



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2008
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)
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OFFICERS

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

OTHER OFFICERS

<u>Frederick Otto Kist</u>	<u>Senior Vice President</u>	<u>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

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

Subscribed and sworn to before me this
12th day of November, 2008

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

STATEMENT AS OF SEPTEMBER 30, 2008 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	1,075,949,022		1,075,949,022	1,142,842,600
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	78,363,010		78,363,010	62,446,511
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 (\$9,103,952), cash equivalents (\$18,268,833) and short-term investments (\$45,540,815)	72,913,600		72,913,600	155,761,516
6. Contract loans, (including \$ premium notes)			0	0
7. Other invested assets	6,031,027	0	6,031,027	6,171,061
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)	1,233,256,659	0	1,233,256,659	1,367,221,688
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	8,411,251		8,411,251	9,527,871
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	14,966,471	11,700,682	3,265,789	7,243,968
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	13,344,317	226,200	13,118,117	21,907,984
13.3 Accrued retrospective premiums	14,707,014	393,889	14,313,125	16,881,174
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	101,239,733		101,239,733	150,861,249
14.2 Funds held by or deposited with reinsured companies	12,243,474		12,243,474	11,568,086
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	716,882,941	716,882,941	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	153,226
21. Receivables from parent, subsidiaries and affiliates	2,628,883	2,628,883	0	0
22. Health care (\$) and other amounts receivable			0	0
23. Aggregate write-ins for other than invested assets	100,655,755	11,510,039	89,145,716	98,882,268
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	2,218,336,498	743,342,634	1,474,993,864	1,684,247,514
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	2,218,336,498	743,342,634	1,474,993,864	1,684,247,514
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	17,308,075	5,939,130	11,368,945	16,343,662
2302. Advance to claims service provider	8,457,543		8,457,543	10,029,880
2303. Other admitted assets	74,890,137	5,570,909	69,319,228	71,696,960
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	811,766
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	100,655,755	11,510,039	89,145,716	98,882,268

STATEMENT AS OF SEPTEMBER 30, 2008 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 \$2,021,000)	827,239,036	908,734,516
2. Reinsurance payable on paid losses and loss adjustment expenses	20,309,839	21,314,152
3. Loss adjustment expenses	225,357,979	328,662,125
4. Commissions payable, contingent commissions and other similar charges	773,127	1,509,174
5. Other expenses (excluding taxes, licenses and fees)	11,906,990	14,016,142
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	36,261,320	38,989,454
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	8,110,245	6,079,827
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$2,220,755 and including warranty reserves of \$319,109)	4,190,899	5,405,172
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	2,871,823	5,621,847
13. Funds held by company under reinsurance treaties	2,809,940	3,031,038
14. Amounts withheld or retained by company for account of others	127,166,100	123,516,395
15. Remittances and items not allocated	7,423,863	9,227,740
16. Provision for reinsurance		0
17. Net adjustments in assets and liabilities due to foreign exchange rates	668,856	0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	173,549	490,170
20. Payable for securities	9,996,111	0
21. Liability for amounts held under uninsured plans		0
22. Capital notes \$ and interest thereon \$		0
23. Aggregate write-ins for liabilities	50,911,534	66,985,376
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	1,336,171,211	1,533,583,128
25. Protected cell liabilities		0
26. Total liabilities (Lines 24 and 25)	1,336,171,211	1,533,583,128
27. Aggregate write-ins for special surplus funds	0	0
28. Common capital stock		0
29. Preferred capital stock		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
33. Unassigned funds (surplus)	(561,032,945)	(549,191,212)
34. Less treasury stock, at cost:		
34.1 shares common (value included in Line 28 \$)		0
34.2 shares preferred (value included in Line 29 \$)		0
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	138,822,653	150,664,386
36. TOTALS	1,474,993,864	1,684,247,514
DETAILS OF WRITE-INS		
2301. Accounts payable and other liabilities	50,911,534	66,985,376
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)	50,911,534	66,985,376
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 \$ 745,339)	1,122,140	32,433	263,805
1.2 Assumed (written \$ 349,084)	1,736,369	6,214,729	8,966,558
1.3 Ceded (written \$ (3,479,247))	(2,929,434)	(676,173)	(4,500,874)
1.4 Net (written \$ 4,573,670)	5,787,943	6,923,335	13,731,237
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 3,070,000):			
2.1 Direct	17,778,376	36,265,408	92,365,589
2.2 Assumed	110,365,033	94,275,253	66,573,766
2.3 Ceded	40,554,445	29,584,747	21,957,313
2.4 Net	87,588,964	100,955,914	136,982,042
3. Loss adjustment expenses incurred	(32,253,495)	(16,395,495)	(42,036,268)
4. Other underwriting expenses incurred	45,241,434	38,208,566	57,956,166
5. Aggregate write-ins for underwriting deductions	(2,000,000)	0	0
6. Total underwriting deductions (Lines 2 through 5)	98,576,903	122,768,985	152,901,940
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(92,788,960)	(115,845,650)	(139,170,703)
INVESTMENT INCOME			
9. Net investment income earned	36,707,872	44,726,420	68,422,989
10. Net realized capital gains (losses) less capital gains tax of \$	5,536,066	(4,429,019)	(3,662,654)
11. Net investment gain (loss) (Lines 9 + 10)	42,243,938	40,297,401	64,760,335
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 85,423 amount charged off \$ 6,395,420)	(6,309,996)	(11,043)	455,473
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	3,303,126	6,821,037	8,118,015
15. Total other income (Lines 12 through 14)	(3,006,870)	6,809,994	8,573,488
16. Net income before dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(53,551,892)	(68,738,255)	(65,836,880)
17. Dividends to policyholders	(1,635,767)	3,974,537	5,082,057
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)	(51,916,125)	(72,712,792)	(70,918,937)
19. Federal and foreign income taxes incurred	(1,104,178)	(1,672,348)	(3,032,855)
20. Net income (Line 18 minus Line 19)(to Line 22)	(50,811,947)	(71,040,444)	(67,886,082)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	150,664,386	173,592,612	173,592,612
22. Net income (from Line 20)	(50,811,947)	(71,040,444)	(67,886,082)
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 \$	18,437,803	5,879,151	(3,031,350)
25. Change in net unrealized foreign exchange capital gain (loss)	(822,082)	4,993,035	5,146,261
26. Change in net deferred income tax	11,836,754	13,670,073	3,356,660
27. Change in nonadmitted assets	(86,706)	6,801,508	22,574,607
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	9,604,445	22,230,757	16,911,678
38. Change in surplus as regards policyholders (Lines 22 through 37)	(11,841,733)	(17,465,920)	(22,928,226)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	138,822,653	156,126,692	150,664,386
DETAILS OF WRITE-INS			
0501. Change in premium deficiency reserve	(2,000,000)	0	0
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)	(2,000,000)	0	0
1401. Other income	3,303,126	6,821,037	8,118,015
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)	3,303,126	6,821,037	8,118,015
3701. Provision for uncollectible reinsurance	9,604,445	22,230,757	16,911,678
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)	9,604,445	22,230,757	16,911,678

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	24,177,639	42,446,084
2. Net investment income	39,690,205	67,565,430
3. Miscellaneous income	(3,682,258)	9,682,628
4. Total (Lines 1 to 3)	60,185,586	119,694,142
5. Benefits and loss related payments	120,467,241	242,014,407
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	119,863,418	189,036,101
8. Dividends paid to policyholders	(4,431,327)	(12,474,173)
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(3,134,596)	(3,059,075)
10. Total (Lines 5 through 9)	232,764,736	415,517,260
11. Net cash from operations (Line 4 minus Line 10)	(172,579,150)	(295,823,118)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	589,344,250	707,352,244
12.2 Stocks	1,927,408	42,316,522
12.3 Mortgage loans	0	0
12.4 Real estate	59,500	4,015,225
12.5 Other invested assets	683,978	18,496,500
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	87,455	(673,404)
12.7 Miscellaneous proceeds	9,996,111	10,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	602,098,702	771,517,087
13. Cost of investments acquired (long-term only):		
13.1 Bonds	519,307,607	458,658,498
13.2 Stocks	0	16,324,000
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	840,000
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	519,307,607	475,822,498
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)	82,791,095	295,694,589
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	6,940,139	24,911,100
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	6,940,139	24,911,100
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)	(82,847,916)	24,782,571
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	155,761,516	130,978,945
19.2 End of period (Line 18 plus Line 19.1)	72,913,600	155,761,516

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:

		September 30, 2008		December 31, 2007
		(in thousands)		
Total of gross deferred tax assets	\$	722,266		710,429
Total of deferred tax liabilities		(5,383)		(5,383)
Net deferred tax asset		716,883		705,046
Deferred tax asset nonadmitted		(716,883)		(705,046)
Net admitted deferred tax asset		0		0
Increase in nonadmitted asset	\$	(11,837)		

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

		September 30, 2008		December 31, 2007		Change
		(in thousands)				
Total deferred tax assets	\$	722,266		710,429	\$	11,837
Total deferred tax liabilities		(5,383)		(5,383)		0
Net deferred tax asset	\$	716,883		705,046		11,837
Tax effect of unrealized gains (losses)						0
Changes in net deferred income tax					\$	11,837

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:

		September 30, 2008
		(in thousands)
Provision computed at statutory rate	\$	(18,171)
Receivables		8,394
Loss carry forwards		(5,615)
Reserves		2,678
Other		(227)
Total	\$	(12,941)
Federal and foreign income taxes incurred	\$	(1,104)
Change in net deferred income taxes		(11,837)
Total statutory income taxes	\$	(12,941)

- F. No change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

No change.

11. DEBT

No change.

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

No change.

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

Each payment of interest on and repayment of principal of the surplus notes issued by the Company in 1996 and 1997 may be made only with the prior approval of the Director of the Illinois Department of Financial and Professional Regulation – Division of Insurance (the “Division of Insurance”), which approval will only be granted if, in the judgment of the Director, the financial condition of the Company warrants the making of such payments and the Company's policyholders' surplus reflects sufficient funds to cover the amount of such payment. All payments of interest scheduled since January 1, 2003 have not been paid due to disapprovals by the Director based on the Company's financial condition. The cumulative amount of interest that was scheduled to be paid but is unpaid, plus the amount otherwise accruing in the third quarter of 2008 for which scheduled interest payment dates have not yet arrived, totaled \$356,575,000 as of September 30, 2008. 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 September 30, 2008. On May 9, 2008, the Division of Insurance disapproved the payments of interest due on June 1, 2008 and July 1, 2008 (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.

NOTES TO FINANCIAL STATEMENTS

14. CONTINGENCIES

As a result of favorable loss experience under the D&O insurance program for the Company and its affiliates (described in Note 10 of the Company's Annual Statement for the year ended December 31, 2007), the Company's subsidiary, Specialty Surplus Insurance Company, recorded a loss reserve release of approximately \$15 million in 2008. The release increased surplus of the subsidiary, and consequently the consolidated surplus of its parent, by the same amount, but it had no impact on the subsidiary's or the Company's liquidity as the previously described trust securing the subsidiary's related reinsurance obligations continued in place. To the extent that there may arise any known claims purportedly covered under the affiliate D&O insurance program, the Company's surplus would then be reduced by any D&O liability, including loss reserves, which may then be recorded by the subsidiary.

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.

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

No change.

25. INTERCOMPANY POOLING ARRANGEMENTS

No change.

26. STRUCTURED SETTLEMENTS

No change.

27. HEALTH CARE RECEIVABLES

No change.

28. PARTICIPATING POLICIES

No change.

29. PREMIUM DEFICIENCY RESERVES

No change.

30. HIGH DEDUCTIBLE

No change.

NOTES TO FINANCIAL STATEMENTS

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: \$

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 Book/Adjusted Carrying Value		Current Quarter Book/Adjusted Carrying Value	
14.21 Bonds	\$		\$	
14.22 Preferred Stock	\$		\$	
14.23 Common Stock	\$ 59,677,331		\$ 77,526,977	
14.24 Short-Term Investments	\$		\$	
14.25 Mortgage Loans on Real Estate	\$ 0		\$	
14.26 All Other	\$ 5,315,221		\$ 5,315,221	
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ 64,992,552		\$ 82,842,198	
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, 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, G - 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.....	209 W. Jackson Blvd., Suite 800, Chicago, IL 60606...

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 [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
BNY Midwest Trust Company.....	BNY Mellon Trust Company of Illinois.....	07/01/2008.....	Name change.....

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:

.....

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			80,303	80,303			(140,378)	(140,378)
2.Private Passenger Auto Liability.....		4.200			399,195	399,195			(265,248)	(265,248)
3.Commercial Auto Liability.....		4.200			8,021,885	8,021,885			(3,693,178)	(3,693,178)
4.Workers' Compensation.....		4.200			161,047,690	161,047,690			(25,912,615)	(25,912,615)
5.Commercial Multiple Peril.....		4.200			14,838,742	14,838,742			(1,624,574)	(1,624,574)
6.Medical Malpractice-Occurrence.....		4.200			23,907	23,907			(39,896)	(39,896)
7.Medical Malpractice-Claims Made.....		4.200			49,282	49,282			(39,905)	(39,905)
8.Special Liability.....		4.200			441,232	441,232			(242,346)	(242,346)
9.Other Liability-Occurrence.....		4.200			35,748,279	35,748,279			(5,015,963)	(5,015,963)
10.Other Liability-Claims Made.....		4.200			4,763,485	4,763,485			(4,420,646)	(4,420,646)
11.Special Property.....		4.200			(74,357)	(74,357)			29,153	29,153
12.Auto Physical Damage.....		4.200			129	129			6,589	6,589
13.Fidelity/Surety.....		4.200			1,418,540	1,418,540			(934,409)	(934,409)
14.Other.....		4.200			73,355	73,355			(9,004)	(9,004)
17.Reinsurance Nonproportional Assumed Liability.....		4.200			14,955,658	14,955,658			1,054,840	1,054,840
19.Products Liability-Occurrence.....		4.200			11,275,033	11,275,033			(5,346,127)	(5,346,127)
20.Products Liability-Claims Made.....		4.200			5,478	5,478			5,478	5,478
TOTAL			0	0	253,067,836	253,067,836	0	0	(46,588,229)	(46,588,229)

SCHEDULE F—CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

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

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

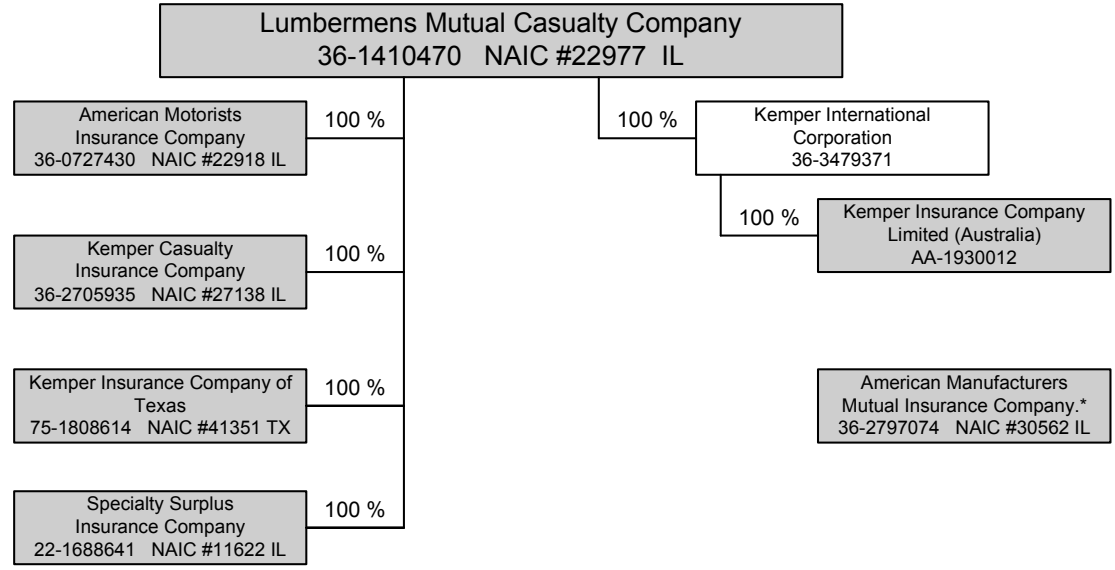
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

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	5,507	(1,518)	526,595	784,806	9,173,597	8,808,037
2. Alaska	AK L	418	(618)	1,465,080	(559,932)	1,179,145	1,830,380
3. Arizona	AZ L	(8,418)	(20,187)	38,568	1,401,957	13,723,561	13,041,834
4. Arkansas	AR L	24	0	(1,179,562)	7,669,840	3,264,820	3,187,951
5. California	CA L	185,784	(338,336)	21,392,474	27,671,325	73,811,630	87,302,877
6. Colorado	CO L	6,734	(26,906)	207,159	479,996	2,114,602	2,638,884
7. Connecticut	CT L	6,444	5,959	1,110,965	5,897,008	7,358,463	14,740,832
8. Delaware	DE L	18,234	(8,473)	356,293	209,026	3,459,012	1,349,891
9. District of Columbia	DC L	(1,368)	337	1,819,916	807,862	1,179,051	5,541,072
10. Florida	FL N	42,017	53,872	2,427,562	10,567,879	18,341,307	21,727,592
11. Georgia	GA L	5,226	(38,303)	19,754,841	5,332,913	19,299,620	43,415,341
12. Hawaii	HI L	82,733	99,093	559,269	914,243	2,620,685	2,164,241
13. Idaho	ID L	1,410	(549)	(15,729)	(42,694)	15,790	2,894
14. Illinois	IL L	19,800	(670,980)	4,548,051	40,539	48,486,089	45,124,266
15. Indiana	IN L	(61,639)	13,697	362,967	889,332	5,210,319	6,248,432
16. Iowa	IA L	127,419	28,068	259,660	429,535	1,828,678	2,045,418
17. Kansas	KS L	(7,759)	(5,476)	190,514	(78,252)	2,204,219	2,148,161
18. Kentucky	KY L	(9,180)	(5,249)	2,188,954	700,628	16,610,740	19,153,560
19. Louisiana	LA L	24,129	(13,609)	56,135	2,055,462	2,446,456	2,911,290
20. Maine	ME L	1,558	(10,915)	(28,264)	183,244	172,382	173,250
21. Maryland	MD L	1,783	23,130	5,300,492	2,211,002	13,917,096	21,003,953
22. Massachusetts	MA L	31,645	212,126	8,933,222	8,578,932	16,161,989	21,464,566
23. Michigan	MI L	24,103	164,667	904,934	2,820,777	20,102,538	15,349,370
24. Minnesota	MN L	110,292	58,426	1,357,252	2,327,383	7,131,944	8,794,930
25. Mississippi	MS L	10,332	(2,457)	60,923	481,134	324,087	1,969,094
26. Missouri	MO L	69,200	2,573	690,520	521,449	3,247,367	3,355,953
27. Montana	MT L	652	(2,866)	266,959	130,050	559,686	525,443
28. Nebraska	NE L	43	12,732	155,055	(14,886)	1,741,204	1,704,238
29. Nevada	NV L	12,192	(10,583)	776,921	3,309,235	1,682,830	2,013,985
30. New Hampshire	NH L	7,557	225,471	299,701	418,902	2,887,203	3,113,642
31. New Jersey	NJ L	(114,256)	16,217	14,549,021	6,785,602	42,127,352	54,436,617
32. New Mexico	NM L	5,923	6,341	(46,521)	145,281	366,780	577,587
33. New York	NY L	220,371	85,708	27,428,197	32,108,612	94,226,676	118,123,157
34. North Carolina	NC L	1,695	(194,947)	1,640,496	1,858,607	10,399,978	11,390,672
35. North Dakota	ND L	57	(56)	3,090	(6,000)	148	236,500
36. Ohio	OH L	2,905	(3,994)	2,450,703	3,516,173	13,708,110	14,005,506
37. Oklahoma	OK L	1,280	593,814	121,098	146,748	2,391,872	1,487,339
38. Oregon	OR L	21,493	(215,059)	1,380,503	304,328	4,385,240	7,019,602
39. Pennsylvania	PA L	88,835	3,899	5,554,646	7,653,153	24,721,156	20,064,040
40. Rhode Island	RI L	(51)	46,043	236,549	412,964	6,148,999	6,076,451
41. South Carolina	SC L	(48,447)	(31,964)	1,036,750	4,517,664	10,651,646	11,020,042
42. South Dakota	SD L	54	(1,111)	127,653	10,716	564,704	640,973
43. Tennessee	TN L	4,001	16,616	923,406	1,636,828	10,712,867	11,979,144
44. Texas	TX L	(93,546)	(1,887)	5,580,406	5,449,013	74,074,712	89,040,009
45. Utah	UT L	1,412	(14,906)	65,294	(34,534)	739,705	543,650
46. Vermont	VT L	395	1,153	196,795	139,757	557,936	809,721
47. Virginia	VA L	(16,671)	6,637	2,241,274	1,336,191	7,897,290	7,458,339
48. Washington	WA L	(8,303)	724	1,891,965	3,958,871	13,917,442	14,636,765
49. West Virginia	WV L	(117)	1,382	(417,414)	15,657	161,327	130,606
50. Wisconsin	WI L	195,829	(124,770)	6,561,086	1,570,270	4,110,009	8,210,656
51. Wyoming	WY L	297	4	13,450	22,508	175,950	191,881
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	(40)	61,423	1,028,174	786,660	1,433,311
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	(71,678)	3,148	18,374,984	1,441	1,017,259	19,123,453
58. Aggregate Other Alien	OT XXX	(153,011)	(241,230)	(19,773,706)	5,031,148	1,192,797	(16,528,822)
59. Totals	(a) 50	745,339	(305,152)	144,988,575	163,747,867	625,292,725	744,958,576
DETAILS OF WRITE-INS							
5801. Asia	XXX	(161,010)	34,470	8,950	702,713	350,276	872,353
5802. Australia	XXX	0	0	(19,783,269)	0	14	(17,370,669)
5803. Europe	XXX	0	(721)	613	4,328,547	842,308	35,681
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX	7,999	(274,979)	0	(112)	199	(66,187)
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	(153,011)	(241,230)	(19,773,706)	5,031,148	1,192,797	(16,528,822)

(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 9/30/2008.

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE LUMBERMENS 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	869	(66,512)	(7,653.9)	(648.6)
2. Allied Lines	464	24,194	5,214.2	(10.7)
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	2	281,579	14,078,950.0	389,692.2
5. Commercial multiple peril	(243,245)	5,491,637	(2,257.7)	(263.1)
6. Mortgage guaranty			0.0	0.0
8. Ocean marine		2,133	0.0	13,218.5
9. Inland marine	51,868	(122,609)	(236.4)	23,294.8
10. Financial guaranty			0.0	0.0
11.1 Medical malpractice - occurrence		473	0.0	0.0
11.2 Medical malpractice - claims-made		(31,468)	0.0	0.0
12. Earthquake	(23)	(28)	121.7	0.0
13. Group accident and health		(2,134,386)	0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health		60,679	0.0	(6.8)
16. Workers' compensation	561,354	3,119,660	555.7	(5,174.2)
17.1 Other liability - occurrence	(23,082)	16,407,756	(71,084.6)	1,166,613.5
17.2 Other liability - claims-made	492,011	7,020,761	1,427.0	(524.0)
18.1 Products liability - occurrence	18,678	1,743,904	9,336.7	(25,919.2)
18.2 Products liability - claims-made		(5,472)	0.0	0.0
19.1,19.2 Private passenger auto liability	(25)	2,062,491	(8,249,964.0)	28,082,542.9
19.3,19.4 Commercial auto liability	(97,115)	(1,134,910)	1,168.6	89,147.9
21. Auto physical damage	2,952	(1,069)	(36.2)	34,998.3
22. Aircraft (all perils)	(5,017)	(86,502)	1,724.2	217.2
23. Fidelity		(98,795)	0.0	0.0
24. Surety	362,449	(15,111,512)	(4,169.3)	(4,578.3)
26. Burglary and theft			0.0	0.0
27. Boiler and machinery		(5,658)	0.0	0.0
28. Credit		6,711	0.0	189,481.6
29. International			0.0	0.0
30. Warranty		355,319	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	1,122,140	17,778,376	1,584.3	111,816.4
DETAILS OF WRITE-INS				
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

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	0	(85)	85
2. Allied Lines	0	(220)	186
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	(36)	(36)	(26)
5. Commercial multiple peril	0	(1,198)	0
6. Mortgage guaranty	0		0
8. Ocean marine	0		(455)
9. Inland marine	51,805	51,905	1,552
10. Financial guaranty	0		0
11.1 Medical malpractice - occurrence	0		0
11.2 Medical malpractice - claims-made	0		0
12. Earthquake	0	(23)	0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		12,372
16. Workers' compensation	227,446	561,351	(596,201)
17.1 Other liability - occurrence	53,781	(23,056)	2,575
17.2 Other liability - claims-made	0	(3,000)	12,407
18.1 Products liability - occurrence	(55,987)	5,200	(6,369)
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	0	(25)	0
19.3,19.4 Commercial auto liability	11,108	(97,115)	(3,968)
21. Auto physical damage	(11)	2,952	(977)
22. Aircraft (all perils)	(1,046)	(5,018)	(122,693)
23. Fidelity	0		0
24. Surety	82,501	253,707	397,081
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		(721)
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	369,561	745,339	(305,152)
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2008 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)	2008 Loss and LAE Payments on Claims Reported as of Prior Year-End	2008 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2008 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. 2005 + Prior	1,299,783	(71,679)	1,228,104	215,939	23,052	238,991	1,118,163	17,758	(89,541)	1,046,380	34,319	22,948	57,267
2. 2006	756	5,453	6,209	(337)		(337)	1,543	2	(6,117)	(4,572)	450	(11,568)	(11,118)
3. Subtotals 2006 + Prior	1,300,539	(66,226)	1,234,313	215,602	23,052	238,654	1,119,706	17,760	(95,658)	1,041,808	34,769	11,380	46,149
4. 2007	784	2,300	3,084	105	5	110	797	173	7,405	8,375	118	5,283	5,401
5. Subtotals 2007 + Prior	1,301,323	(63,926)	1,237,397	215,707	23,057	238,764	1,120,503	17,933	(88,253)	1,050,183	34,887	16,663	51,550
6. 2008	XXX	XXX	XXX	XXX	1,371	1,371	XXX	535	1,879	2,414	XXX	XXX	XXX
7. Totals	1,301,323	(63,926)	1,237,397	215,707	24,428	240,135	1,120,503	18,468	(86,374)	1,052,597	34,887	16,663	51,550
8. Prior Year-End's Surplus As Regards Policyholders	150,664										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. 2.7	2. (26.1)	3. 4.2
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 34.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

- | | |
|---|---------------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 2. Will Supplement A to Schedule T (Medical 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. Reinsurance accounted for as a deposit.....			0	811,766
2305.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 02	0	0	0	811,766

PQ010 Additional Aggregate Lines for Page 10 Line 58.

*SCT

	1	2	3	4	5	6	7
	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
5804. Central & South America.....	XXX		0		0	21	(61,011)
5805. Africa.....	XXX	7,999	(274,979)		(112)	178	(5,176)
5897. Summary of remaining write-ins for Line 58 from Page 10	XXX	7,999	(274,979)	0	(112)	199	(66,187)

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	4,172,747
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals	59,500	(63,775)
5. Deduct amounts received on disposals	59,500	4,015,225
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		93,747
8. Deduct current year's depreciation		
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 amount		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
NONE		
1. Book value/recorded investment excluding accrued interest receivable at end of current period	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		0
2.2 Additional investment made after acquisitions		0
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
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		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
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. Deduct total nonadmitted accounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	6,171,061	28,898,383
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		840,000
2.2 Additional investment made after acquisitions		0
3. Capitalized deferred interest and other		
4. Accrual of discount	421,617	245,925
5. Unrealized valuation increase (decrease)		(6,026,820)
6. Total gain (loss) on disposals	122,327	710,073
7. Deduct amounts received on disposals	683,978	18,496,500
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		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9-10)	6,031,027	6,171,061
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	6,031,027	6,171,061

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	1,205,289,111	1,482,155,699
2. Cost of bonds and stocks acquired	519,307,608	474,982,498
3. Accrual of discount	2,059,553	3,576,895
4. Unrealized valuation increase (decrease)	17,187,436	1,658,898
5. Total gain (loss) on disposals	5,266,783	105,050
6. Deduct consideration for bonds and stocks disposed of	591,271,658	749,668,765
7. Deduct amortization of premium	3,526,801	3,864,312
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		3,656,851
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,154,312,032	1,205,289,111
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,154,312,032	1,205,289,111

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	1,180,828,277	183,979,689	228,915,134	(812,730)	1,198,579,432	1,180,828,277	1,135,080,103	1,270,489,167
2. Class 2 (a).....	3,645,387	0	451,820	0	12,070,618	3,645,387	3,193,567	17,105,282
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	0	0	0	0	0	0
5. Class 5 (a).....	0	0	0	0	0	0	0	0
6. Class 6 (a).....	1,546,875	0	226,295	164,420	1,851,003	1,546,875	1,485,000	2,455,367
7. Total Bonds	1,186,020,539	183,979,689	229,593,248	(648,310)	1,212,501,052	1,186,020,539	1,139,758,670	1,290,049,817
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	1,186,020,539	183,979,689	229,593,248	(648,310)	1,212,501,052	1,186,020,539	1,139,758,670	1,290,049,817

(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

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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	45,540,815	XXX	45,473,077	321,675	23,835

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.....	146,965,401	114,732,314
2. Cost of short-term investments acquired	622,477,088	817,094,784
3. Accrual of discount.....	544,385	1,579,502
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	143,578	(4)
6. Deduct consideration received on disposals.....	724,582,634	786,432,663
7. Deduct amortization of premium.....	7,004	8,531
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).....	45,540,815	146,965,401
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	45,540,815	146,965,401

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE E-VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	241,815	29,371,289
2. Cost of cash equivalents.....	18,266,032	4,378,568
3. Accrual of discount.....	3,879	60,200
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	242,894	33,565,000
7. Deduct amortization of premium.....	0	3,241
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).....	18,268,833	241,815
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	18,268,833	241,815

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE BA - PART 2

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

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

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE LUMBERMENS MUTUAL CASUALTY COMPANY

SCHEDULE BA - PART 3

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

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income		
		City	State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)							14 Total Foreign Exchange Change in B./A.C.V.	
..000000-00-0..	Community Eldercare Svcs. LLC 5% Nt 09/30/2010	Tupelo	MS	Paydown	07/31/2007	08/31/2008	84,135		96,260				96,260		180,395	180,395			102,275	
0799999	- Fixed or Variable Rate - Bonds - Unaffiliated						84,135		96,260				96,260		180,395	180,395			102,275	
..000000-00-0..	RCS III LP	San Francisco	CA	Liquidating Distribution	02/24/1984	08/28/2008	56,898						0		56,898	179,225	122,327	122,327		
1599999	- Joint Venture Interests - Common Stock - Unaffiliated						56,898						56,898		179,225	122,327	122,327	122,327		
3999999	- Total Unaffiliated						141,033	0	96,260	0	0	0	96,260	0	237,293	359,620	0	122,327	122,327	102,275
4099999	- Total Affiliated						0	0	0	0	0	0	0	0	0	0	0	0	0	0
4199999	Totals						141,033	0	96,260	0	0	0	96,260	0	237,293	359,620	0	122,327	122,327	102,275

E03.1

STATEMENT AS OF SEPTEMBER 30, 2008 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)
31359M-GJ-6	FANNIE MAE		09/26/2008	BANK OF AMERICA		16,103,385	15,000,000	369,896	1FE
0399999 - Total	- Bonds - U.S. Government					16,103,385	15,000,000	369,896	XXX
31394E-PS-1	FNR 2005-57 PA		07/14/2008	FIRST TENNESSEE BANK		10,494,845	10,327,031	25,244	1FE
31394L-3U-4	FHR 2684 LC		07/14/2008	KEYBANC CAPITAL MARKETS		18,629,776	18,594,911	33,058	1FE
31394T-CA-1	FHR 2759 BH		07/15/2008	FIRST TENNESSEE BANK		8,329,169	8,280,006	17,595	1FE
3199999 - Total	- Bonds - Special Revenue					37,453,790	37,201,948	75,896	XXX
05949A-5J-5	BOAMS 2005-4 1A9		07/09/2008	CANTOR FITZGERALD		5,977,500	6,000,000	10,833	1FE
07383F-7T-9	BSCMS 2005-PWR8 A2		07/22/2008	GOLDMAN SACHS & CO		9,891,406	10,000,000	29,893	1FE
084670-C@-5	BERKSHIRE HATHAWAY, INC. BOND		09/22/2008	DIRECT		3,300,000	3,300,000	0	1
52108H-FL-3	LBUBS 2001-C3 A2		09/22/2008	WACHOVIA BANK		5,603,125	5,500,000	13,614	1FE
59022H-JH-6	MLMT 2005-CIP1 A2		07/22/2008	MERRILL LYNCH		4,221,450	4,240,000	14,020	1FE
4599999 - Total	- Bonds - Industrial, Misc.					28,993,481	29,040,000	68,361	XXX
6099997 - Total	- Bonds - Part 3					82,550,656	81,241,948	514,153	XXX
6099999 - Total	- Bonds					82,550,656	81,241,948	514,153	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						82,550,656	XXX	514,153	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



SUPPLEMENT FOR SEPTEMBER 30, 2008 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 SEPTEMBER 30, 2008 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 SEPTEMBER 30, 2008 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				418			414
2. Alaska	AK				0			
3. Arizona	AZ				7,839			7,818
4. Arkansas	AR				629			624
5. California	CA				24,180			24,067
6. Colorado	CO				4,666			4,653
7. Connecticut	CT				1,347			1,341
8. Delaware	DE				1,867			1,867
9. District of Columbia	DC				94			94
10. Florida	FL				12,212			12,210
11. Georgia	GA				2,804			2,792
12. Hawaii	HI				482			477
13. Idaho	ID				1,936			1,929
14. Illinois	IL				20,434			20,403
15. Indiana	IN				10,230			9,920
16. Iowa	IA				127,621			127,419
17. Kansas	KS				615			608
18. Kentucky	KY				521			520
19. Louisiana	LA							
20. Maine	ME				738			736
21. Maryland	MD				595			591
22. Massachusetts	MA				1,135			1,132
23. Michigan	MI				6,762			6,701
24. Minnesota	MN				3,474			3,466
25. Mississippi	MS				196			192
26. Missouri	MO				8,748			7,733
27. Montana	MT				355			355
28. Nebraska	NE				313			312
29. Nevada	NV		20,000	1	6,978			785
30. New Hampshire	NH				1,147			1,140
31. New Jersey	NJ				1,835			1,826
32. New Mexico	NM				13,363			13,360
33. New York	NY				18,302	55,000	2	65,485
34. North Carolina	NC				1,058			1,056
35. North Dakota	ND				134			133
36. Ohio	OH				2,547			2,534
37. Oklahoma	OK				42,505			42,509
38. Oregon	OR		595,000	2	(433,273)			18,957
39. Pennsylvania	PA				7,466			7,407
40. Rhode Island	RI				52			52
41. South Carolina	SC				709			707
42. South Dakota	SD				119			118
43. Tennessee	TN				37,894			37,887
44. Texas	TX				2,863			2,846
45. Utah	UT				1,151			1,136
46. Vermont	VT				217			212
47. Virginia	VA				1,335			1,328
48. Washington	WA				20,473			20,420
49. West Virginia	WV				134			133
50. Wisconsin	WI				1,751			1,731
51. Wyoming	WY				34			34
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
59. Totals	0	0	615,000	3	(30,995)	55,000	2	460,170
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 SEPTEMBER 30, 2008 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								
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 SEPTEMBER 30, 2008 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