	N								
53. Guam GU	N								
54. Puerto Rico PR	N								
55. US Virgin Islands VI	N								
56. Northern Mariana Islands MP	N								
57. Canada CN	N								
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0	0	0
59. Totals	(a) 40	1,012,612	734,810	0	344,401	529,936	185,536	5,655	0

DETAILS OF WRITE-INS

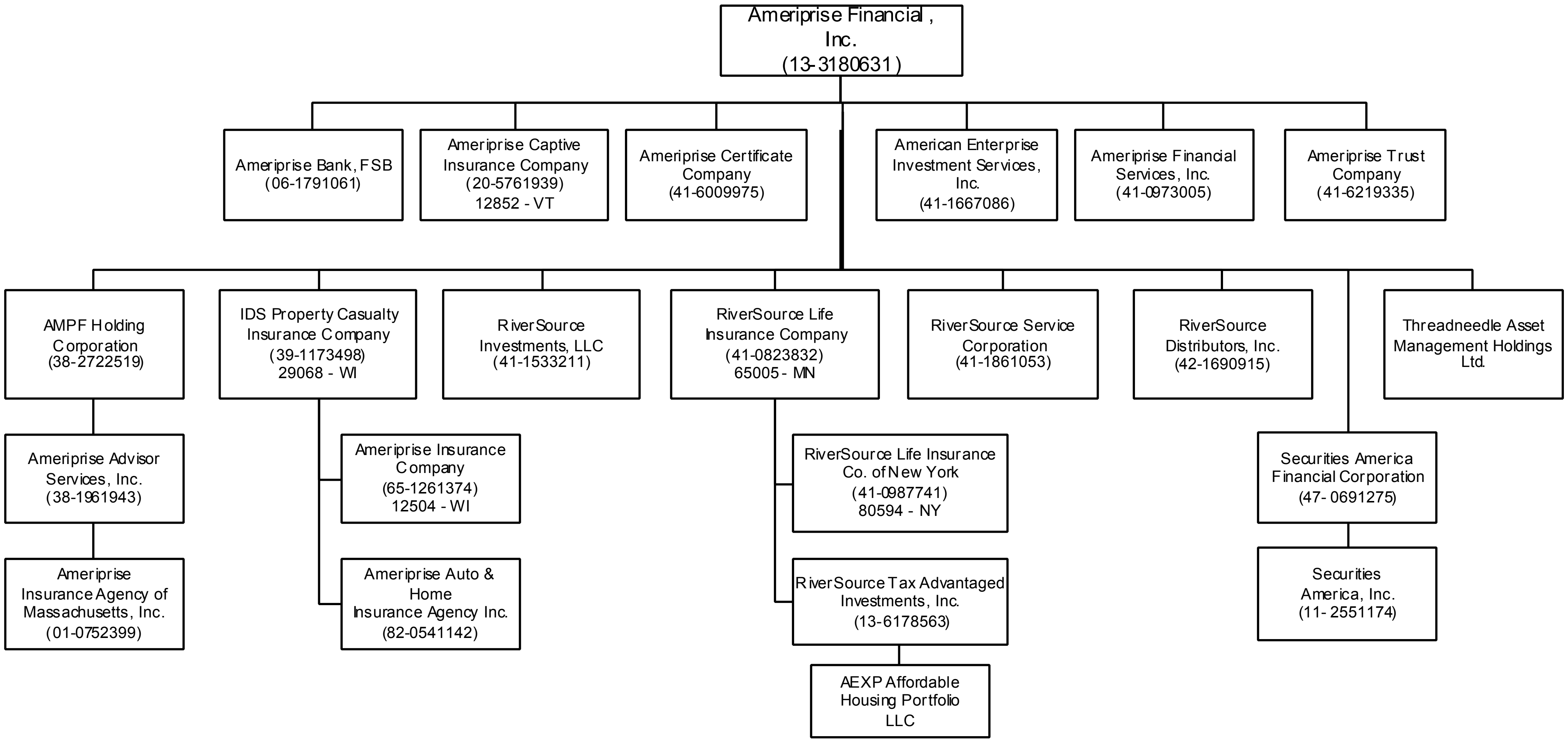
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803+ Line 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

Explanation of Basis of Allocation of Premiums by States, etc.

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

PART 1 - ORGANIZATIONAL CHART



2008 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK