



# QUARTERLY STATEMENT

AS OF JUNE 30, 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>Benjamin David Schwartz</u>	<u>Senior Vice President</u>	<u>Barbara Kay Murray #</u>	<u>Senior Vice President</u>
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### 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

a. Is this an original filing? Yes [ X ] No [ ]

Subscribed and sworn to before me this  
12th day of August, 2009

b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

**STATEMENT AS OF JUNE 30, 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 .....	927,861,570		927,861,570	1,020,334,355
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	71,043,147		71,043,147	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 (\$ .....2,289,325 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....59,211,583 ) .....	61,500,908		61,500,908	86,360,358
6. Contract loans (including \$ .....premium notes)			0	0
7. Other invested assets .....	5,806,977		5,806,977	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) .....	1,066,212,602	0	1,066,212,602	1,182,406,412
11. Title plants less \$ ..... charged off (for Title insurers only)			0	0
12. Investment income due and accrued .....	6,517,386		6,517,386	9,234,897
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	7,866,723	6,219,399	1,647,324	3,923,601
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	9,063,771	397,987	8,665,784	11,054,085
13.3 Accrued retrospective premiums .....	11,874,879	241,120	11,633,759	17,251,970
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....	83,167,780		83,167,780	85,675,362
14.2 Funds held by or deposited with reinsured companies .....	11,901,202		11,901,202	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 .....	922,221		922,221	623,957
16.2 Net deferred tax asset .....	727,339,109	727,339,109	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 .....	937,567	6,818	930,749	278,250
22. Health care (\$ ..... ) and other amounts receivable .....			0	0
23. Aggregate write-ins for other than invested assets .....	84,822,111	8,492,556	76,329,555	85,177,651
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	2,010,625,351	742,696,989	1,267,928,362	1,407,872,250
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	2,010,625,351	742,696,989	1,267,928,362	1,407,872,250
<b>DETAILS OF WRITE-INS</b>				
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 .....	11,214,542	3,862,094	7,352,448	11,088,052
2302. Advance to claims service provider .....	8,234,950	0	8,234,950	8,334,447
2303. Reinsurance accounted for as a deposit .....	362,951		362,951	599,510
2398. Summary of remaining write-ins for Line 23 from overflow page .....	65,009,668	4,630,462	60,379,206	65,155,642
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	84,822,111	8,492,556	76,329,555	85,177,651

STATEMENT AS OF JUNE 30, 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 \$ .....1,513,000 ) .....	749,752,687	819,591,888
2. Reinsurance payable on paid losses and loss adjustment expenses .....	16,612,635	16,041,492
3. Loss adjustment expenses .....	186,271,221	220,807,031
4. Commissions payable, contingent commissions and other similar charges .....	318,332	500,233
5. Other expenses (excluding taxes, licenses and fees) .....	10,061,649	14,270,656
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	34,348,935	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 \$ .....1,632,904 and including warranty reserves of \$ .....196,472 ) .....	2,667,654	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) .....	2,313,304	960,829
13. Funds held by company under reinsurance treaties .....	2,675,277	2,741,570
14. Amounts withheld or retained by company for account of others .....	103,201,095	124,464,509
15. Remittances and items not allocated .....	10,328,407	12,676,987
16. Provision for reinsurance .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	1,189,529	1,485,005
18. Drafts outstanding .....	0	0
19. Payable to parent, subsidiaries and affiliates .....	0	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 .....	43,836,548	44,422,490
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	1,163,577,273	1,294,700,035
25. Protected cell liabilities .....	0	0
26. Total liabilities (Lines 24 and 25) .....	1,163,577,273	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) .....	(595,504,509)	(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) .....	104,351,089	113,172,215
36. TOTALS .....	1,267,928,362	1,407,872,250
<b>DETAILS OF WRITE-INS</b>		
2301. Accounts payable and other liabilities .....	43,836,548	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) .....	43,836,548	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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ ..... (4,697,302) )	(4,379,987)	693,313	1,436,126
1.2 Assumed (written \$ ..... 5,845,958 )	6,870,820	394,554	3,680,169
1.3 Ceded (written \$ ..... (1,158,638) )	(812,765)	(932,306)	(2,730,515)
1.4 Net (written \$ ..... 2,307,294 )	3,303,598	2,020,173	7,846,810
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ..... 1,699,000 ):			
2.1 Direct .....	2,987,418	1,631,426	20,602,716
2.2 Assumed .....	11,245,710	(52,625,169)	169,174,871
2.3 Ceded .....	(9,527,589)	(46,320,692)	74,106,197
2.4 Net .....	23,760,717	(4,673,051)	115,671,390
3. Loss adjustment expenses incurred .....	760,080	(3,088,296)	(13,707,489)
4. Other underwriting expenses incurred .....	19,334,588	32,100,216	61,790,049
5. Aggregate write-ins for underwriting deductions .....	0	0	(2,000,000)
6. Total underwriting deductions (Lines 2 through 5) .....	43,855,385	24,338,869	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) .....	(40,551,787)	(22,318,696)	(153,907,140)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned .....	18,526,109	25,351,602	49,128,461
10. Net realized capital gains (losses) less capital gains tax of \$ .....	72,843	5,214,273	10,347,261
11. Net investment gain (loss) (Lines 9 + 10) .....	18,598,952	30,565,875	59,475,722
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ ..... 31,369 amount charged off \$ ..... (3,699,796) ) .....	3,731,165	(1,829,665)	(5,659,416)
13. Finance and service charges not included in premiums .....	0	0	0
14. Aggregate write-ins for miscellaneous income .....	1,883,186	2,730,225	4,675,626
15. Total other income (Lines 12 through 14) .....	5,614,351	900,560	(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) .....	(16,338,484)	9,147,739	(95,415,208)
17. Dividends to policyholders .....	1,779,345	(2,777,841)	(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) .....	(18,117,829)	11,925,580	(89,687,751)
19. Federal and foreign income taxes incurred .....	(298,264)	(625,411)	(10,003,154)
20. Net income (Line 18 minus Line 19)(to Line 22) .....	(17,819,565)	12,550,991	(79,684,597)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year .....	113,172,215	150,664,386	150,664,386
22. Net income (from Line 20) .....	(17,819,565)	12,550,991	(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 \$ .....	3,237,438	1,962,090	11,586,654
25. Change in net unrealized foreign exchange capital gain (loss) .....	295,476	(451,568)	(1,638,231)
26. Change in net deferred income tax .....	4,130,693	(10,201,451)	18,162,229
27. Change in nonadmitted assets .....	(1,677,043)	17,956,853	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 .....	3,011,875	7,741,993	11,845,790
38. Change in surplus as regards policyholders (Lines 22 through 37) .....	(8,821,126)	29,558,908	(37,492,171)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) .....	104,351,089	180,223,294	113,172,215
<b>DETAILS OF WRITE-INS</b>			
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 .....	1,883,186	2,730,225	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) .....	1,883,186	2,730,225	4,675,626
3701. Provision for uncollectible reinsurance .....	3,011,875	7,741,993	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) .....	3,011,875	7,741,993	11,845,790

## CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	11,733,992	27,104,642
2. Net investment income .....	23,103,841	53,030,312
3. Miscellaneous income .....	5,959,214	(1,661,769)
4. Total (Lines 1 to 3) .....	40,797,047	78,473,185
5. Benefit and loss related payments .....	90,521,193	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 .....	57,753,338	160,606,148
8. Dividends paid to policyholders .....	(3,939,821)	(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) .....	144,334,710	296,571,583
11. Net cash from operations (Line 4 minus Line 10) .....	(103,537,663)	(218,098,398)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	293,061,994	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 .....	311,598	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) .....	293,456,659	678,652,356
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	202,026,236	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) .....	202,026,236	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) .....	91,430,423	134,016,431
<b>Cash from Financing and Miscellaneous Sources</b>		
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).....	(12,752,210)	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) .....	(12,752,210)	14,680,809
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(24,859,450)	(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) .....	61,500,908	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:

		June 30, 2009		December 31, 2008
		(in thousands)		
Total of gross deferred tax assets	\$	730,427		726,296
Total of deferred tax liabilities		3,088		3,088
Net deferred tax asset		727,339		723,208
Deferred tax asset nonadmitted		727,339		723,208
Net admitted deferred tax asset		0		0
Increase in nonadmitted asset	\$	(4,131)		

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

		June 30, 2009		December 31, 2008		Change
		(in thousands)				
Total deferred tax assets	\$	730,427		726,296	\$	4,131
Total deferred tax liabilities		3,088		3,088		0
Net deferred tax asset	\$	727,339		723,208		4,131
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	4,131

**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:

		June 30, 2009
		(in thousands)
Provision computed at statutory rate	\$	(6,341)
Receivables		1,912
Total	\$	(4,429)
Federal and foreign income taxes incurred	\$	(298)
Change in net deferred income taxes		(4,131)
Total statutory income taxes	\$	(4,429)

- 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 Insurance (the "Department 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 second quarter of 2009 for which scheduled interest payment dates have not yet arrived, totaled \$402,812,500 as of June 30, 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 June 30, 2009. On May 7, 2009, the Department 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	1,972	4,309
Prior accident years	22,549	97,655
Total incurred	24,521	101,964
Paid related to:		
Current accident year	(226)	(1,358)
Prior accident years	(128,670)	(297,604)
Total paid	(128,896)	(298,962)
Balance as of June 30, 2009 and December 31, 2008, net of reinsurance recoverables of \$ 796,939 in 2009 and \$879,068 in 2008	\$ 936,024	\$ 1,040,399

The incurred loss and LAE related to prior accident years increased by \$22.5 million for the six months ended June 30, 2009. This was primarily attributable to amortization of discount of \$19.0 million as well as other adjustments, including novations and commutations, totaling \$3.5 million.

The prior year development of \$97.7 million for the year ended 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.

**28. PARTICIPATING POLICIES**



## NOTES TO FINANCIAL STATEMENTS

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  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
- 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
- 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
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....930,749

### 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
- 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  No
- 14.2 If yes, please complete the following:
- |   | 1   |  | 2  |  |
|---|---|--|--|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value |  | Current Quarter<br>Book/Adjusted<br>Carrying Value |  |
| 14.21 Bonds .....   | \$ .....  |  | \$ .....   |  |
| 14.22 Preferred Stock .....   | \$ .....  |  | \$ .....   |  |
| 14.23 Common Stock .....  | \$ .....68,938,419                                |  | \$ .....70,315,356                                 |  |
| 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<br>Lines 14.21 to 14.26)..... | \$ .....74,253,640                                |  | \$ .....75,630,577                                 |  |
| 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
- 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 JUNE 30, 2009 OF THE LUBBERMENS 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			82,128	82,128			(2,522)	(2,522)
2.Private Passenger Auto Liability.....		4.200			971,442	971,442			(32,912)	(32,912)
3.Commercial Auto Liability.....		4.200			8,194,662	8,194,662			(274,112)	(274,112)
4.Workers' Compensation.....		4.200			140,506,400	140,506,400			(9,604,115)	(9,604,115)
5.Commercial Multiple Peril.....		4.200			13,031,952	13,031,952			(416,101)	(416,101)
6.Medical Malpractice-Occurrence.....		4.200			7,707	7,707			(237)	(237)
7.Medical Malpractice-Claims Made.....		4.200			10,913	10,913			(335)	(335)
8.Special Liability.....		4.200			1,045,278	1,045,278			(23,291)	(23,291)
9.Other Liability-Occurrence.....		4.200			36,337,975	36,337,975			(1,315,838)	(1,315,838)
10.Other Liability-Claims Made.....		4.200			3,785,973	3,785,973			(89,159)	(89,159)
11.Special Property.....		4.200			(62,153)	(62,153)			(15,810)	(15,810)
12.Auto Physical Damage.....		4.200			(634)	(634)			20	20
13.Fidelity/Surety.....		4.200			1,619,899	1,619,899			395,350	395,350
14.Other.....		4.200			11,670,169	11,670,169			11,730,344	11,730,344
17.Reinsurance Nonproportional Assumed Liability.....		4.200			13,424,031	13,424,031			(412,254)	(412,254)
19.Product Liability-Occurrence.....		4.200			9,694,737	9,694,737			(1,029,744)	(1,029,744)
20.Product Liability-Claims Made.....		4.200			8,449	8,449			8,449	8,449
22.Warranty.....		4.200			(72,798)	(72,798)			(698)	(698)
<b>TOTAL</b>			<b>0</b>	<b>0</b>	<b>240,256,130</b>	<b>240,256,130</b>	<b>0</b>	<b>0</b>	<b>(1,082,965)</b>	<b>(1,082,965)</b>

**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		
<b>NONE</b>				

STATEMENT AS OF JUNE 30, 2009 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

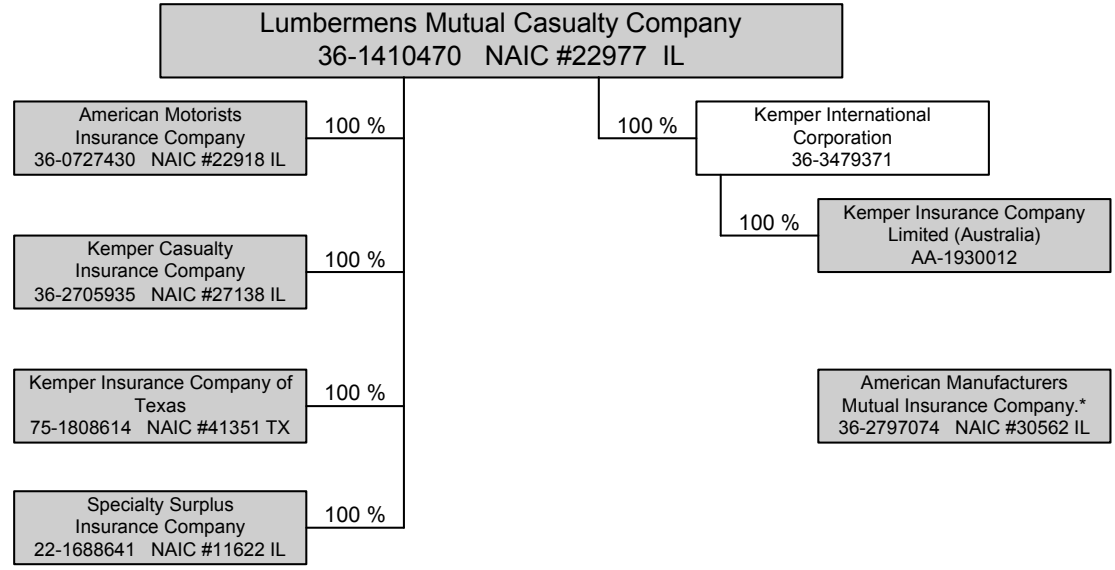
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

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	7,903	3,480	547,559	332,413	5,717,348	8,256,799
2. Alaska	AK	L	1,689	140	(621,318)	1,404,927	1,269,493	1,227,076
3. Arizona	AZ	L	8,937	(11,352)	332,020	(129,566)	12,303,951	13,110,765
4. Arkansas	AR	L	(35,151)	14	2,195,865	(1,267,016)	885,903	2,968,585
5. California	CA	L	1,167,171	127,113	8,254,050	13,290,159	86,148,617	76,984,448
6. Colorado	CO	L	(83,711)	13,804	357,979	224,638	2,279,373	2,212,670
7. Connecticut	CT	L	4,844	(17,433)	944,540	571,346	3,442,335	12,656,555
8. Delaware	DE	L	48,376	17,202	28,608	151,849	3,548,086	3,995,435
9. District of Columbia	DC	L	(644)	(1,434)	238,984	1,420,055	959,561	1,327,071
10. Florida	FL	N	(96,737)	32,083	2,262,037	1,366,112	12,843,620	18,580,587
11. Georgia	GA	L	(149,866)	4,383	(11,214,173)	12,953,898	22,618,150	30,000,193
12. Hawaii	HI	L	(244,814)	61,274	386,104	323,589	2,013,825	2,957,756
13. Idaho	ID	L	(7,176)	731	12,500	(16,084)	5,267	6,577
14. Illinois	IL	L	(84,115)	220,760	1,643,570	2,406,301	56,360,846	49,647,083
15. Indiana	IN	L	39,118	(59,710)	1,877,752	262,993	5,956,739	4,920,543
16. Iowa	IA	L	(131,691)	132,192	159,717	172,407	1,605,634	1,964,487
17. Kansas	KS	L	(36,399)	(8,687)	(237,469)	26,139	5,751	2,588,919
18. Kentucky	KY	L	(54,616)	(9,181)	462,671	884,604	13,800,744	17,943,344
19. Louisiana	LA	L	2,193	24,385	272,956	27,944	2,176,025	2,561,985
20. Maine	ME	L	(569)	116	13,785	(38,010)	105,547	172,579
21. Maryland	MD	L	704	1,840	1,200,025	3,737,865	10,044,885	14,318,998
22. Massachusetts	MA	L	170,319	31,650	782,469	6,153,603	11,991,922	20,368,471
23. Michigan	MI	L	151,521	16,986	1,321,081	773,261	14,463,708	18,028,963
24. Minnesota	MN	L	(70,656)	108,709	1,026,607	722,838	4,892,846	7,495,396
25. Mississippi	MS	L	15,766	11,193	38,070	59,373	382,975	321,703
26. Missouri	MO	L	(21,647)	68,314	452,325	528,966	2,833,192	3,669,266
27. Montana	MT	L	10,057	112	236,908	246,081	511,034	600,573
28. Nebraska	NE	L	(44,174)	125	55,723	140,631	2,005,684	1,746,096
29. Nevada	NV	L	(290,585)	4,604	951,179	752,704	765,810	1,812,483
30. New Hampshire	NH	L	1,537	1,052	87,506	168,699	2,337,148	3,120,327
31. New Jersey	NJ	L	(24,296)	(146,093)	4,753,729	13,175,595	50,595,361	45,402,351
32. New Mexico	NM	L	(30,332)	5,103	27,987	(89,093)	326,692	407,449
33. New York	NY	L	120,772	112,816	7,302,348	23,635,005	76,382,237	92,597,682
34. North Carolina	NC	L	(15,439)	5,031	1,070,303	1,130,421	9,539,420	10,143,199
35. North Dakota	ND	L	20	57	0	3,708	422	(1,276)
36. Ohio	OH	L	(3,296,231)	2,102	748,309	1,118,880	11,636,683	15,719,791
37. Oklahoma	OK	L	(39,872)	0	86,035	96,882	1,043,242	2,144,679
38. Oregon	OR	L	(95,352)	40,559	138,020	384,456	4,544,798	5,511,591
39. Pennsylvania	PA	L	(45,445)	97,734	6,325,682	2,654,929	16,852,638	24,378,988
40. Rhode Island	RI	L	5,541	(450)	70,826	191,420	5,112,967	6,190,359
41. South Carolina	SC	L	(2,628)	(10,929)	381,591	530,956	9,233,587	10,733,051
42. South Dakota	SD	L	(2,810)	28	(107,705)	109,371	101,096	548,163
43. Tennessee	TN	L	58,916	3,385	497,428	494,806	8,300,081	11,067,632
44. Texas	TX	L	14,460	(99,060)	3,348,465	1,814,645	61,841,469	75,735,538
45. Utah	UT	L	(3,992)	5,816	593,359	57,352	475,191	559,463
46. Vermont	VT	L	680	338	96,869	159,873	549,795	556,686
47. Virginia	VA	L	77,067	9,337	1,134,952	916,251	6,547,297	6,814,710
48. Washington	WA	L	4,447	(8,576)	3,882,695	1,846,212	2,427,881	11,958,054
49. West Virginia	WV	L	1,090	(101)	10,128	(20,710)	172,462	120,984
50. Wisconsin	WI	L	(655,941)	(188,085)	390,993	6,372,207	3,213,986	5,897,107
51. Wyoming	WY	L	59	29	10,190	8,264	122,008	185,886
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	39,161	28,644	417,343	695,450
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	(72,763)	0	18,375,243	628,779	634,595
58. Aggregate Other Alien	OT	XXX	(1,047,946)	(154,965)	2,110,716	(21,187,820)	1,442,622	1,106,269
59. Totals	(a)	50	(4,697,302)	375,778	46,981,711	99,460,216	555,784,076	654,674,134
<b>DETAILS OF WRITE-INS</b>								
5801. Asia	XXX		12,675	(161,010)	0	6,447	652,265	464,781
5802. Australia	XXX		(1,054,365)	0	0	(21,194,880)	305	12,686
5803. Europe	XXX		(12,675)	0	2,110,716	613	784,828	640,171
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX		6,419	6,045	0	0	5,224	(11,369)
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		(1,047,946)	(154,965)	2,110,716	(21,187,820)	1,442,622	1,106,269

(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 6/30/2009.



STATEMENT AS OF JUNE 30, 2009 OF THE LUBBERMENS MUTUAL CASUALTY COMPANY

**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	14,352	28,141.2	1,764.7
2. Allied Lines	3	(1,732)	(57,733.3)	34.5
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	16	(230)	(1,437.5)	4,078.9
5. Commercial multiple peril	(25,271)	30,143	(119.3)	(18.9)
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	51	430	843.1	51.2
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence		36	0.0	0.0
11.2 Medical professional liability - claims-made		335	0.0	0.0
12. Earthquake			0.0	113.0
13. Group accident and health		960,016	0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health	2,898	3,285	113.4	0.0
16. Workers' compensation	(596,135)	(1,107,485)	185.8	(1,061.0)
17.1 Other liability - occurrence	(3,890,039)	693,207	(17.8)	(1,218.7)
17.2 Other liability - claims-made	226,044	472,726	209.1	84.5
18.1 Products liability - occurrence	11,799	710,993	6,025.9	3,457.3
18.2 Products liability - claims-made		(8,449)	0.0	0.0
19.1,19.2 Private passenger auto liability		5,994	0.0	(31,616.0)
19.3,19.4 Commercial auto liability	113,718	210,823	185.4	(311.0)
21. Auto physical damage	669	(2,045)	(305.7)	(128.5)
22. Aircraft (all perils)	(140,374)	24,276	(17.3)	(440.0)
23. Fidelity		238	0.0	0.0
24. Surety	(83,417)	778,173	(932.9)	(17.7)
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		202,332	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	(4,379,987)	2,987,418	(68.2)	235.3
<b>DETAILS OF WRITE-INS</b>				
3401.			0.0	0.0
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		(220)
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0	16	0
5. Commercial multiple peril	0	(25,271)	(1,198)
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	100	114	100
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		(23)
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0	2,898	0
16. Workers' compensation	1,899,605	(596,138)	333,905
17.1 Other liability - occurrence	(3,305,703)	(3,890,039)	(76,837)
17.2 Other liability - claims-made	0		(3,000)
18.1 Products liability - occurrence	0	2,896	61,187
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	0		(25)
19.3,19.4 Commercial auto liability	25,639	113,717	(108,223)
21. Auto physical damage	0	669	2,963
22. Aircraft (all perils)	(140,374)	(140,374)	(3,972)
23. Fidelity	0		0
24. Surety	(233,407)	(165,790)	171,206
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	(1,754,140)	(4,697,302)	375,778
<b>DETAILS OF WRITE-INS</b>			
3401.	0		0
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 JUNE 30, 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	122,405	5,924	128,329	1,065,729	13,358	(151,018)	928,069	75,269	(53,337)	21,932
2. 2007	689	2,294	2,983	456	1	457	1,280		1,992	3,272	1,047	(301)	746
3. Subtotals 2007 + Prior	1,113,554	(76,105)	1,037,449	122,861	5,925	128,786	1,067,009	13,358	(149,026)	931,341	76,316	(53,638)	22,678
4. 2008	697	2,253	2,950	(116)		(116)	1,322		1,615	2,937	509	(638)	(129)
5. Subtotals 2008 + Prior	1,114,251	(73,852)	1,040,399	122,745	5,925	128,670	1,068,331	13,358	(147,411)	934,278	76,825	(54,276)	22,549
6. 2009	XXX	XXX	XXX	XXX	226	226	XXX	601	1,145	1,746	XXX	XXX	XXX
7. Totals	1,114,251	(73,852)	1,040,399	122,745	6,151	128,896	1,068,331	13,959	(146,266)	936,024	76,825	(54,276)	22,549
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. 6.9	2. 73.5	3. 2.2
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 19.9

## 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.

- |   | <u>RESPONSE</u> |
|---|-----------------|
| 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.....	65,009,668	4,630,462	60,379,206	65,155,642
2397. Summary of remaining write-ins for Line 23 from Page 02	65,009,668	4,630,462	60,379,206	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	0	0	4,881	(11,223)
5805. Africa.....	XXX	6,419	6,045	0	0	343	(146)
5897. Summary of remaining write-ins for Line 58 from Page 10	XXX	6,419	6,045	0	0	5,224	(11,369)

**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.....	151,884	539,941
5. Unrealized valuation increase (decrease).....		0
6. Total gain (loss) on disposals.....		122,327
7. Deduct amounts received on disposals.....	311,598	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).....	5,806,977	5,966,691
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	5,806,977	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.....	202,026,236	544,635,925
3. Accrual of discount.....	655,767	2,418,193
4. Unrealized valuation increase (decrease).....	2,171,415	10,227,699
5. Total gain (loss) on disposals.....	1,135,736	10,312,582
6. Deduct consideration for bonds and stocks disposed of.....	293,145,060	677,845,134
7. Deduct amortization of premium.....	2,955,848	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.....	1,062,893	28,232
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	998,904,717	1,090,079,364
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	998,904,717	1,090,079,364

STATEMENT AS OF JUNE 30, 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	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
<b>BONDS</b>								
1. Class 1 (a)	1,045,110,059	224,241,153	303,142,398	(10,108,781)	1,045,110,059	956,100,033	0	1,094,249,790
2. Class 2 (a)	17,329,576	0	0	4,011,209	17,329,576	21,340,785	0	13,614,020
3. Class 3 (a)	0	0	0	4,774,990	0	4,774,990	0	0
4. Class 4 (a)	3,364,861	0	533,711	60,605	3,364,861	2,891,755	0	0
5. Class 5 (a)	2,312,324	0	413,008	16,774	2,312,324	1,916,090	0	2,283,696
6. Class 6 (a)	74,250	0	(13,741)	(38,491)	74,250	49,500	0	495,000
7. Total Bonds	1,068,191,070	224,241,153	304,075,376	(1,283,694)	1,068,191,070	987,073,152	0	1,110,642,505
<b>PREFERRED STOCK</b>								
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	1,068,191,070	224,241,153	304,075,376	(1,283,694)	1,068,191,070	987,073,152	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

**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	59,211,583	XXX	59,187,168	34,732	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 .....	309,145,826	750,287,957
3. Accrual of discount.....	63,615	580,789
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	143,933
6. Deduct consideration received on disposals.....	340,288,465	807,627,060
7. Deduct amortization of premium.....	17,543	42,869
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).....	59,211,583	90,308,150
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	59,211,583	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 JUNE 30, 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		3 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													
			4 City	4 State																						
NONE																										
3999999 - Total Unaffiliated													0	0	0	0	0	0	0	0	0	0	0	0	XXX	
4099999 - Total Affiliated													0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4199999 Totals													0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

STATEMENT AS OF JUNE 30, 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	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)	14 Total Foreign Exchange Change in B./A.C.V.	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																
0799999-00-0	Community Eldercare Svcs. LLC 5% Nt. 09/30/2010	Tupelo	MS	Paydown	07/31/2007	05/31/2009	99,582	0	57,189	0	0	57,189	0	156,771	0	0	0	0	60,457
4099999	Fixed or Variable Rate - Bonds - Unaffiliated						99,582	0	57,189	0	0	57,189	0	156,771	0	0	0	0	60,457
3999999	Total Unaffiliated						99,582	0	57,189	0	0	57,189	0	156,771	0	0	0	0	60,457
4199999	Total Affiliated						0	0	0	0	0	0	0	0	0	0	0	0	0
4199999	Totals						99,582	0	57,189	0	0	57,189	0	156,771	0	0	0	0	60,457

STATEMENT AS OF JUNE 30, 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)
31395H-W9-7	FHR 2893 PB		05/27/2009	FIRST TENNESSEE BANK		12,483,750	12,000,000	0	IFE
31395P-5J-7	FHR 2031 OB		05/28/2009	FIRST TENNESSEE BANK		5,199,219	5,000,000	17,500	IFE
3199999 - Total	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of ...					17,682,969	17,000,000	17,500	XXX
05947U-HW-3	BACW 2002-2 A3		05/27/2009	COHEN AND COMPANY		10,100,000	10,000,000	36,963	IFE
084670-C0-5	BERKSHIRE HATHAWAY, INC. BOND		06/08/2009	DIRECT		10,000,000	10,000,000	0	1
52108H-UJ-4	LEIBS 2002-C1 A4		05/18/2009	BARCLAYS CAPITAL		11,396,172	11,000,000	19,745	IFE
589331-AR-8	MERCK & CO.		06/22/2009	RBS GREENWICH CAPITAL		1,899,544	1,900,000	0	IFE
87218Y-AB-7	TXU 2004-T A2		05/27/2009	BROADPOINT CAPITAL, INC.		15,076,055	14,250,000	22,848	IFE
3899999 - Total	Bonds - Industrial, Misc.					48,471,771	47,150,000	79,556	XXX
8399997 - Total	Bonds - Part 3					66,154,739	64,150,000	97,056	XXX
8399999 - Total	Bonds					66,154,739	64,150,000	97,056	XXX
8999999 - Total	Preferred Stocks					0	XXX	0	XXX
656568-50-8	NORTEL NETWORKS CORP USS COM	A	04/09/2009	LITIGATION SETTLEMENT	46,000	0	XXX	0	XXX
9099999 - Total	Common Stocks - Industrial, Misc.					0	XXX	0	XXX
9799997 - Total	Common Stocks - Part 3					0	XXX	0	XXX
9799999 - Total	Common Stocks					0	XXX	0	XXX
9899999 - Total	Preferred and Common Stocks					0	XXX	0	XXX
9999999 - Totals						66,154,739	XXX	97,056	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues .....0



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 JUNE 30, 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
<b>DETAILS OF WRITE-INS</b>								
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 JUNE 30, 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
<b>DETAILS OF WRITE-INS</b>								
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 JUNE 30, 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			
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					.10	.10	.1	
33. New York NY					(842)	30,000	.1	83,484
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	371	30,010	2	83,484
<b>DETAILS OF WRITE-INS</b>								
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 JUNE 30, 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
<b>DETAILS OF WRITE-INS</b>								
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**