



QUARTERLY STATEMENT

AS OF MARCH 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

LUMBERMENS MUTUAL CASUALTY COMPANY

NAIC Group Code 0108, 0108 NAIC Company Code 22977 Employer's ID Number 36-1410470
(Current Period) (Prior Period)

Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois
Country of Domicile United States

Incorporated/Organized 11/18/1912 Commenced Business 11/25/1912

Statutory Home Office 1 Kemper Drive, Long Grove, IL 60049-0001
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1 Kemper Drive Long Grove, IL 60049-0001 847-320-2000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1 Kemper Drive, Long Grove, IL 60049-0001
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1 Kemper Drive Long Grove, IL 60049-0001 847-320-3127
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.kemperinsurance.com

Statutory Statement Contact Fredrick Thomas Griffith 847-320-3127
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OFFICERS

Name	Title	Name	Title
<u>Douglas Sean Andrews</u>	<u>President and CEO</u>	<u>John Keating Conway</u>	<u>Secretary</u>
<u>Fredrick Thomas Griffith</u>	<u>Chief Financial Officer</u>	<u>Geoffrey Andrew Cooke</u>	<u>Treasurer</u>

OTHER OFFICERS

<u>Frederick Otto Kist</u>	<u>Senior Vice President</u>	<u>Barbara Kay Murray #</u>	<u>Senior Vice President</u>
<u>Benjamin David Schwartz</u>	<u>Senior Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Douglas Sean Andrews</u>	<u>Peter Bannerman Hamilton</u>	<u>George Ralph Lewis</u>	<u>Arthur James Massolo</u>
<u>David Barrett Mathis</u>			

State of Illinois

ss

County of Lake

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.

Douglas Sean Andrews
President and CEO

John Keating Conway
Secretary

Fredrick Thomas Griffith
Chief Financial Officer

Subscribed and sworn to before me this
12th day of May, 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 _____

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

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	1,014,814,226		1,014,814,226	1,020,334,355
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	69,401,450		69,401,450	69,745,008
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$2,456,950), cash equivalents (\$0) and short-term investments (\$53,376,844)	55,833,794		55,833,794	86,360,358
6. Contract loans (including \$ premium notes)			0	0
7. Other invested assets	5,873,850		5,873,850	5,966,691
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	1,145,923,320	0	1,145,923,320	1,182,406,412
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	7,892,169		7,892,169	9,234,897
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	11,292,328	7,142,086	4,150,242	3,923,601
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	9,222,956	517,937	8,705,019	11,054,085
13.3 Accrued retrospective premiums	13,329,733	370,940	12,958,793	17,251,970
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	74,827,310		74,827,310	85,675,362
14.2 Funds held by or deposited with reinsured companies	11,626,769		11,626,769	12,246,065
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	824,231		824,231	623,957
16.2 Net deferred tax asset	726,185,260	726,185,260	0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software			0	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	0
21. Receivables from parent, subsidiaries and affiliates	819,426	819,426	0	278,250
22. Health care (\$) and other amounts receivable			0	0
23. Aggregate write-ins for other than invested assets	88,595,261	9,433,201	79,162,060	85,177,651
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	2,090,538,763	744,468,850	1,346,069,913	1,407,872,250
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	2,090,538,763	744,468,850	1,346,069,913	1,407,872,250
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Amounts receivable under high deductible policies	12,136,271	3,607,651	8,528,620	11,088,052
2302. Advance to claims service provider	8,234,950		8,234,950	8,334,447
2303. Reinsurance accounted for as a deposit	404,180		404,180	599,510
2398. Summary of remaining write-ins for Line 23 from overflow page	67,819,860	5,825,550	61,994,310	65,155,642
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	88,595,261	9,433,201	79,162,060	85,177,651

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$488,000)	793,339,451	819,591,888
2. Reinsurance payable on paid losses and loss adjustment expenses	15,798,985	16,041,492
3. Loss adjustment expenses	205,946,417	220,807,031
4. Commissions payable, contingent commissions and other similar charges	470,522	500,233
5. Other expenses (excluding taxes, licenses and fees)	10,850,931	14,270,656
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	33,759,480	33,073,387
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$1,797,681 and including warranty reserves of \$234,461)	3,194,769	3,663,958
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,092,539	960,829
13. Funds held by company under reinsurance treaties	2,675,449	2,741,570
14. Amounts withheld or retained by company for account of others	111,568,511	124,464,509
15. Remittances and items not allocated	10,969,686	12,676,987
16. Provision for reinsurance	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	1,708,427	1,485,005
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	76,176	0
20. Payable for securities	0	0
21. Liability for amounts held under uninsured plans	0	0
22. Capital notes \$ and interest thereon \$	0	0
23. Aggregate write-ins for liabilities	48,633,018	44,422,490
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	1,242,084,361	1,294,700,035
25. Protected cell liabilities	0	0
26. Total liabilities (Lines 24 and 25)	1,242,084,361	1,294,700,035
27. Aggregate write-ins for special surplus funds	0	0
28. Common capital stock	0	0
29. Preferred capital stock	0	0
30. Aggregate write-ins for other than special surplus funds	1,500,000	1,500,000
31. Surplus notes	698,355,598	698,355,598
32. Gross paid in and contributed surplus	0	0
33. Unassigned funds (surplus)	(595,870,046)	(586,683,383)
34. Less treasury stock, at cost:		
34.1 shares common (value included in Line 28 \$)	0	0
34.2 shares preferred (value included in Line 29 \$)	0	0
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	103,985,552	113,172,215
36. TOTALS	1,346,069,913	1,407,872,250
DETAILS OF WRITE-INS		
2301. Accounts payable and other liabilities	48,633,018	44,422,490
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)	48,633,018	44,422,490
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. Guaranty fund	1,500,000	1,500,000
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)	1,500,000	1,500,000

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 \$ (2,943,162))	(2,772,756)	(389,754)	1,436,126
1.2 Assumed (written \$ 4,380,112)	4,859,991	(1,775,652)	3,680,169
1.3 Ceded (written \$ 582,620)	763,716	(2,908,721)	(2,730,515)
1.4 Net (written \$ 854,330)	1,323,519	743,315	7,846,810
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 562,000):			
2.1 Direct	1,743,561	(7,198,636)	20,602,716
2.2 Assumed	7,399,750	(43,179,053)	169,174,871
2.3 Ceded	(1,183,010)	(46,624,658)	74,106,197
2.4 Net	10,326,321	(3,753,031)	115,671,390
3. Loss adjustment expenses incurred	630,625	(3,180,297)	(13,707,489)
4. Other underwriting expenses incurred	11,367,689	16,407,576	61,790,049
5. Aggregate write-ins for underwriting deductions	0	0	(2,000,000)
6. Total underwriting deductions (Lines 2 through 5)	22,324,635	9,474,248	161,753,950
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(21,001,116)	(8,730,933)	(153,907,140)
INVESTMENT INCOME			
9. Net investment income earned	9,833,210	13,286,974	49,128,461
10. Net realized capital gains (losses) less capital gains tax of \$	(968,942)	972,729	10,347,261
11. Net investment gain (loss) (Lines 9 + 10)	8,864,268	14,259,703	59,475,722
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 14,162 amount charged off \$ (1,452,399))	1,466,561	(1,094,533)	(5,659,416)
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	1,596,653	2,292,184	4,675,626
15. Total other income (Lines 12 through 14)	3,063,214	1,197,651	(983,790)
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(9,073,634)	6,726,421	(95,415,208)
17. Dividends to policyholders	1,417,924	(3,822,388)	(5,727,457)
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)	(10,491,558)	10,548,809	(89,687,751)
19. Federal and foreign income taxes incurred	(200,274)	(362,451)	(10,003,154)
20. Net income (Line 18 minus Line 19)(to Line 22)	(10,291,284)	10,911,260	(79,684,597)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	113,172,215	150,664,386	150,664,386
22. Net income (from Line 20)	(10,291,284)	10,911,260	(79,684,597)
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 \$	724,718	316,216	11,586,654
25. Change in net unrealized foreign exchange capital gain (loss)	(223,421)	(715,511)	(1,638,231)
26. Change in net deferred income tax	2,976,844	(6,094,046)	18,162,229
27. Change in nonadmitted assets	(3,448,905)	6,811,000	2,235,984
28. Change in provision for reinsurance	0	0	0
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	0
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	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	1,075,385	3,398,947	11,845,790
38. Change in surplus as regards policyholders (Lines 22 through 37)	(9,186,663)	14,627,866	(37,492,171)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	103,985,552	165,292,252	113,172,215
DETAILS OF WRITE-INS			
0501. Change in premium deficiency reserve	0	0	(2,000,000)
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	(2,000,000)
1401. Other income	1,596,653	2,292,184	4,675,626
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	1,596,653	2,292,184	4,675,626
3701. Provision for uncollectible reinsurance	1,075,385	3,398,947	11,845,790
3702.	0	0	0
3703.	0	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	1,075,385	3,398,947	11,845,790

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	7,475,473	27,104,642
2. Net investment income	12,508,134	53,030,312
3. Miscellaneous income	3,682,510	(1,661,769)
4. Total (Lines 1 to 3)	23,666,117	78,473,185
5. Benefit and loss related payments	25,973,213	144,900,791
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	29,629,771	160,606,148
8. Dividends paid to policyholders	(2,846,388)	(5,635,986)
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	(3,299,370)
10. Total (Lines 5 through 9)	52,756,596	296,571,583
11. Net cash from operations (Line 4 minus Line 10)	(29,090,479)	(218,098,398)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	140,204,843	667,982,986
12.2 Stocks	83,067	9,862,148
12.3 Mortgage loans	0	0
12.4 Real estate	0	59,500
12.5 Other invested assets	154,827	866,638
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(118,916)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	140,442,737	678,652,356
13. Cost of investments acquired (long-term only):		
13.1 Bonds	135,871,497	544,635,925
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	135,871,497	544,635,925
14. Net increase (or decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	4,571,240	134,016,431
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(6,007,325)	14,680,809
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(6,007,325)	14,680,809
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(30,526,564)	(69,401,158)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	86,360,358	155,761,516
19.2 End of period (Line 18 plus Line 19.1)	55,833,794	86,360,358

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

No change.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No change.

3. BUSINESS COMBINATIONS AND GOODWILL

No change.

4. DISCONTINUED OPERATIONS

No change.

5. INVESTMENTS

No change.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No change.

7. INVESTMENT INCOME

No change.

8. DERIVATIVE INSTRUMENTS

No change.

9. INCOME TAXES

A. The components of the Company's net deferred tax asset are as follows:

		March 31, 2009		December 31, 2008
		(in thousands)		
Total of gross deferred tax assets	\$	729,273		726,296
Total of deferred tax liabilities		3,088		3,088
Net deferred tax asset		726,185		723,208
Deferred tax asset nonadmitted		726,185		723,208
Net admitted deferred tax asset		0		0
Increase in nonadmitted asset	\$	2,977		

C2. The change in net deferred income taxes is comprised of the following:

		March 31, 2009		December 31, 2008		Change
		(in thousands)				
Total deferred tax assets	\$	729,273		726,296	\$	2,977
Total deferred tax liabilities		3,088		3,088		0
Net deferred tax asset	\$	726,185		723,208		2,977
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	2,977

NOTES TO FINANCIAL STATEMENTS

- D. The provision for Federal and foreign income taxes incurred plus the change in deferred income taxes is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

		March 31, 2009
		(in thousands)
Provision computed at statutory rate	\$	(3,672)
Receivables		495
Total	\$	(3,177)
Federal and foreign income taxes incurred	\$	(200)
Change in net deferred income taxes		(2,977)
Total statutory income taxes	\$	(3,177)

- F. No change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

No change.

11. DEBT

No change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No change.

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

Each payment of interest on and repayment of principal of the surplus notes issued by the Company in 1996 and 1997 may be made only with the prior approval of the Director of the Illinois Department of Financial and Professional Regulation – Division of Insurance (the “Division of Insurance”), which approval will only be granted if, in the judgment of the Director, the financial condition of the Company warrants the making of such payments and the Company's policyholders' surplus reflects sufficient funds to cover the amount of such payment. All payments of interest scheduled since January 1, 2003 have not been paid due to disapprovals by the Director based on the Company's financial condition. The cumulative amount of interest that was scheduled to be paid but is unpaid, plus the amount otherwise accruing in the first quarter of 2009 for which scheduled interest payment dates have not yet arrived, totaled \$387,400,000 as of March 31, 2009. In accordance with statutory accounting principles, this total amount is not reflected as a liability on the Company's statutory statement of assets, liabilities, surplus and other funds as of March 31, 2009. On May 7, 2009, the Division of Insurance disapproved the payments of interest due on June 1, 2009 and July 1, 2009 (and all previously disapproved interest payments) on the \$400,000,000 9.15% Surplus Notes due on July 1, 2026, the \$200,000,000 8.30% Surplus Notes due on December 1, 2037, and the \$100,000,000 8.45% Surplus Notes due on December 1, 2097.

14. CONTINGENCIES

No change.

15. LEASES

No change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No change.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

No change.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No change.

NOTES TO FINANCIAL STATEMENTS

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No change.

20. OTHER ITEMS

No change.

21. EVENTS SUBSEQUENT

No change.

22. REINSURANCE

No change.

23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No change.

24. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Activity in the liabilities for losses and LAE is summarized as follows:

	2009	2008
	(in thousands)	
Balance as of January 1, net of reinsurance recoverables of \$ 879,068 in 2009 and \$1,135,204 in 2008	\$ 1,040,399	\$ 1,237,397
Incurred related to:		
Current accident year	687	4,309
Prior accident years	10,270	97,655
Total incurred	10,957	101,964
Paid related to:		
Current accident year	(76)	(1,358)
Prior accident years	(51,994)	(297,604)
Total paid	(52,070)	(298,962)
Balance as of March 31, 2009 and December 31, 2008, net of reinsurance recoverables of \$ 836,239 in 2009 and \$879,068 in 2008	\$ 999,286	\$ 1,040,399

The incurred loss and LAE related to prior accident years increased by \$10.3 million in the first quarter of 2009. This was attributable to amortization of discount, a reclassification of ULE expenses between the Company and its subsidiaries and buyout and commutation activity.

The prior year development of \$97.7 million in 2008 is due to:

1. Nominal adverse loss and LAE reserve development of \$33.0 million comprised of (a) a \$123.9 million increase arising primarily from deterioration in workers' compensation, other liability (including a reclassification of excess workers' compensation), products liability, CMP, and personal lines that was offset partially by favorable development in commercial auto liability and surety; and (b) a \$90.9 million decrease arising from buybacks, commutations, and novations; and
2. A reduction of discount of \$64.6 million comprised of (a) a \$48.0 million decrease for anticipated amortization of discount; (b) a \$16.0 million increase due to nominal reserve strengthening; and (c) a \$32.6 million reduction associated with buybacks, commutations, and novations.

25. INTERCOMPANY POOLING ARRANGEMENTS

No change.

26. STRUCTURED SETTLEMENTS

No change.

27. HEALTH CARE RECEIVABLES

No change.

NOTES TO FINANCIAL STATEMENTS

28. PARTICIPATING POLICIES

No change.

29. PREMIUM DEFICIENCY RESERVES

No change.

30. HIGH DEDUCTIBLE

No change.

31. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSE

No change.

32. ASBESTOS/ENVIRONMENTAL RESERVES

No change.

33. SUBSCRIBER SAVINGS ACCOUNT

No change.

34. MULTIPLE PERIL CROP INSURANCE

No change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the 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 the 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 [] NA [X]
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. 12/31/2005
- 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. 12/31/2005
- 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). 07/11/2007
- 6.4 By what department or departments?
Illinois.....

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] NA []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 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 [] No [X]
- 8.4 If 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

GENERAL INTERROGATORIES

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?..... Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

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

INVESTMENT

- 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: \$5,315,221
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []
- 14.2 If yes, please complete the following:
- | | 1 | 2 |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$68,938,419 | \$68,673,659 |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$5,315,221 | \$5,315,221 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal
Lines 14.21 to 14.26)..... | \$74,253,640 | \$73,988,880 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 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.

GENERAL INTERROGATORIES

16. 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 []

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
BNY Mellon Trust Company of Illinois.....	2 North LaSalle St., Suite 1020, Chicago, IL 60602.....

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, 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	2 Name(s)	3 Address
109875.....	Asset Allocation & Management Company, L.L.C.....	30 North LaSalle St., 35th Floor, Chicago, IL 60602.....

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:

.....

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

GENERAL INTERROGATORIES

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

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] NA []
 If yes, attach an explanation.
2. Has the 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 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 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 [X] No []
- 4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount 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
1.Homeowners/Farmowners.....		4.200			83,389	83,389			(1,261)	(1,261)
2.Private Passenger Auto Liability.....		4.200			987,898	987,898			(16,455)	(16,455)
3.Commercial Auto Liability.....		4.200			8,331,718	8,331,718			(137,056)	(137,056)
4.Workers' Compensation.....		4.200			146,593,066	146,593,066			(3,517,449)	(3,517,449)
5.Commercial Multiple Peril.....		4.200			13,240,003	13,240,003			(208,051)	(208,051)
6.Medical Malpractice-Occurrence.....		4.200			7,825	7,825			(118)	(118)
7.Medical Malpractice-Claims Made.....		4.200			11,081	11,081			(168)	(168)
8.Special Liability.....		4.200			1,056,923	1,056,923			(11,646)	(11,646)
9.Other Liability-Occurrence.....		4.200			36,995,894	36,995,894			(657,918)	(657,918)
10.Other Liability-Claims Made.....		4.200			3,830,552	3,830,552			(44,579)	(44,579)
11.Special Property.....		4.200			(54,249)	(54,249)			(7,906)	(7,906)
12.Auto Physical Damage.....		4.200			(644)	(644)			10	10
13.Fidelity/Surety.....		4.200			1,635,780	1,635,780			411,232	411,232
14.Other.....		4.200			12,151,819	12,151,819			12,211,994	12,211,994
17.Reinsurance Nonproportional Assumed Liability.....		4.200			13,630,158	13,630,158			(206,127)	(206,127)
19.Product Liability-Occurrence.....		4.200			9,600,755	9,600,755			(1,123,725)	(1,123,725)
20.Product Liability-Claims Made.....		4.200			4,224	4,224			4,224	4,224
22.Warranty.....		4.200			(72,449)	(72,449)			(349)	(349)
TOTAL			0	0	248,033,743	248,033,743	0	0	6,694,652	6,694,652

SCHEDULE F—CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
		AFFILIATES		
		US INSURERS		
		POOLS AND ASSOCIATIONS		
		ALL OTHER INSURERS		
NONE				

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

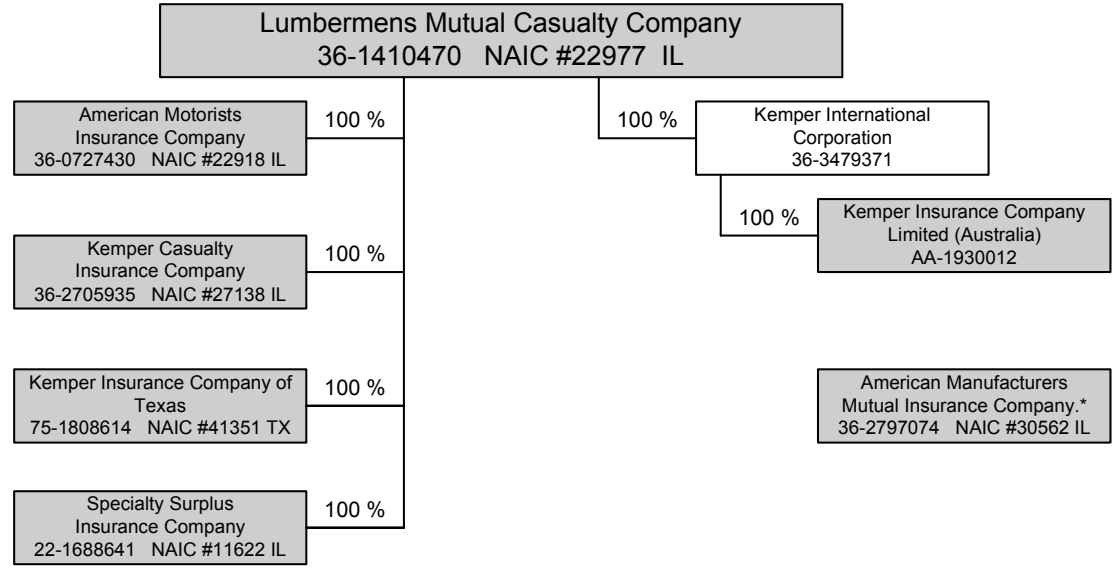
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2	3	4	5	6	7	
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	
1. Alabama	AL	L	3,131	(1,903)	292,839	180,311	5,990,644	8,449,900
2. Alaska	AK	L	565	16	126,138	917,220	1,918,336	1,094,217
3. Arizona	AZ	L	17,312	(14,882)	161,149	253,664	13,652,529	13,119,717
4. Arkansas	AR	L	(35,151)	14	1,589,474	(1,451,073)	1,811,685	3,564,846
5. California	CA	L	1,148,682	1,362	4,580,835	6,160,051	90,528,483	77,056,814
6. Colorado	CO	L	(85,550)	(301)	246,647	125,297	2,363,181	2,438,647
7. Connecticut	CT	L	4,877	8,957	801,407	316,057	3,998,677	12,744,290
8. Delaware	DE	L	(10,493)	17,630	44,762	112,745	3,626,088	2,387,543
9. District of Columbia	DC	L	272	(1,627)	68,436	157,439	1,030,913	5,505,500
10. Florida	FL	N	(21,330)	(36,376)	911,793	311,473	15,239,988	19,004,383
11. Georgia	GA	L	20,076	4,547	(15,093,131)	8,324,000	20,483,071	36,575,694
12. Hawaii	HI	L	704	5,680	252,966	119,345	2,218,557	2,238,141
13. Idaho	ID	L	(7,358)	75	(16,540)	6,732	5,932	5,932
14. Illinois	IL	L	57,338	319	1,016,337	1,491,603	45,691,911	45,535,038
15. Indiana	IN	L	15,737	(60,807)	85,599	1,856,908	9,674,946	5,153,143
16. Iowa	IA	L	(131,761)	130,953	1,483	58,922	1,751,837	2,071,657
17. Kansas	KS	L	(10,013)	(11,080)	(337,469)	19,809	908,517	2,278,775
18. Kentucky	KY	L	(54,658)	(6,743)	42,434	376,978	14,728,262	18,406,548
19. Louisiana	LA	L	5,542	(202)	35,724	(34,383)	2,722,951	2,966,259
20. Maine	ME	L	(524)	158	9,487	(48,452)	111,681	163,426
21. Maryland	MD	L	(27,327)	4,821	372,770	1,370,574	10,711,025	20,382,365
22. Massachusetts	MA	L	19,178	13,228	328,004	952,220	12,757,836	23,696,126
23. Michigan	MI	L	52,514	8,497	828,553	448,193	18,420,545	19,270,106
24. Minnesota	MN	L	(56,927)	(394)	504,445	259,495	5,646,064	7,825,635
25. Mississippi	MS	L	10,281	7	25,413	32,409	226,395	594,696
26. Missouri	MO	L	(23,347)	65,430	285,928	325,205	2,956,418	3,745,631
27. Montana	MT	L	770	80	202,103	72,461	634,344	(521,473)
28. Nebraska	NE	L	(44,193)	(46)	33,198	143,109	2,042,007	1,754,695
29. Nevada	NV	L	6,544	6,919	768,767	206,582	928,655	2,070,725
30. New Hampshire	NH	L	1,662	606	45,404	97,164	2,604,601	3,011,762
31. New Jersey	NJ	L	67,596	(245,090)	3,210,688	3,792,887	40,592,255	52,608,231
32. New Mexico	NM	L	(32,139)	(340)	16,663	(139,607)	337,609	480,702
33. New York	NY	L	90,920	6,395	2,634,194	19,323,472	82,927,966	90,542,311
34. North Carolina	NC	L	18,572	(337)	451,747	461,493	9,619,958	10,349,064
35. North Dakota	ND	L	18	47	725	725	257	(1,523)
36. Ohio	OH	L	(3,296,188)	(65)	385,336	361,160	12,944,275	15,508,595
37. Oklahoma	OK	L	160	0	44,017	1,600	879,013	2,174,388
38. Oregon	OR	L	14,762	(238)	71,327	623,514	4,427,202	5,417,198
39. Pennsylvania	PA	L	(52,222)	19,009	343,406	1,352,556	32,054,446	21,012,588
40. Rhode Island	RI	L	5,615	(540)	37,604	145,119	5,317,656	6,300,417
41. South Carolina	SC	L	1,690	(12,216)	434,961	319,756	9,903,948	10,992,361
42. South Dakota	SD	L	(2,947)	(228)	(110,946)	2,015	308,858	615,147
43. Tennessee	TN	L	6,569	(542)	255,205	133,055	8,903,139	11,383,882
44. Texas	TX	L	(99,060)	1,452,628	1,452,628	1,180,563	65,288,165	77,830,358
45. Utah	UT	L	6,389	51	6,414	51,623	381,720	375,451
46. Vermont	VT	L	733	432	51,731	120,954	591,906	572,817
47. Virginia	VA	L	1,171	5,731	652,099	307,013	6,967,794	7,481,489
48. Washington	WA	L	4,449	(10,029)	3,431,495	765,545	2,629,163	12,480,446
49. West Virginia	WV	L	1,030	(1)	4,560	(25,277)	175,329	133,219
50. Wisconsin	WI	L	417,385	(297,864)	102,584	1,160,318	3,475,890	11,100,135
51. Wyoming	WY	L	58	(6)	5,186	3,078	126,669	195,995
52. American Samoa	AS	N	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	(6,181)	(22,504)	544,188	763,277
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0
57. Canada	CN	L	2,346	(72,446)	0	12,743	1,003,797	26,772,065
58. Aggregate Other Alien	OT	XXX	(1,055,682)	53	2,110,716	3,128	2,916,919	(15,448,778)
59. Totals	(a)	50	(2,943,162)	(572,346)	13,816,929	53,073,715	587,705,001	692,230,573
DETAILS OF WRITE-INS								
5801. Asia	XXX		12,675	0	0	3,128	630,410	468,925
5802. Australia	XXX		(1,054,365)	0	0	0	245	(16,412,997)
5803. Europe	XXX		(12,675)	0	2,110,716	0	2,282,024	506,588
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		(1,317)	53	0	0	4,240	(11,294)
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		(1,055,682)	53	2,110,716	3,128	2,916,919	(15,448,778)

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**



* American Manufacturers Mutual Insurance Company is an affiliated mutual company.
 Insurers are identified by shaded boxes. Percentages show common stock ownership as of 3/31/2009.

PART 1 - LOSS EXPERIENCE

Line 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	51	7,176	14,070.6	1,260.4
2. Allied Lines	3	(866)	(28,866.7)	(8.3)
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	16	(793)	(4,956.3)	2,744.7
5. Commercial multiple peril	(25,271)	15,071	(59.6)	(19.1)
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	37	221	597.3	11.5
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence		18	0.0	0.0
11.2 Medical professional liability - claims-made		168	0.0	0.0
12. Earthquake			0.0	0.0
13. Group accident and health		480,008	0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health	2,898	1,643	56.7	0.0
16. Workers' compensation	(2,495,739)	(339,669)	13.6	1,643.3
17.1 Other liability - occurrence	(584,336)	344,071	(58.9)	(739.4)
17.2 Other liability - claims-made	115,575	170,857	147.8	78.1
18.1 Products liability - occurrence	7,323	964,332	13,168.5	1,684.1
18.2 Products liability - claims-made		(4,224)	0.0	0.0
19.1,19.2 Private passenger auto liability		2,997	0.0	0.0
19.3,19.4 Commercial auto liability	88,078	105,411	119.7	(5,102.2)
21. Auto physical damage	669	(1,023)	(152.9)	0.0
22. Aircraft (all perils)		12,138	0.0	(4,122.2)
23. Fidelity		119	0.0	0.0
24. Surety	117,940	(117,539)	(99.7)	(179.5)
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty		103,445	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. TOTALS	(2,772,756)	1,743,561	(62.9)	1,847.0
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0		(85)
2. Allied Lines	0		(187)
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	16	16	0
5. Commercial multiple peril	(25,271)	(25,271)	0
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	14	14	0
10. Financial guaranty	0		0
11.1 Medical professional liability - occurrence	0		0
11.2 Medical professional liability - claims-made	0		0
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	2,898	2,898	0
16. Workers' compensation	(2,495,743)	(2,495,743)	(615,569)
17.1 Other liability - occurrence	(584,336)	(584,336)	(68,091)
17.2 Other liability - claims-made	0		(3,000)
18.1 Products liability - occurrence	2,896	2,896	69,339
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	0		0
19.3,19.4 Commercial auto liability	88,078	88,078	(3,522)
21. Auto physical damage	669	669	0
22. Aircraft (all perils)	0		(212)
23. Fidelity	0		0
24. Surety	67,617	67,617	48,981
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	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. TOTALS	(2,943,162)	(2,943,162)	(572,346)
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

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)	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2009 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. 2006 + Prior	1,112,865	(78,399)	1,034,466	50,720	696	51,416	1,098,862	1,378	(107,569)	992,671	36,717	(27,096)	9,621
2. 2007	689	2,294	2,983	436		436	1,255		1,953	3,208	1,002	(341)	661
3. Subtotals 2007 + Prior	1,113,554	(76,105)	1,037,449	51,156	696	51,852	1,100,117	1,378	(105,616)	995,879	37,719	(27,437)	10,282
4. 2008	697	2,253	2,950	142		142	1,745		1,051	2,796	1,190	(1,202)	(12)
5. Subtotals 2008 + Prior	1,114,251	(73,852)	1,040,399	51,298	696	51,994	1,101,862	1,378	(104,565)	998,675	38,909	(28,639)	10,270
6. 2009	XXX	XXX	XXX	XXX	76	76	XXX	2	609	611	XXX	XXX	XXX
7. Totals	1,114,251	(73,852)	1,040,399	51,298	772	52,070	1,101,862	1,380	(103,956)	999,286	38,909	(28,639)	10,270
8. Prior Year-End's Surplus As Regards Policyholders	113,172										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. 3.5	2. 38.8	3. 1.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 9.1

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 on "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 question.

	RESPONSE
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?YES.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....

Explanation:

- 1.
- 3.

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

PQ002 Additional Aggregate Lines for Page 02 Line 23.

*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2304. Other admitted assets.....	67,819,860	5,825,550	61,994,310	65,155,642
2397. Summary of remaining write-ins for Line 23 from Page 02	67,819,860	5,825,550	61,994,310	65,155,642

PQ010 Additional Aggregate Lines for Page 10 Line 58.

*SCT

	1 Active Status	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
5804. Central & South America.....	XXX		0		0	3,904	(11,178)
5805. Africa.....	XXX	(1,317)	53		0	336	(116)
5897. Summary of remaining write-ins for Line 58 from Page 10	XXX	(1,317)	53	0	0	4,240	(11,294)

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

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	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		0
2.2 Additional investment made after acquisition.....		0
3. Current year change in encumbrances.....		0
4. Total gain (loss) on disposals.....		59,500
5. Deduct amounts received on disposals.....		59,500
6. Total foreign exchange change in book/adjusted carrying value.....		0
7. Deduct current year's other than temporary impairment recognized.....		0
8. Deduct current year's depreciation.....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	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, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		0
2.2 Additional investment made after acquisition.....		0
3. Capitalized deferred interest and other.....		0
4. Accrual of discount.....		0
5. Unrealized valuation increase (decrease).....		0
6. Total gain (loss) on disposals.....		0
7. Deduct amounts received on disposals.....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		0
10. Deduct current year's other than temporary impairment recognized.....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	5,966,691	6,171,061
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		0
2.2 Additional investment made after acquisition.....		0
3. Capitalized deferred interest and other.....		0
4. Accrual of discount.....	61,986	539,941
5. Unrealized valuation increase (decrease).....		0
6. Total gain (loss) on disposals.....		122,327
7. Deduct amounts received on disposals.....	154,827	866,638
8. Deduct amortization of premium and depreciation.....		0
9. Total foreign exchange change in book/adjusted carrying value.....		0
10. Deduct current year's other than temporary impairment recognized.....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	5,873,850	5,966,691
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	5,873,850	5,966,691

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.....	1,090,079,364	1,205,289,111
2. Cost of bonds and stocks acquired.....	135,871,497	544,635,925
3. Accrual of discount.....	340,428	2,418,193
4. Unrealized valuation increase (decrease).....	684,927	10,227,699
5. Total gain (loss) on disposals.....	80,210	10,312,582
6. Deduct consideration for bonds and stocks disposed of.....	140,287,910	677,845,134
7. Deduct amortization of premium.....	1,503,688	4,930,780
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	1,049,152	28,232
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,084,215,676	1,090,079,364
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	1,084,215,676	1,090,079,364

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	1,094,249,790	286,930,910	326,859,003	(9,211,637)	1,045,110,059	0	0	1,094,249,790
2. Class 2 (a).....	13,614,020	0	0	3,715,556	17,329,576	0	0	13,614,020
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	673,583	4,038,444	3,364,861	0	0	0
5. Class 5 (a).....	2,283,696	0	398,512	427,140	2,312,324	0	0	2,283,696
6. Class 6 (a).....	495,000	0	288,458	(132,292)	74,250	0	0	495,000
7. Total Bonds	1,110,642,505	286,930,910	328,219,556	(1,162,790)	1,068,191,070	0	0	1,110,642,505
PREFERRED STOCK								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	1,110,642,505	286,930,910	328,219,556	(1,162,790)	1,068,191,070	0	0	1,110,642,505

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0 ; NAIC 2 \$.....0 ; NAIC 3 \$.....0 ; NAIC 4 \$.....0 ; NAIC 5 \$.....0 ; NAIC 6 \$.....0

S102

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	53,376,844	XXX	53,374,507	29,652	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	90,308,150	146,965,401
2. Cost of short-term investments acquired	151,059,413	750,287,957
3. Accrual of discount.....	41,537	580,789
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals.....		143,933
6. Deduct consideration received on disposals.....	188,014,713	807,627,060
7. Deduct amortization of premium.....	17,543	42,869
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	53,376,844	90,308,150
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	53,376,844	90,308,150

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE E-VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	241,815
2. Cost of cash equivalents acquired.....	0	59,864,221
3. Accrual of discount.....	0	22,515
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	0	60,127,894
7. Deduct amortization of premium.....	0	656
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
NONE												
3999999 – Total Unaffiliated								0	0	0	0	XXX
4099999 – Total Affiliated								0	0	0	0	XXX
4199999 Totals								0	0	0	0	XXX

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets **DISPOSED, Transferred or Repaid** During the Current Quarter

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		City	State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)						
0199999 - Oil and Gas Production - Unaffiliated							0						0	0				0
000000-00-0- Community Eldercare Svcs. LLC 5% Nt. 09/30/2010		Tupelo	MS	Paydown	07/31/2007	02/28/2009	98,347		56,480			56,480		154,827	154,827		0	57,772
0799999 - Fixed or Variable Rate - Bonds - Unaffiliated							98,347		56,480			56,480		154,827	154,827		0	57,772
3999999 - Total Unaffiliated							98,347	0	56,480	0	0	56,480	0	154,827	154,827	0	0	57,772
4099999 - Total Affiliated							0	0	0	0	0	0	0	0	0	0	0	0
4199999 Totals							98,347	0	56,480	0	0	56,480	0	154,827	154,827	0	0	57,772

E03.1

STATEMENT AS OF MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
17313U-AE-9	CITIGROUP INC.		01/23/2009	CITIGROUP		11,976,720	12,000,000	0	1FE
31394E-MS-4	FNR 2005-62 DB		01/30/2009	JEFFERIES & CO		10,378,125	10,000,000	4,583	1FE
31394U-MV-1	FNR 2005-97 HB		01/28/2009	FIRST TENNESSEE BANK		15,525,000	15,000,000	2,083	1FE
31395C-PK-1	FHR 2825 HB		01/26/2009	STIFEL NICOLAUS		15,257,813	15,000,000	3,750	1FE
481247-AG-9	JP MORGAN CHASE		02/18/2009	JP MORGAN SECURITIES		7,996,880	8,000,000	0	1FE
650035-RN-0	NEW YORK ST URBAN DEV CORP REV		01/09/2009	CITIGROUP		6,135,000	6,135,000	0	1FE
85744R-AA-0	STATE STREET BANK & TR		03/17/2009	GOLDMAN SACHS & CO		7,996,160	8,000,000	0	1FE
85748K-AA-1	STATE STREET CORP		03/03/2009	GOLDMAN SACHS & CO		2,596,256	2,600,000	0	1FE
3199999 - Total	- Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of ...					77,861,954	76,735,000	10,417	XXX
05947U-HM-3	BACM 2002-2 A3		01/22/2009	CITIGROUP		4,474,898	4,650,000	17,188	1FE
191216-AL-4	COCA-COLA CO		03/04/2009	CITIGROUP		4,989,500	5,000,000	1,510	1FE
207678-AE-3	CTRRB 2001-1 A5		01/08/2009	CITIGROUP		3,054,332	2,977,000	6,676	1FE
22540V-P2-2	CSFB 2002-CKN2 A3		01/28/2009	CREDIT SUISSE FIRST BOSTON		4,287,129	4,350,000	741	1FE
52108H-FL-3	LBUBS 2001-C3 A2		02/18/2009	JEFFERIES & CO		2,383,500	2,400,000	5,092	1FE
713448-BK-3	PEPSICO INC		03/06/2009	MORGAN STANLEY & CO		8,049,760	8,000,000	7,500	1FE
717081-CZ-4	PFIZER INC		03/17/2009	CITIGROUP		9,986,300	10,000,000	0	1FE
911312-AL-0	UNITED PARCEL SERVICE		03/19/2009	CITIGROUP		5,787,124	5,800,000	0	1FE
05565Q-BG-2	BP CAPITAL MARKETS PLC	F	03/05/2009	BARCLAYS CAPITAL		4,999,700	5,000,000	0	1FE
822582-AF-9	SHELL INTERNATIONAL FIN	F	03/18/2009	MORGAN STANLEY & CO		9,997,300	10,000,000	0	1FE
3899999 - Total	- Bonds - Industrial, Misc.					58,009,544	58,177,000	38,707	XXX
8399997 - Total	- Bonds - Part 3					135,871,497	134,912,000	49,124	XXX
8399999 - Total	- Bonds					135,871,497	134,912,000	49,124	XXX
8999999 - Total	- Preferred Stocks					0	XXX	0	XXX
9799999 - Total	- Common Stocks					0	XXX	0	XXX
9899999 - Total	- Preferred and Common Stocks					0	XXX	0	XXX
9999999 - Totals						135,871,497	XXX	49,124	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E04

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule E - Part 2 - Cash Equivalents

NONE



SUPPLEMENT FOR MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

Designate the type of health care providers reported on this page
Physicians

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0

NONE



SUPPLEMENT FOR MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

Designate the type of health care providers reported on this page
Hospitals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0

NONE



SUPPLEMENT FOR MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

Designate the type of health care providers reported on this page
Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL					1,203			0
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY					(1,018)	30,000	1	83,308
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	185	30,000	1	83,308
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR MARCH 31, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

Designate the type of health care providers reported on this page
Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0

NONE