



QUARTERLY STATEMENT

AS OF JUNE 30, 2007

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 Website Address www.kemperinsurance.com

Statutory Statement Contact Fredrick Thomas Griffith 847-320-3127
(Name) (Area Code) (Telephone Number) (Extension)
Fred.Griffith@kemperinsurance.com 847-320-3818
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 1 Kemper Dr., 12NW0301 Long Grove, IL 60049-0001 800-833-0355
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

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>Benjamin David Schwartz</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

Subscribed and sworn to before me this
6th day of August, 2007

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 JUNE 30, 2007 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	1,252,969,481		1,252,969,481	1,394,363,713
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	89,166,933		89,166,933	87,791,985
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 \$0 encumbrances)			0	0
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	4,172,747
5. Cash (\$(8,200,362)), cash equivalents (\$502,350) and short-term investments (\$90,145,918)	82,447,906		82,447,906	130,978,945
6. Contract loans, (including \$0 premium notes)			0	0
7. Other invested assets	29,273,026	0	29,273,026	28,898,383
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)	1,453,857,346	0	1,453,857,346	1,646,205,773
11. Title plants less \$0 charged off (for Title insurers only)			0	0
12. Investment income due and accrued	11,250,486		11,250,486	13,876,735
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	36,889,623	21,887,655	15,001,968	27,374,791
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	31,678,596	6,389,952	25,288,644	29,607,577
13.3 Accrued retrospective premiums	26,609,441	678,008	25,931,433	34,138,540
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	203,387,107		203,387,107	236,048,560
14.2 Funds held by or deposited with reinsured companies	12,607,255		12,607,255	12,677,226
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			0	0
16.2 Net deferred tax asset	701,270,471	701,270,471	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	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates	4,612,719		4,612,719	3,209,996
22. Health care (\$0) and other amounts receivable			0	0
23. Aggregate write-ins for other than invested assets	149,164,718	19,913,005	129,251,713	133,319,728
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	2,631,327,762	750,139,091	1,881,188,671	2,136,458,926
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	2,631,327,762	750,139,091	1,881,188,671	2,136,458,926
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	28,356,059	5,051,771	23,304,288	28,306,088
2302. Reinsurance accounted for as a deposit	8,064,138		8,064,138	12,798,675
2303. Advance to claims service provider	16,176,100		16,176,100	12,254,905
2398. Summary of remaining write-ins for Line 23 from overflow page	96,568,421	14,861,234	81,707,187	79,960,060
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	149,164,718	19,913,005	129,251,713	133,319,728

STATEMENT AS OF JUNE 30, 2007 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 \$1,703,000)	938,274,644	1,087,138,476
2. Reinsurance payable on paid losses and loss adjustment expenses	39,443,716	33,129,868
3. Loss adjustment expenses	414,871,107	488,494,066
4. Commissions payable, contingent commissions and other similar charges	1,152,420	1,414,716
5. Other expenses (excluding taxes, licenses and fees)	15,325,496	22,763,756
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	41,311,112	43,722,214
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	5,090,284	6,053,607
7.2 Net deferred tax liability	0	0
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$4,734,323 and including warranty reserves of \$638,893)	7,226,833	9,463,192
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)	10,649,478	12,639,888
13. Funds held by company under reinsurance treaties	2,950,699	3,787,577
14. Amounts withheld or retained by company for account of others	133,020,676	153,814,393
15. Remittances and items not allocated	3,660,991	7,281,322
16. Provision for reinsurance	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	1,852,735	4,993,035
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 \$0 and interest thereon \$0	0	0
23. Aggregate write-ins for liabilities	87,193,523	88,170,204
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	1,702,023,714	1,962,866,314
25. Protected cell liabilities	0	0
26. Total liabilities (Lines 24 and 25)	1,702,023,714	1,962,866,314
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)	(520,690,641)	(526,262,986)
34. Less treasury stock, at cost:		
34.1 .....0 shares common (value included in Line 28 \$0)	0	0
34.2 .....0 shares preferred (value included in Line 29 \$0)	0	0
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	179,164,957	173,592,612
36. TOTALS	1,881,188,671	2,136,458,926
DETAILS OF WRITE-INS		
2301. Accounts payable and other liabilities	87,193,523	88,170,204
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)	87,193,523	88,170,204
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 \$(498,852))	(280,505)	1,867,581	3,659,038
1.2 Assumed (written \$2,886,356)	5,254,925	12,955,975	21,207,479
1.3 Ceded (written \$329,736)	680,293	3,673,098	5,622,751
1.4 Net (written \$2,057,768)	4,294,127	11,150,458	19,243,766
DEDUCTIONS:			
2. Losses incurred (current accident year \$2,054,000):			
2.1 Direct	12,506,435	35,179,054	(28,176,323)
2.2 Assumed	11,699,257	23,974,367	139,184,016
2.3 Ceded	(16,780,968)	10,372,802	18,322,603
2.4 Net	40,986,660	48,780,619	92,685,090
3. Loss expenses incurred	(5,371,621)	(3,525,822)	49,706,782
4. Other underwriting expenses incurred	20,344,923	34,375,959	90,577,836
5. Aggregate write-ins for underwriting deductions	0	(1,574,700)	(1,574,700)
6. Total underwriting deductions (Lines 2 through 5)	55,959,962	78,056,056	231,395,008
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(51,665,835)	(66,905,598)	(212,151,242)
INVESTMENT INCOME			
9. Net investment income earned	30,167,721	33,563,935	78,435,208
10. Net realized capital gains (losses) less capital gains tax of \$0	(4,028,224)	(1,090,903)	2,185,690
11. Net investment gain (loss) (Lines 9 + 10)	26,139,497	32,473,032	80,620,898
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$51,161 amount charged off \$290,911)	(239,750)	(13,009,872)	(32,330,053)
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	6,555,291	6,055,884	35,954,782
15. Total other income (Lines 12 through 14)	6,315,541	(6,953,988)	3,624,729
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(19,210,797)	(41,386,554)	(127,905,615)
17. Dividends to policyholders	4,015,658	2,766,679	6,910,195
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)	(23,226,455)	(44,153,233)	(134,815,810)
19. Federal and foreign income taxes incurred	(963,323)	(1,371,487)	(28,425,559)
20. Net income (Line 18 minus Line 19)(to Line 22)	(22,263,132)	(42,781,746)	(106,390,251)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	173,592,612	168,313,151	168,313,151
22. Net income (from Line 20)	(22,263,132)	(42,781,746)	(106,390,251)
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 \$0	3,583,280	4,803,294	1,986,345
25. Change in net unrealized foreign exchange capital gain (loss)	3,140,300	669,630	346,641
26. Change in net deferred income tax	(419,056)	4,242,820	(58,278,929)
27. Change in nonadmitted assets	15,691,445	11,514,743	101,371,987
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	5,839,508	16,273,241	66,243,668
38. Change in surplus as regards policyholders (Lines 22 through 37)	5,572,345	(5,278,018)	5,279,461
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	179,164,957	163,035,133	173,592,612
DETAILS OF WRITE-INS			
0501. Change in premium deficiency reserve	0	(1,574,700)	(1,574,700)
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	(1,574,700)	(1,574,700)
1401. Other income	6,555,291	6,055,884	35,954,782
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	6,555,291	6,055,884	35,954,782
3701. Provision for uncollectible reinsurance	5,839,508	16,273,241	66,243,668
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	5,839,508	16,273,241	66,243,668

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	21,954,828	94,366,123
2. Net investment income	30,019,966	83,463,736
3. Miscellaneous income	6,385,512	1,505,521
4. Total (Lines 1 to 3)	58,360,306	179,335,380
5. Benefits and loss related payments	150,875,191	324,948,791
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	98,607,069	246,597,315
8. Dividends paid to policyholders	(4,433,705)	(18,320,480)
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	0	(26,222,821)
10. Total (Lines 5 through 9)	245,048,555	527,002,805
11. Net cash from operations (Line 4 minus Line 10)	(186,688,249)	(347,667,425)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	293,438,349	608,644,584
12.2 Stocks	0	10,828,635
12.3 Mortgage loans	0	768,916
12.4 Real estate	4,024,503	0
12.5 Other invested assets	0	1,250,908
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(538,903)	(344,633)
12.7 Miscellaneous proceeds	10,000	32,476,418
12.8 Total investment proceeds (Lines 12.1 to 12.7)	296,933,949	653,624,828
13. Cost of investments acquired (long-term only):		
13.1 Bonds	154,367,062	458,499,032
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	588,000
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	154,367,062	459,087,032
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)	142,566,887	194,537,796
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)	(4,409,677)	(24,162,328)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(4,409,677)	(24,162,328)
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)	(48,531,039)	(177,291,957)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	130,978,945	308,270,902
19.2 End of period (Line 18 plus Line 19.1)	82,447,906	130,978,945

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

C. Accounting Policy

At June 30, 2007, Lumbermens Mutual Casualty Company (the "Company") has recorded a net admitted asset for accrued ceded contingent commissions which includes amounts due to and from the Company under adjustable features of certain reinsurance agreements. See Note 23.C.2. Such amounts have been estimated based on actuarial techniques and as such are subject to periodic re-evaluation.

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, 2007		December 31, 2006
Total of gross deferred tax assets	\$	704,111,136		704,530,192
Total of deferred tax liabilities		(2,840,665)		(2,840,665)
Net deferred tax asset		701,270,471		701,689,527
Deferred tax asset nonadmitted		(701,270,471)		(701,689,527)
Net admitted deferred tax asset		0		0
Decrease in nonadmitted asset	\$	419,056		

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

		June 30, 2007		December 31, 2006		Change
Total deferred tax assets	\$	704,111,136		704,530,192	\$	(419,056)
Total deferred tax liabilities		(2,840,665)		(2,840,665)		0
Net deferred tax asset	\$	701,270,471		701,689,527		(419,056)
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	(419,056)

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, 2007
Provision computed at statutory rate	\$	(8,129,259)
Receivables		7,584,992
Total	\$	(544,267)
Federal and foreign income taxes incurred	\$	(963,323)
Change in net deferred income taxes		419,056
Total statutory income taxes	\$	(544,267)

- F. No change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

No change.

11. DEBT

No change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POST EMPLOYMENT 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 second quarter of 2007 for which scheduled interest payment dates have not yet arrived, totaled \$279,512,500 as of June 30, 2007. 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, 2007. On May 14, 2007, the Division of Insurance disapproved the payments of interest due on June 1, 2007 and July 1, 2007 (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

- D. In May 2007, the Florida Office of Insurance Regulation notified the Company that its license (certificate of authority to conduct insurance business in Florida) expired by operation of law due to the prior suspension of the license in 2004 (after the Company had entered run-off status). The license is not required for the Company to continue to handle claims, or to liquidate assets or liabilities, from its prior operations.

15. LEASES

No change.

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

No change.

NOTES TO FINANCIAL STATEMENTS

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

No change.

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

No change.

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

No change.

20. SEPTEMBER 11 EVENTS

No change.

21. OTHER ITEMS

No change.

22. EVENTS SUBSEQUENT

No change.

23. REINSURANCE

C. Reinsurance Assumed and Ceded

(2) Certain reinsurance agreements provide for additional or return commissions based on the actual loss experience of the reinsured business. At December 31, 2006, the accrual for ceded contingent commissions was estimated to be a net liability of approximately \$4.3 million and was included in line 12 under "Liabilities" of the Company's statement of assets, liabilities, surplus, and other funds (Balance Sheet). At June 30, 2007, based on then current estimates, the Company's accrual for ceded contingent commissions was a net asset of approximately \$12.9 million. This accrued amount is included in line 23 under "Assets" on the Company's June 30, 2007 Balance Sheet.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No change.

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No change.

26. INTERCOMPANY POOLING ARRANGEMENTS

No change.

27. STRUCTURED SETTLEMENTS

No change.

28. HEALTH CARE RECEIVABLES

No change.

29. PARTICIPATING POLICIES

No change.

30. PREMIUM DEFICIENCY RESERVES

No change.

31. HIGH DEDUCTIBLES

No change.

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

No change.

33. ASBESTOS/ENVIRONMENTAL RESERVES

No change.

NOTES TO FINANCIAL STATEMENTS

34. SUBSCRIBER SAVINGS ACCOUNT

No change.

35. 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 [X] No []
- 2.2 If yes, date of change: 05/22/2007
If not previously filed, furnish herewith a certified copy of the instrument as amended.
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. 12/31/2000
- 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). 11/18/2003
- 6.4 By what department or departments?
Illinois, Delaware, Mississippi and Nevada.....
- 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 [X] No []
- 7.2 If yes, give full information:
Information provided in Financial Note 14D.....
- 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 [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$4,612,719

INVESTMENT

- 11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]
- 11.2 If yes, explain:
.....
- 12.1 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]
- 12.2 If yes, give full and complete information relating thereto:
.....
13. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$5,315,221
14. Amount of real estate and mortgages held in short-term investments: \$
- 15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []
- 15.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
15.21 Bonds	\$	\$
15.22 Preferred Stock	\$	\$
15.23 Common Stock	\$85,535,429	\$86,902,876
15.24 Short-Term Investments	\$	\$
15.25 Mortgage Loans on Real Estate	\$	\$
15.26 All Other	\$27,666,041	\$28,040,684
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26).....	\$113,201,470	\$114,943,560
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above	\$	\$

- 16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
- 16.2 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

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes No

17.1 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 Midwest Trust Company.....	209 W. Jackson Blvd., Suite 800, Chicago, IL 60606...

17.2 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)

17.3 Have there been any changes, including name changes in the custodian(s) identified in 17.1 during the current quarter?

Yes No

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

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

17.5 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 N. LaSalle St., 35th floor, Chicago, IL 60602.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes No

18.2 If no, list exceptions:

.....

STATEMENT AS OF JUNE 30, 2007 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			240,437	240,437			(11,892)	(11,892)
2.Private Passenger Auto Liability.....		4.200			1,729,327	1,729,327			(85,710)	(85,710)
3.Commercial Auto Liability.....		4.200			10,442,327	10,442,327			(546,708)	(546,708)
4.Workers Compensation.....		4.200			219,715,726	219,715,726			(13,506,040)	(13,506,040)
5.Commercial Multiple Peril.....		4.200			19,885,213	19,885,213			(1,012,767)	(1,012,767)
6.Medical Malpractice - Occurrence.....		4.200			35,155	35,155			(1,740)	(1,740)
7.Medical Malpractice - Claims Made.....		4.200			242,992	242,992			(12,054)	(12,054)
8.Special Liability.....		4.200			2,364,531	2,364,531			(102,978)	(102,978)
9.Other Liability - Occurrence.....		4.200			46,786,674	46,786,674			(3,497,552)	(3,497,552)
10.Other Liability - Claims Made.....		4.200			11,364,347	11,364,347			(519,574)	(519,574)
11.Special Property.....		4.200			(466,989)	(466,989)			(5,388)	(5,388)
12.Auto Physical Damage.....		4.200			(7,525)	(7,525)			372	372
13.Fidelity/Surety.....		4.200			1,922,136	1,922,136			(6,030)	(6,030)
14.Other.....		4.200			92,028	92,028			(4,560)	(4,560)
17.Reinsurance Nonproportional Assumed Liability.....		4.200			22,071,291	22,071,291			(756,366)	(756,366)
19.Product Liability - Occurrence.....		4.200			18,111,861	18,111,861			(4,170,611)	(4,170,611)
20.Product Liability - Claims Made.....		4.200			13,392	13,392			13,392	13,392
TOTAL			0	0	354,542,923	354,542,923	0	0	(24,226,206)	(24,226,206)

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	4,172,747	4,241,182
2. Increase (decrease) by adjustment	(93,747)	(68,435)
3. Cost of acquired	0	0
4. Cost of additions to and permanent improvements	0	0
5. Total profit (loss) on sales	(54,497)	0
6. Increase (decrease) by foreign exchange adjustment	0	0
7. Amount received on sales	4,024,503	0
8. Book/adjusted carrying value at end of current period	0	4,172,747
9. Total valuation allowance	0	0
10. Subtotal (Lines 8 plus 9)	0	4,172,747
11. Total nonadmitted amounts	0	0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	4,172,747

SCHEDULE B - VERIFICATION**Mortgage Loans**

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year.....	0	804,176
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions	0	0
2.2. Additional investment made after acquisitions	0	0
3. Accrual of discount and mortgage interest points and commitment fees	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	(35,260)
6. Amounts paid on account or in full during the period	0	768,916
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA - VERIFICATION**Other Invested Assets**

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	28,898,383	31,487,812
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions	0	0
2.2. Additional investment made after acquisitions	0	588,000
3. Accrual of discount	0	0
4. Increase (decrease) by adjustment	374,643	(1,926,521)
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	1,250,908
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book/adjusted carrying value of long-term invested assets at end of current period	29,273,026	28,898,383
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	29,273,026	28,898,383
12. Total nonadmitted amounts	0	0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	29,273,026	28,898,383

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	1,482,155,699	1,645,823,145
2. Cost of bonds and stocks acquired	154,367,062	458,499,032
3. Accrual of discount	1,631,755	1,492,857
4. Increase (decrease) by adjustment	1,374,948	(1,721,843)
5. Increase (decrease) by foreign exchange adjustment	0	0
6. Total profit (loss) on disposal	(1,855,798)	2,518,671
7. Consideration for bonds and stocks disposed of	293,438,349	619,473,217
8. Amortization of premium	2,098,901	4,982,945
9. Book/adjusted carrying value, current period	1,342,136,415	1,482,155,699
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	1,342,136,415	1,482,155,699
12. Total nonadmitted amounts	0	0
13. Statement value	1,342,136,415	1,482,155,699

STATEMENT AS OF JUNE 30, 2007 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	1,427,864,540	191,704,661	287,125,275	402,878	1,427,864,540	1,332,846,805	.0	1,527,247,264
2. Class 2	7,998,848	.0	.0	170	7,998,848	7,999,018	.0	7,998,680
3. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
4. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6	2,992,252	0	220,326	0	2,992,252	2,771,926	0	3,221,372
7. Total Bonds	1,438,855,640	191,704,661	287,345,600	403,049	1,438,855,640	1,343,617,750	0	1,538,467,316
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 and Preferred Stock	1,438,855,640	191,704,661	287,345,600	403,049	1,438,855,640	1,343,617,750	0	1,538,467,316

SCHEDULE DA - PART 1**Short-Term Investments Owned End of Current Quarter**

	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
8299999 Totals	90,145,918	XXX	89,323,188	461,940	0

SCHEDULE DA - PART 2- VERIFICATION**Short-Term Investments Owned**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	114,732,314	324,642,471
2. Cost of short-term investments acquired	360,440,201	1,207,700,340
3. Increase (decrease) by adjustment	844,788	910,898
4. Increase (decrease) by foreign exchange adjustment	0	0
5. Total profit (loss) on disposal of short-term investments	(4)	(631)
6. Consideration received on disposal of short-term investments	385,871,380	1,418,520,764
7. Book/adjusted carrying value, current period	90,145,918	114,732,314
8. Total valuation allowance	0	0
9. Subtotal (Lines 7 plus 8)	90,145,918	114,732,314
10. Total nonadmitted amounts	0	0
11. Statement value (Lines 9 minus 10)	90,145,918	114,732,314
12. Income collected during period	2,529,157	11,064,523
13. Income earned during period	2,186,702	9,121,789

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

STATEMENT AS OF JUNE 30, 2007 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

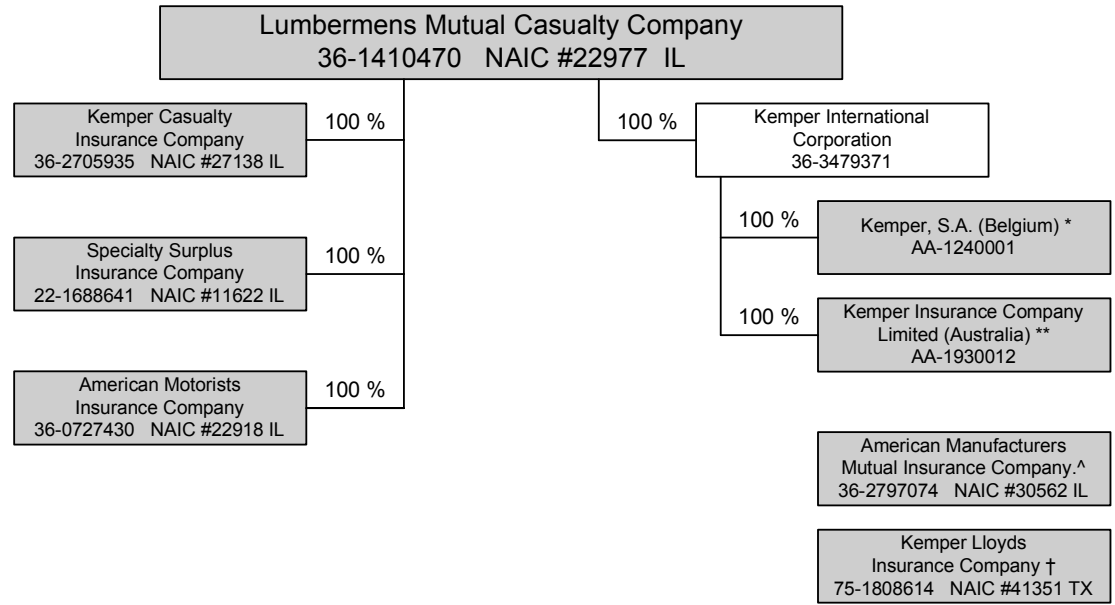
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	Yes	(42)	610,484	602,575	11,270,256	8,310,596	9,125,328
2. Alaska	AK	Yes	(441)	(62,227)	355,903	228,175	1,179,681	1,072,458
3. Arizona	AZ	Yes	(31,713)	54,546	1,216,163	712,182	12,010,754	10,624,442
4. Arkansas	AR	Yes		4,293	2,751,514	7,782,836	5,883,982	9,993,898
5. California	CA	Yes	(388,633)	(1,052,549)	22,527,685	33,802,064	87,516,133	124,998,048
6. Colorado	CO	Yes	(27,767)	(34,518)	236,621	1,329,487	2,290,658	1,895,198
7. Connecticut	CT	Yes	20,379	(48,667)	3,982,027	7,168,098	13,665,590	27,020,659
8. Delaware	DE	Yes	1,341	48,793	144,720	(1,288,144)	2,097,714	1,950,300
9. District of Columbia	DC	Yes	(528)	39,831	789,516	(69,511)	5,034,429	6,410,408
10. Florida	FL	No	48,779	(364,894)	10,247,575	(2,052,191)	20,281,917	29,031,873
11. Georgia	GA	Yes	(30,714)	(31,021)	1,936,585	4,001,665	31,655,436	29,057,087
12. Hawaii	HI	Yes	82,824	59,127	403,428	264,447	2,822,170	2,216,808
13. Idaho	ID	Yes	(540)	(5,191)	(17,036)	134,331	(56,935)	75,228
14. Illinois	IL	Yes	(708,121)	281,543	(3,501,003)	22,284,022	41,810,943	232,535,308
15. Indiana	IN	Yes	15,758	(45,072)	99,012	1,734,471	5,948,942	3,293,780
16. Iowa	IA	Yes	28,710	(71,056)	444,456	621,004	2,241,711	2,188,649
17. Kansas	KS	Yes	(4,978)	(56,783)	(27,529)	115,078	1,974,062	3,035,283
18. Kentucky	KY	Yes	(3,497)	(82,915)	401,920	494,894	17,597,536	18,079,699
19. Louisiana	LA	Yes	(22,861)	1,110	1,701,978	(1,218,670)	5,436,150	6,739,601
20. Maine	ME	Yes	(9,367)	(5,593)	175,968	1,760,226	100,827	135,629
21. Maryland	MD	Yes	19,148	205,719	1,317,644	2,661,910	19,226,068	19,373,866
22. Massachusetts	MA	Yes	198,644	(72,480)	3,538,085	13,448,735	26,349,399	19,535,722
23. Michigan	MI	Yes	140,749	133,094	2,338,983	3,424,954	13,086,693	8,864,275
24. Minnesota	MN	Yes	62,226	141,615	1,951,300	8,912,362	7,997,309	16,003,194
25. Mississippi	MS	Yes	(1,136)	(2,145)	492,811	304,920	3,274,415	3,855,923
26. Missouri	MO	Yes	1,754	(7,421)	384,756	1,290,478	2,472,896	3,986,276
27. Montana	MT	Yes	(2,683)	402	106,993	199,725	462,419	548,518
28. Nebraska	NE	Yes	12,997	(2,714)	(38,423)	59,124	1,623,432	1,428,207
29. Nevada	NV	Yes	(9,929)	(58,667)	1,170,819	1,005,004	3,015,713	2,552,349
30. New Hampshire	NH	Yes	222,313	124,823	167,527	163,870	2,688,663	3,919,538
31. New Jersey	NJ	Yes	9,999	27,307	5,512,501	13,085,702	50,499,993	71,859,609
32. New Mexico	NM	Yes	6,645	(2,172)	131,334	209,600	385,713	847,585
33. New York	NY	Yes	3,878	(346,089)	22,666,720	23,479,229	156,142,245	243,595,270
34. North Carolina	NC	Yes	(198,002)	(69,277)	1,221,205	1,354,232	10,078,538	11,155,993
35. North Dakota	ND	Yes	(39)	5,717	(6,000)	0	151,778	192,749
36. Ohio	OH	Yes	(92)	127,959	3,244,479	3,198,480	19,663,302	13,830,732
37. Oklahoma	OK	Yes	594,199	13,265	119,144	(502,134)	939,690	1,520,062
38. Oregon	OR	Yes	(206,437)	(108,636)	215,385	2,458,377	6,757,810	7,374,780
39. Pennsylvania	PA	Yes	3,893	(23,770)	5,313,100	15,814,069	18,884,571	38,598,099
40. Rhode Island	RI	Yes	46,005	(45,353)	141,240	(1,064,539)	5,497,598	5,336,731
41. South Carolina	SC	Yes	8,596	(13,898)	4,245,332	824,343	10,469,722	15,203,353
42. South Dakota	SD	Yes	(1,117)	(20,379)	6,126	33,336	319,787	493,008
43. Tennessee	TN	Yes	9,854	137,893	1,270,816	(2,098,791)	11,016,584	10,244,755
44. Texas	TX	Yes	2,948	(435,098)	4,743,014	1,966,757	80,347,460	91,293,101
45. Utah	UT	Yes	(15,429)	14,107	(66,733)	890,418	439,979	527,895
46. Vermont	VT	Yes	1,229	(2,362)	97,612	72,110	756,712	920,278
47. Virginia	VA	Yes	4,828	9,279	633,365	2,754,891	5,911,811	12,289,673
48. Washington	WA	Yes	5	61,802	2,512,070	1,222,236	17,219,579	11,525,260
49. West Virginia	WV	Yes	1,253	(2,427)	9,800	(23,112)	22,507	289,292
50. Wisconsin	WI	Yes	(144,615)	775,642	983,273	1,717,053	8,578,457	13,044,628
51. Wyoming	WY	Yes	(93)	241	17,305	14,161	182,078	(10,738)
52. American Samoa	AS	No		0		0		0
53. Guam	GU	Yes		0		0		0
54. Puerto Rico	PR	No		0	692,874	997,784	996,616	1,731,455
55. U.S. Virgin Islands	VI	No		0		0	(1)	0
56. Northern Mariana Islands	MP	Yes		14,139		0		0
57. Canada	CN	Yes	2,886	19,587	1,441	1,366,833	19,064,185	(352,672)
58. Aggregate Other Alien	OT	XXX	(241,918)	(46,516)	1,014,284	83,711	1,999,199	4,099,703
59. Totals	(a) 52		(498,852)	(207,572)	110,622,260	188,400,548	774,325,216	1,155,158,153
DETAILS OF WRITE-INS								
5801. Asia	XXX		34,470	5,568	702,713	0	752,845	1,440,068
5802. Australia	XXX			(61,303)		0	(6,594)	(6,267)
5803. Europe	XXX		(721)	9,219	311,683	83,711	1,515,426	2,766,109
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX		(275,667)	0	(112)	0	(262,478)	(100,207)
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		(241,918)	(46,516)	1,014,284	83,711	1,999,199	4,099,703

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

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



^ American Manufacturers Mutual Insurance Company is a mutual company associated with Lumbermens Mutual Casualty Company.
 † Kemper Lloyds Insurance Company is a Texas Lloyds association of underwriters under the sponsorship of Lumbermens Mutual Casualty Company.
 * Percentage includes one minority shareholder.
 ** Percentage includes director qualifying shares.
 Insurers are identified by shaded boxes. Percentages show common stock ownership as of 06/30/2007.

STATEMENT AS OF JUNE 30, 2007 OF THE LUBBERMENS MUTUAL CASUALTY COMPANY

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	115,854	(39,376)	(34.0)	(4,785.5)
2. Allied Lines	36,123	21,525	59.6	36.8
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	(26)	4,737	(18,219.2)	370.0
5. Commercial multiple peril	(573,748)	22,554	(3.9)	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine	(102)	1,046	(1,025.5)	(202.4)
9. Inland marine	1,569	1,613	102.8	679.2
10. Financial guaranty			0.0	0.0
11.1 Medical malpractice - occurrence		111	0.0	0.0
11.2 Medical malpractice - claims-made		65,274	0.0	0.0
12. Earthquake		(8)	0.0	(880.0)
13. Group accident and health			0.0	(0.2)
14. Credit accident and health			0.0	0.0
15. Other accident and health	12,372	4,560	36.9	0.0
16. Workers' compensation	(638,455)	8,021,060	(1,256.3)	(1,116.8)
17.1 Other liability - occurrence	740	7,991,229	1,079,895.8	(34,797.1)
17.2 Other liability - claims-made	668,591	(6,230,967)	(932.0)	1,025.9
18.1 Products liability - occurrence	2,674	2,730,362	102,107.8	21.7
18.2 Products liability - claims-made		(13,392)	0.0	0.0
19.1,19.2 Private passenger auto liability	21	36,801	175,242.9	1,539.6
19.3,19.4 Commercial auto liability	7,231	387,395	5,357.4	(76.6)
21. Auto physical damage	(335)	(4,298)	1,283.0	(31.5)
22. Aircraft (all perils)	(122,693)	100,872	(82.2)	0.0
23. Fidelity		186	0.0	53.9
24. Surety	210,400	(593,571)	(282.1)	(359.7)
26. Burglary and theft			0.0	0.0
27. Boiler and machinery		(1,278)	0.0	0.0
28. Credit	(721)		0.0	11.9
29. International			0.0	0.0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0.0	0.0
34. Totals	(280,505)	12,506,435	(4,458.5)	1,883.7
DETAILS OF WRITE-INS				
3301.			0.0	0.0
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	85	85	(4,774)
2. Allied Lines	187	187	(3,887)
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	(26)	(26)	(65)
5. Commercial multiple peril	0		0
6. Mortgage guaranty	0		0
8. Ocean marine	(455)	(455)	(917)
9. Inland marine	1,050	1,552	(24,568)
10. Financial guaranty	0		0
11.1 Medical malpractice - occurrence	0		0
11.2 Medical malpractice - claims-made	0		0
12. Earthquake	0		0
13. Group accident and health	0		717,287
14. Credit accident and health	0		0
15. Other accident and health	0	12,372	0
16. Workers' compensation	(111,211)	(638,458)	(1,013,218)
17.1 Other liability - occurrence	3,487	821	(790,215)
17.2 Other liability - claims-made	1,762	12,407	576,404
18.1 Products liability - occurrence	1,124	(6,229)	891,454
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	0		(2,028)
19.3,19.4 Commercial auto liability	(11,555)	7,231	(830,610)
21. Auto physical damage	577	(336)	40,403
22. Aircraft (all perils)	(122,693)	(122,693)	0
23. Fidelity	0		(28)
24. Surety	93,965	235,411	237,190
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0	(721)	0
29. International	0		0
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0
34. Totals	(143,703)	(498,852)	(207,572)
DETAILS OF WRITE-INS			
3301.	0		0
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0

STATEMENT AS OF JUNE 30, 2007 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)	2007 Loss and LAE Payments on Claims Reported as of Prior Year-End	2007 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2007 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. 2004 + Prior	1,523,777	14,711	1,538,488	164,255	91,922	256,177	1,378,036	24,134	(61,032)	1,341,138	18,514	40,313	58,827
2. 2005	3,736	28,821	32,557	(198)	151	(47)	515	510	14,953	15,978	(3,419)	(13,207)	(16,626)
3. Subtotals 2005 + Prior	1,527,513	43,532	1,571,045	164,057	92,073	256,130	1,378,551	24,644	(46,079)	1,357,116	15,095	27,106	42,201
4. 2006	757	3,829	4,586	1,515	83	1,598	467	53	(7,194)	(6,674)	1,225	(10,887)	(9,662)
5. Subtotals 2006 + Prior	1,528,270	47,361	1,575,631	165,572	92,156	257,728	1,379,018	24,697	(53,273)	1,350,442	16,320	16,219	32,539
6. 2007	XXX	XXX	XXX	XXX	374	374	XXX	71	2,631	2,702	XXX	XXX	XXX
7. Totals	1,528,270	47,361	1,575,631	165,572	92,530	258,102	1,379,018	24,768	(50,642)	1,353,144	16,320	16,219	32,539
8. Prior Year-End's Surplus As Regards Policyholders	173,593										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. 1.1	2. 34.2	3. 2.1
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 18.7

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 Malpractice 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. Insurance recoveries related to UBIC.....	10,970,000	3,120,000	7,850,000	0
2305. Other admitted assets.....	85,598,421	11,741,234	73,857,187	79,960,060
2397. Summary of remaining write-ins for Line 23 from Page 02	96,568,421	14,861,234	81,707,187	79,960,060

PQ015 Additional Aggregate Lines for Page 15 Line 58.

*SCT

	1	2	3	4	5	6	7
	Is Insurer Licensed? (Yes or No)	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
5804. Central & South America.....	XXX		0		0	(259,235)	(97,876)
5805. Africa.....	XXX	(275,667)	0	(112)	0	(3,243)	(2,331)
5897. Summary of remaining write-ins for Line 58 from Page 15	XXX	(275,667)	0	(112)	0	(262,478)	(100,207)

STATEMENT AS OF JUNE 30, 2007 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Expended for Additions and Permanent Improvements
	2 City	3 State						
NONE								
9999999 - Totals								

SCHEDULE A - PART 3

Showing All Real Estate SOLD during the Current Quarter, Including Payments During the Final Year on "Sales under Contract"

1 Description Of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Book/Adjusted Carrying Value Less Encumbrances Prior Year	8 Increase (Decrease) by Adjustment	9 Increase (Decrease) by Foreign Exchange Adjustment	10 Expended for Additions, Permanent Improvements and Changes in Encumbrances	11 Book/ Adjusted Carrying Value Less Encumbrances	12 Amounts Received	13 Foreign Exchange Profit (Loss) on Sale	14 Realized Profit (Loss) on Sale	15 Total Profit (Loss) on Sale	16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs and Expenses Incurred
	2 City	3 State														
4 acres with a 1 story 68,400 sq ft bldg	Lake Zurich	IL	06/28/2007	P.S. Holdings, LLC	4,079,000	4,172,747	(93,747)			4,079,000	4,024,503		(54,497)	(54,497)	223,025	194,438
0199999 - Property Sold					4,079,000	4,172,747	(93,747)			4,079,000	4,024,503		(54,497)	(54,497)	223,025	194,438
9999999 Totals					4,079,000	4,172,747	(93,747)			4,079,000	4,024,503		(54,497)	(54,497)	223,025	194,438

EO1

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

STATEMENT AS OF JUNE 30, 2007 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company 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)
31394X-EB-8	FHR 2781 TX		04/02/2007	CREDIT SUISSE FIRST BOSTON		21,280,420	21,838,321	6,673	1FE
3199999 - Total	- Bonds - Special Revenue					21,280,420	21,838,321	6,673	XXX
084670-C@-5	BERKSHIRE HATHAWAY INC BONDING FACILITY		06/12/2007	DIRECT		3,608,000	3,608,000	0	1
22540A-ES-3	CSFB 1997-C2 A3		04/11/2007	MERRILL LYNCH		13,261,741	13,245,185	12,049	1FE
4599999 - Total	- Bonds - Industrial, Misc.					16,869,741	16,853,185	12,049	XXX
6099997 - Total	- Bonds - Part 3					38,150,161	38,691,506	18,722	XXX
6099999 - Total	- Bonds					38,150,161	38,691,506	18,722	XXX
6599999 - Total	- Preferred Stocks					0	XXX	0	XXX
7299999 - Total	- Common Stocks					0	XXX	0	XXX
7399999 - Total	- Preferred and Common Stocks					0	XXX	0	XXX
7499999 - Totals						38,150,161	XXX	18,722	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 1 - CASH

Month End Depository Balances

Table with columns: 1 Depository, 2 Code, 3 Rate of Interest, 4 Amount of Interest Received During Current Quarter, 5 Amount of Interest Accrued at Current Statement Date, 6 First Month, 7 Second Month, 8 Third Month, 9 * (XXX). Rows include Bank of America, Bank One, BNY Midwest Trust Company, Dominion Bank, Harris Trust and Savings, Royal Trust Company, Wells Fargo, and various deposit categories.



**SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2007 OF THE
LUMBERMENS MUTUAL CASUALTY COMPANY**

MEDICARE PART D COVERAGE SUPPLEMENT

For The Quarter Ended JUNE 30, 2007

NAIC Group Code

NAIC Company Code

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....		XXX		.XXX	.0
2. Earned Premiums.....		XXX		.XXX	.XXX
3. Claims Paid.....		XXX		.XXX	.0
4. Claims Incurred.....		XXX		.XXX	.XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a).....	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....		XXX		.XXX	.XXX
7. Expenses Paid.....		XXX		.XXX	.0
8. Expenses Incurred.....		XXX		.XXX	.XXX
9. Underwriting Gain or Loss.....	.0	XXX	.0	XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	0

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS



SUPPLEMENT FOR JUNE 30, 2007 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 MALPRACTICE 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 JUNE 30, 2007 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 MALPRACTICE 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 JUNE 30, 2007 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 MALPRACTICE 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					15,506	8,000	1	7,506
4. Arkansas AR								
5. California CA					4,200			
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					744,379			
15. Indiana IN					476,788			(327)
16. Iowa IA					90,012			(327)
17. Kansas KS					2,878			
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					8,395			(1,634)
27. Montana MT								
28. Nebraska NE								
29. Nevada NV					(23,596)	5,000	1	19,271
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY					35,320	55,000	2	78,267
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR			260,000	2	113,302	650,000	1	548,742
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN			16,354	2	(75,258)			
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	276,354	4	1,391,926	718,000	5	651,498
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 JUNE 30, 2007 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 MALPRACTICE 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					(4,200)			
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					(741,981)			
15. Indiana IN					(477,114)			
16. Iowa IA					(90,339)			
17. Kansas KS					(2,878)			
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					(10,029)			
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	(1,326,541)	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



SUPPLEMENT FOR JUNE 30, 2007 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

Designate the type of health care providers reported on this page
 Medical Malpractice Policies

**SUPPLEMENT "A" TO SCHEDULE T
 EXHIBIT OF MEDICAL MALPRACTICE 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