

QUARTERLY STATEMENT
OF THE
AMEX ASSURANCE COMPANY
Of
Chicago
in the state of IL

to the Insurance Department
of the State of

For the Period Ended
June 30, 2006

2006



QUARTERLY STATEMENT

As of June 30, 2006
of the Condition and Affairs of the

AMEX ASSURANCE COMPANY

NAIC Group Code..... 4, 4 (Current Period) (Prior Period)	NAIC Company Code..... 27928	Employer's ID Number..... 36-2760101
Organized under the Laws of Illinois Incorporated/Organized..... January 30, 1973	State of Domicile or Port of Entry Illinois Commenced Business..... February 5, 1973	Country of Domicile US
Statutory Home Office	115 South LaSalle Street..... Chicago IL 60603 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	3500 Packerland Drive..... De Pere WI 54115-9070 <i>(Street and Number) (City or Town, State and Zip Code)</i>	920-330-5100 <i>(Area Code) (Telephone Number)</i>
Mail Address	3500 Packerland Drive..... De Pere WI 54115-9070 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	3500 Packerland Drive..... De Pere WI 54115-9070 <i>(Street and Number) (City or Town, State and Zip Code)</i>	920-330-5250 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	www.ameriprise .com	
Statutory Statement Contact	Susan Ann Whitmer <i>(Name)</i> susan.a.whitmer@aexp.com <i>(E-Mail Address)</i>	920-330-5250 <i>(Area Code) (Telephone Number) (Extension)</i> 920-330-5603 <i>(Fax Number)</i>
Policyowner Relations Contact	3500 Packerland Drive..... De Pere WI 54115 <i>(Street and Number) (City or Town, State and Zip Code)</i>	920-330-5150 <i>(Area Code) (Telephone Number) (Extension)</i>

OFFICERS

Name	Title	Name	Title
1. Kenneth John Ciak	President	2. Eric Lund Marhoun #	Secretary
3. Walter Stanley Berman	Treasurer	4.	

OTHER	
Thomas John Boogaard	Vice President
Richard Norman Bush	Senior Vice President
Larry William Frazier	Vice President
Thomas William Murphy	Vice President
Dianne Lynn Wilson	Senior Vice President
Thomas Scott Botsford	Vice President
Debra Marie Conrad	Vice President
Michelle Marie Keeley	Vice President
Rebecca Ann Nash	Senior Vice President

DIRECTORS OR TRUSTEES

Lawrence Anthony Belmonte #	Kenneth John Ciak	Larry William Frazier	Joy Ann Hanson #
Richard Andrew Hemmings	Margaret Susan Jung	Eric Lund Marhoun	Naeemah Ruffin #
Michael Ralph Streit	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) Kenneth J Ciak 1. (Printed Name) President (Title)	_____ (Signature) Joy A Hanson 2. (Printed Name) Asst Secretary (Title)	_____ (Signature) Larry W Frazier 3. (Printed Name) Asst Treasurer (Title)
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Subscribed and sworn to before me
This 27th day of July 2006

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	92,543,049		92,543,049	80,622,182
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	81,541		81,541	81,541
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
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 (\$.....2,431,147), cash equivalents (\$.....12,455,844) and short-term investments (\$.....1,389,229).....	16,276,220		16,276,220	29,026,305
6. Contract loans (including \$.....0 premium notes).....			0	
7. Other invested assets.....			0	
8. Receivables for securities.....	4,125		4,125	4,125
9. Aggregate write-ins for invested assets.....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	108,904,935	0	108,904,935	109,734,153
11. Title Plants less \$.....0 charged off (for Title insurers only).....			0	
12. Investment income due and accrued.....	1,177,307		1,177,307	1,340,099
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection.....	17,127,811	15,388	17,112,423	14,114,549
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.....	10,075		10,075	10,075
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.....	1,776,945		1,776,945	2,097,527
22. Health care (\$.....0) and other amounts receivable.....			0	
23. Aggregate write-ins for other than invested assets.....	16,457,711	0	16,457,711	14,142,683
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	145,454,784	15,388	145,439,396	141,439,087
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. TOTALS (Lines 24 and 25).....	145,454,784	15,388	145,439,396	141,439,087

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
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0
2301. Premium Accrual EBNR - IBNR offset.....	14,081,875		14,081,875	14,081,875
2302. Miscellaneous Assets.....	1,021		1,021	1,269
2303. Other Receivables.....	2,260,869		2,260,869	59,539
2398. Summary of remaining write-ins for Line 23 from overflow page.....	113,947	0	113,947	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	16,457,711	0	16,457,711	14,142,683

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$0).....		
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	6,343,291	13,398,206
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	2,370,826	4,059,975
7.1 Current federal and foreign income taxes (including \$244,970 on realized capital gains (losses)).....	447,903	787,722
7.2 Net deferred tax liability.....	132,838	106,782
8. Borrowed money \$0 and interest thereon \$0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 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).....	15,646,927	5,506,339
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance.....	213,792	213,792
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	34,805	16,910
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	1,829,236	2,140,157
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.....	(38,493)	(23,654)
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	26,981,124	26,206,228
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	26,981,124	26,206,228
27. Aggregate write-ins for special surplus funds.....	0	0
28. Common capital stock.....	4,597,875	4,597,875
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.....	110,634,983	110,634,983
33. Unassigned funds (surplus).....	3,225,414	
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).....	118,458,272	115,232,858
36. TOTALS.....	145,439,396	141,439,086

DETAILS OF WRITE-INS

2301. Miscellaneous Liabilities.....	(38,979)	(23,731)
2302. Unclaimed Property.....	.486	.76
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).....	(38,493)	(23,654)
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 to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....426,959,736).....	408,773,574	374,564,610	759,801,761
1.2 Assumed..... (written \$....2,050,173).....	2,050,173	5,265,116	7,047,451
1.3 Ceded..... (written \$....429,009,909).....	410,823,746	238,051,832	636,445,702
1.4 Net..... (written \$....0).....	0	141,777,894	130,403,510
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	209,055,435	202,081,436	391,124,746
2.2 Assumed.....	(109)	(1,045,640)	(1,045,713)
2.3 Ceded.....	209,055,326	162,582,956	401,346,971
2.4 Net.....	0	38,452,840	(11,267,938)
3. Loss expenses incurred.....	0	1,626,775	1,620,279
4. Other underwriting expenses incurred.....	(1,523,049)	29,668,472	62,678,769
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	(1,523,049)	69,748,087	53,031,110
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	1,523,049	72,029,807	77,372,400
INVESTMENT INCOME			
9. Net investment income earned.....	2,891,346	5,834,318	10,604,400
10. Net realized capital gains (losses) less capital gains tax of \$....244,970.....	454,944	24,741	4,550,609
11. Net investment gain (loss) (Lines 9 + 10).....	3,346,289	5,859,059	15,155,008
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0	0
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	65	1,843,832	1,843,882
15. Total other income (Lines 12 through 14).....	65	1,843,832	1,843,882
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	4,869,403	79,732,698	94,371,290
17. Dividends to policyholders.....	0	0	0
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).....	4,869,403	79,732,698	94,371,290
19. Federal and foreign income taxes incurred.....	1,104,985	27,384,783	69,501,793
20. Net income (Line 18 minus Line 19) (to Line 22).....	3,764,418	52,347,915	24,869,497
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	115,232,856	216,752,991	216,752,991
22. Net income (from Line 20).....	3,764,418	52,347,915	24,869,497
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or losses less capital gains tax of \$....4,241.....	0	(102,550)	0
25. Change in net unrealized foreign exchange capital gain (loss).....	(513,592)	0	157,928
26. Change in net deferred income tax.....	(21,815)	1,139,012	(373,053)
27. Change in nonadmitted assets.....	(3,596)	0	(11,792)
28. Change in provision for reinsurance.....	(0)	0	23,221
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	117,414,063
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	(30,000,000)	(243,600,000)
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	3,225,415	23,384,377	(101,520,135)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	118,458,271	240,137,368	115,232,856

DETAILS OF WRITE-INS

0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Administration Fees.....	0	1,843,803	1,843,803
1402. Miscellaneous Income.....	65	28	79
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	65	1,843,832	1,843,882
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	7,139,118	124,294,919
2. Net investment income.....	3,132,453	13,073,381
3. Miscellaneous income.....	65	1,843,882
4. Total (Lines 1 through 3).....	10,271,637	139,212,181
5. Benefit and loss related payments.....		24,308,150
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	7,221,016	62,123,957
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) \$.....244,970 net tax on capital gains (losses).....	1,689,774	66,964,279
10. Total (Lines 5 through 9).....	8,910,789	153,396,386
11. Net cash from operations (Line 4 minus Line 10).....	1,360,848	(14,184,205)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	12,626,207	160,927,596
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.....	(5,326)	(1,492)
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	12,620,881	160,926,104
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	24,411,608	20,664,977
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		1,194,741
13.7 Total investments acquired (Lines 13.1 to 13.6).....	24,411,608	21,859,718
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(11,790,727)	139,066,385
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.....		117,414,063
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		243,600,000
16.6 Other cash provided (applied).....	(2,320,205)	23,872,950
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(2,320,205)	(102,312,987)
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).....	(12,750,084)	22,569,193
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	29,026,305	6,457,112
19.2 End of period (Line 18 plus Line 19.1).....	16,276,221	29,026,305

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

20.0001		
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NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

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

No significant change.

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

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

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

C. NOTE: This disclosure is required in every filing for the Quarterly Statement.

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

No significant change.

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

No significant change.

Note 20 - September 11 Events

No significant change.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 31 - High Deductibles

No significant change.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant change.

Note 33 - Asbestos/Environmental Reserves

No significant change.

Note 34 - Subscriber Savings Accounts

No significant change.

Note 35 - Multiple Peril Crop Insurance

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 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. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y-Part 1 - Organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of 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 Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2003.....
- 6.2 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. 12/31/2003.....
- 6.3 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). 06/15/2005.....
- 6.4 By what department or departments?

Illinois Insurance Department

- 7.1 Has this 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]
- 7.2 If yes, give full information:

- 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 the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 Serv	Minneapolis, MN					YES
American Express Asset Managemen	Minneapolis, MN					YES
American Express Asset Managemen	Minneapolis, MN					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 Investments LLC	Minneapolis, MN					YES
RiverSource Service Corporation	Minneapolis, MN					YES
Securities America Advisors, Inc.	Omaha, NE					YES
Securities America, Inc.	Omaha, NE					YES
IDS Life Insurance Company	Minneapolis, MN					YES
American Enterprise Life Insurance C	Minneapolis, MN					YES

FINANCIAL

- 9.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

9.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$.....1,776,945

INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

10.2 If yes, explain:.....

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
14.21 Bonds.....	\$.....0	\$.....0
14.22 Preferred Stock.....	\$.....0	\$.....0
14.23 Common Stock.....	\$.....0	\$.....0
14.24 Short-Term Investments.....	\$.....0	\$.....0
14.25 Mortgages, Loans or Real Estate.....	\$.....0	\$.....0
14.26 All Other.....	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$.....0	\$.....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

16. Excluding items in Schedule E, 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 Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company	50 South LaSalle Street, B-7, Chicago, IL 60675

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

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

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

16.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

17.2 If no, list exceptions: _____

GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	.....XXX..	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
Total.....	.....XXX..	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Increase (decrease) by adjustment.....		
3. Cost of acquired.....		
4. Cost of additions to and permanent improvements.....		
5. Total profit (loss) on sales.....		
6. Increase (decrease) by foreign exchange adjustment.....		
7. Amount received on sales.....		
8. Book/adjusted carrying value at end of current period.....	0	0
9. Total valuation allowance.....		
10. Subtotal (Lines 8 plus 9).....	0	0
11. Total nonadmitted amounts.....		
12. Statement value, current period (Page 2, real estate lines, net admitted assets column).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	80,703,722	216,771,482
2. Cost of bonds and stocks acquired.....	24,411,608	20,664,977
3. Accrual of discount.....	12,116	56,494
4. Increase (decrease) by adjustment.....		
5. Increase (decrease) by foreign exchange adjustment.....	(509,352)	128,790
6. Total profit (loss) on disposal.....	705,239	4,571,527
7. Consideration for bonds and stocks disposed of.....	12,626,207	160,927,596
8. Amortization of premium.....	72,537	561,952
9. Book/adjusted carrying value, current period.....	92,624,591	80,703,722
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	92,624,591	80,703,722
12. Total nonadmitted amounts.....		
13. Statement value.....	92,624,591	80,703,722

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1.....	107,737,355	205,707,487	209,434,069	1,272,348	107,737,355	105,283,122		105,769,822
2. Class 2.....	1,697,180			(592,180)	1,697,180	1,105,000		1,697,250
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	109,434,535	205,707,487	209,434,069	680,168	109,434,535	106,388,122	0	107,467,072
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	109,434,535	205,707,487	209,434,069	680,168	109,434,535	106,388,122	0	107,467,072

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
8299999. Totals.....	1,389,229	XXX		7,872	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of short-term investments acquired.....	1,381,357	
3. Increase (decrease) by adjustment.....	7,872	
4. Increase (decrease) by foreign exchange adjustment.....		
5. Total profit (loss) on disposal of short-term investments.....		
6. Consideration received on disposal of short-term investments.....		
7. Book/adjusted carrying value, current period.....	1,389,229	0
8. Total valuation allowance.....		
9. Subtotal (Lines 7 plus 8).....	1,389,229	0
10. Total nonadmitted amounts.....		
11. Statement value (Lines 9 minus 10).....	1,389,229	0
12. Income collected during period.....	7,872	
13. Income earned during period.....	7,872	

**Sch. DB-Part F-Section 1
NONE**

**Sch. DB-Part F-Section 2
NONE**

**Sch. F
NONE**

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	YES	2,615,016	2,426,781	1,115,532	544,664	1,327,326	1,235,585
2. Alaska.....AK	YES	381,267	368,635	24,562	22,166	62,085	88,309
3. Arizona.....AZ	YES	15,227,566	15,989,660	8,014,759	7,241,507	12,038,413	10,918,391
4. Arkansas.....AR	YES	1,531,677	1,546,649	660,339	1,023,869	1,211,624	1,267,634
5. California.....CA	YES	116,267,589	104,974,147	58,244,271	48,778,172	75,243,226	66,612,702
6. Colorado.....CO	YES	9,569,707	9,345,657	5,224,257	4,371,395	9,590,132	8,300,532
7. Connecticut.....CT	YES	7,670,684	7,609,312	3,124,705	3,459,248	6,785,329	7,438,423
8. Delaware.....DE	YES	1,574,208	1,470,062	734,981	622,526	2,096,993	1,031,359
9. District of Columbia.....DC	YES	1,307,870	1,234,897	367,018	175,626	569,127	191,843
10. Florida.....FL	YES	33,627,795	30,885,526	15,416,861	13,073,598	25,205,060	26,915,819
11. Georgia.....GA	YES	13,818,485	12,832,687	6,504,889	4,899,348	9,438,398	7,649,814
12. Hawaii.....HI	YES	1,839,824	1,475,589	450,174	335,707	2,532,208	1,321,299
13. Idaho.....ID	YES	812,607	723,607	135,923	202,283	428,540	405,406
14. Illinois.....IL	YES	11,299,580	11,243,135	4,010,762	3,780,830	5,921,202	5,554,460
15. Indiana.....IN	YES	4,023,819	4,203,269	2,283,306	1,486,580	3,727,045	2,455,894
16. Iowa.....IA	YES	1,530,529	1,650,560	554,928	484,871	728,460	1,237,223
17. Kansas.....KS	YES	1,512,116	1,534,094	953,401	311,344	745,303	597,886
18. Kentucky.....KY	YES	1,061,642	828,665	101,624	87,905	3,579,718	202,456
19. Louisiana.....LA	YES	1,635,788	1,602,622	298,611	371,846	353,501	374,423
20. Maine.....ME	YES	396,666	386,600	40,535	34,878	46,340	1,150,710
21. Maryland.....MD	YES	10,214,945	9,504,994	4,700,440	3,319,847	7,873,701	6,982,707
22. Massachusetts.....MA	YES	5,801,543	5,763,942	963,150	1,093,709	857,794	1,548,227
23. Michigan.....MI	YES	18,272,608	18,188,170	12,225,366	9,245,955	25,010,454	26,293,465
24. Minnesota.....MN	YES	8,550,164	9,203,191	3,908,053	4,090,017	9,738,551	9,002,903
25. Mississippi.....MS	YES	1,042,355	908,675	280,440	282,015	854,107	534,056
26. Missouri.....MO	YES	3,567,028	3,700,339	1,956,186	1,315,260	2,062,664	2,213,355
27. Montana.....MT	YES	424,829	294,942	55,876	106,541	59,915	592,282
28. Nebraska.....NE	YES	1,192,875	1,070,432	491,094	459,469	529,589	905,613
29. Nevada.....NV	YES	6,448,362	6,182,053	3,416,868	2,817,240	8,034,173	4,554,241
30. New Hampshire.....NH	YES	913,924	941,671	69,289	86,206	104,327	278,439
31. New Jersey.....NJ	YES	13,662,250	9,920,951	2,655,952	1,482,313	3,096,637	2,464,505
32. New Mexico.....NM	YES	1,305,706	1,174,916	616,471	271,863	614,766	588,943
33. New York.....NY	YES	31,865,330	32,961,309	11,402,562	12,103,065	23,709,138	23,851,505
34. North Carolina.....NC	YES	4,662,058	4,434,575	1,103,746	1,082,290	2,201,515	2,648,901
35. North Dakota.....ND	YES	127,732	149,510	4,059	4,198	10,711	54,661
36. Ohio.....OH	YES	8,017,332	7,587,869	2,946,773	2,618,286	6,371,232	4,864,985
37. Oklahoma.....OK	YES	1,516,534	1,435,827	360,549	251,189	832,856	1,279,984
38. Oregon.....OR	YES	8,978,388	8,305,603	5,856,962	3,505,130	9,594,972	6,529,448
39. Pennsylvania.....PA	YES	9,855,622	10,540,669	3,822,034	3,848,568	8,804,881	8,397,651
40. Rhode Island.....RI	YES	733,812	700,607	63,485	66,931	94,789	196,769
41. South Carolina.....SC	YES	3,048,969	3,080,315	1,025,987	923,297	1,518,296	1,690,284
42. South Dakota.....SD	YES	875,443	907,186	44,646	63,840	120,191	141,667
43. Tennessee.....TN	YES	3,934,791	3,952,969	1,390,955	1,135,084	3,926,894	2,154,850
44. Texas.....TX	YES	14,669,203	14,652,998	4,458,552	3,734,729	6,984,946	6,777,170
45. Utah.....UT	YES	3,132,460	2,975,618	1,064,188	635,115	1,352,551	1,145,259
46. Vermont.....VT	YES	287,631	252,076	43,716	39,639	44,702	73,986
47. Virginia.....VA	YES	9,005,495	7,871,036	2,949,567	2,304,386	3,806,945	3,530,884
48. Washington.....WA	YES	22,474,608	19,272,403	12,473,107	7,818,433	23,985,341	18,545,478
49. West Virginia.....WV	YES	317,239	333,548	56,327	16,282	3,404,559	113,265
50. Wisconsin.....WI	YES	2,750,060	2,832,913	1,142,537	900,104	1,725,189	1,646,506
51. Wyoming.....WY	YES	178,515	164,220	13,247	20,557	181,805	39,549
52. American Samoa.....AS	NO	-	-	-	-	-	-
53. Guam.....GU	NO	52,225	55,594	8,427	3,147	3,017	-
54. Puerto Rico.....PR	YES	243,391	251,355	170,479	183,348	6,525	100,000
55. US Virgin Islands.....VI	NO	73,855	89,500	32,228	41,619	3,935	-
56. Northern Mariana Islands.....MP	NO	-	-	-	-	-	-
57. Canada.....CN	YES	884,085	537,463	15,906	13,459	94	266,312
58. Aggregate Other Alien.....OT	XXX	173,931	151,292	215,165	183,006	0	0
59. Totals.....(a)	52	426,959,736	402,682,887	190,265,826	157,374,498	319,151,795	284,958,013

DETAILS OF WRITE-INS

5801. Alien(01).....	XXX	173,931	151,292	215,165	183,006		
5802.....	XXX						
5803.....	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above).....	XXX	173,931	151,292	215,165	183,006	0	0

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

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

PART 1 – ORGANIZATIONAL CHART

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....	36,483,139	28,009,998	76.8	67.6
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....	66,746,600	21,007,647	31.5	21.4
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.....	74,017,295	6,978,117	9.4	17.1
14. Credit accident and health.....			0.0	
15. Other accident and health.....	52,126	105,780	202.9	291.8
16. Workers' compensation.....			0.0	
17.1. Other liability-occurrence.....	797,630	350,000	43.9	97.1
17.2. Other liability-claims made.....	11,105,753	10,008,486	90.1	93.8
18.1. Products liability-occurrence.....			0.0	
18.2. Products liability-claims made.....			0.0	
19.1, 19.2 Private passenger auto liability.....	125,383,242	77,466,213	61.8	74.9
19.3, 19.4 Commercial auto liability.....			0.0	
21. Auto physical damage.....	94,187,789	65,129,194	69.1	63.1
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. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business.....	0	0	0.0	
34. Totals.....	408,773,574	209,055,435	51.1	54.0

DETAILS OF WRITE-INS

3301.....			0.0	
3302.....			0.0	
3303.....			0.0	
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0.0	XXX
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....	22,072,653	39,513,908	32,978,397
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....	34,501,571	67,395,734	50,916,406
10. Financial guaranty.....			
11.1. Medical malpractice-occurrence.....			
11.2. Medical malpractice-claims made.....			
12. Earthquake.....			
13. Group accident and health.....	34,369,035	72,664,534	75,448,231
14. Credit accident and health.....			
15. Other accident and health.....	49,505	48,204	44,794
16. Workers' compensation.....			
17.1. Other liability-occurrence.....	439,807	858,899	7,159,861
17.2. Other liability-claims made.....		22,098,150	23,904,014
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....	62,943,714	128,604,997	121,334,076
19.3, 19.4 Commercial auto liability.....			
21. Auto physical damage.....	46,629,972	95,775,311	90,897,109
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business.....	0	0	0
34. Totals.....	201,006,256	426,959,736	402,682,887

DETAILS OF WRITE-INS

3301.....			
3302.....			
3303.....			
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2006 Loss and LAE Payments on Claims Reported as of Prior Year-End	2006 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2006 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2003 + Prior			.....0			.....0				.....0	.....0	.....0	.....0
2. 2004			.....0			.....0				.....0	.....0	.....0	.....0
3. Subtotals 2004 + Prior	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2005			.....0			.....0				.....0	.....0	.....0	.....0
5. Subtotals 2005 + Prior	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2006	.....XXX	.....XXX	.....XXX	.....XXX		.....0	.....XXX			.....0	.....XXX	.....XXX	.....XXX
7. Totals	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. Prior Year-End's Surplus As Regards Policyholders	.....115,233										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. ....0.0 %	2. ....0.0 %	3. ....0.0 %
													Col. 13, Line 7 Line 8
													4. ....0.0 %

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	<u>NO</u>
2. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?	<u>NO</u>

Explanation:

Bar Code:



Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2304. Prepaid Expense.....	113,947		113,947	
2397. Summary of remaining write-ins for Line 23.....	113,947	0	113,947	0