

QUARTERLY STATEMENT

OF THE

STAR CASUALTY INSURANCE COMPANY

Of

MIAMI

in the state of FL

**to the Insurance Department
of the State of**

For the Period Ended
September 30, 2011

2011



QUARTERLY STATEMENT

As of September 30, 2011
of the Condition and Affairs of the

STAR CASUALTY INSURANCE COMPANY

NAIC Group Code.....0000, 0000 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 32387	Employer's ID Number..... 65-0071432
Organized under the Laws of FLORIDA	State of Domicile or Port of Entry FLORIDA	Country of Domicile US
Incorporated/Organized..... August 20, 1987	Commenced Business..... July 25, 1988	
Statutory Home Office	5539 SW 8 Street..... MIAMI FL 33134 <small>(Street and Number) (City or Town, State and Zip Code)</small>	
Main Administrative Office	5539 SW 8 Street..... MIAMI FL 33134 <small>(Street and Number) (City or Town, State and Zip Code)</small>	305-442-2276 <small>(Area Code) (Telephone Number)</small>
Mail Address	P.O.BOX 451037..... MIAMI FL 33245-1037 <small>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</small>	
Primary Location of Books and Records	5539 SW 8 Street..... MIAMI FL 33134 <small>(Street and Number) (City or Town, State and Zip Code)</small>	305-442-2276 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	WWW.STARCASUALTY.COM	
Statutory Statement Contact	ALEX ZAJAC <small>(Name)</small> azajac@starcasualty.com <small>(E-Mail Address)</small>	305-442-2276 <small>(Area Code) (Telephone Number) (Extension)</small> 786-363-1958 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. PAUL G. GABE JR.	PRESIDENT/ SECRETARY /CHAIRMAN / C.E.O.	2. ALEJANDRO ZAJAC	TREASURER
3.		4.	
OTHER			
JOSE E. ESTRELLA	VICE PRESIDENT	FRANCIS BRILL	VICE PRESIDENT
PAUL SHUPE	VICE PRESIDENT		

DIRECTORS OR TRUSTEES

NICOLAS ESTRELLA SR.	J. PAUL KENNEDY	AMANDA J. ESTRELLA	NICOLAS ESTRELLA JR.
PAUL GABE JR	JOSE ESTRELLA		

State of..... FLORIDA
County of..... DADE

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.

_____ <small>(Signature)</small>	_____ <small>(Signature)</small>	_____ <small>(Signature)</small>
PAUL G. GABE JR.	ALEJANDRO ZAJAC	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT/ SECRETARY /CHAIRMAN / C.E.O.	TREASURER	
_____ <small>(Title)</small>	_____ <small>(Title)</small>	_____ <small>(Title)</small>

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	2,725,753
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	2,292,342		2,292,342	2,334,112
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....7,974,914), cash equivalents (\$.....0) and short-term investments (\$.....994,731).....	8,969,645		8,969,645	7,931,204
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	11,261,987	0	11,261,987	12,991,069
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,921		1,921	8,294
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	529,662	6,213	523,449	506,617
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	3,350,357		3,350,357	3,449,293
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,514,197		1,514,197	1,584,361
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	288,992	288,992	0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	111,707	77,937	33,770	48,244
21. Furniture and equipment, including health care delivery assets (\$.....0).....	89,698	89,698	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	320,739		320,739	315,212
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	43,054
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	17,469,260	462,840	17,006,420	18,946,144
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	17,469,260	462,840	17,006,420	18,946,144

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. STATE INCOME TAX RECOVERABLE.....			0	
2502. ADVANCES TO EMPLOYEES.....			0	
2503. EQUITIES AND DEPOSITS IN POOLS AND ASSOCIATIONS.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	43,054
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	43,054

STAR CASUALTY INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....2,230,867).....	2,586,141	3,746,353
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	577,485	613,447
4. Commissions payable, contingent commissions and other similar charges.....	221,770	194,377
5. Other expenses (excluding taxes, licenses and fees).....	65,223	250,642
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	78,914	12,085
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....1,972,659 and including warranty reserves of \$.....0).....	2,418,155	2,535,818
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	2,649,960	2,920,989
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance.....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....	1,421,341	1,607,092
19. Payable to parent, subsidiaries and affiliates.....	27,598	36,950
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	.0	.0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	10,046,587	11,917,753
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	10,046,587	11,917,753
29. Aggregate write-ins for special surplus funds.....	.0	.0
30. Common capital stock.....	1,005,000	1,005,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	.0	.0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	1,407,325	1,407,325
35. Unassigned funds (surplus).....	4,547,508	4,616,066
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	6,959,833	7,028,391
38. Totals.....	17,006,420	18,946,144

DETAILS OF WRITE-INS

2501. Line 15 from 2000 Annual Statement.....		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	.0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	.0	.0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	.0	.0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....13,617,219).....	13,846,850	12,417,653	17,140,592
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....6,152,778).....	6,264,820	5,569,066	7,717,511
1.4 Net..... (written \$.....7,464,441).....	7,582,030	6,848,587	9,423,081
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....5,035,911):			
2.1 Direct.....	7,919,100	7,672,382	13,500,952
2.2 Assumed.....			
2.3 Ceded.....	3,367,154	3,196,298	5,567,253
2.4 Net.....	4,551,946	4,476,084	7,933,699
3. Loss adjustment expenses incurred.....	1,805,698	1,426,926	2,081,002
4. Other underwriting expenses incurred.....	2,233,108	2,216,036	2,981,244
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	8,590,752	8,119,046	12,995,945
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(1,008,722)	(1,270,459)	(3,572,864)
INVESTMENT INCOME			
9. Net investment income earned.....	45,315	62,473	86,178
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....			
11. Net investment gain (loss) (Lines 9 + 10).....	45,315	62,473	86,178
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....107,415).....	(107,415)	(109,890)	(148,852)
13. Finance and service charges not included in premiums.....	951,689	995,238	1,326,512
14. Aggregate write-ins for miscellaneous income.....	0	1,484	0
15. Total other income (Lines 12 through 14).....	844,274	886,832	1,177,660
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(119,133)	(321,154)	(2,309,026)
17. Dividends to policyholders.....			
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).....	(119,133)	(321,154)	(2,309,026)
19. Federal and foreign income taxes incurred.....		5,719	5,719
20. Net income (Line 18 minus Line 19) (to Line 22).....	(119,133)	(326,873)	(2,314,745)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	7,028,391	9,292,281	9,292,281
22. Net income (from Line 20).....	(119,133)	(326,873)	(2,314,745)
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	(40,956)	37,974	42,380
27. Change in nonadmitted assets.....	91,531	(4,439)	8,475
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	(68,558)	(293,338)	(2,263,890)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	6,959,833	8,998,943	7,028,391
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. APPOINTMENT FEES.....		1,484	
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).....	0	1,484	0
3701. Lines 23 and 29 from 2000 Annual Statement.....			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	7,547,638	7,450,986	9,600,451
2. Net investment income.....	51,441	64,097	44,221
3. Miscellaneous income.....	951,689	996,722	1,326,512
4. Total (Lines 1 through 3).....	8,550,768	8,511,805	10,971,184
5. Benefit and loss related payments.....	5,682,801	6,880,465	9,259,821
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	3,959,581	2,218,983	2,980,390
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....		(1,283,183)	(1,285,098)
10. Total (Lines 5 through 9).....	9,642,382	7,816,265	10,955,113
11. Net cash from operations (Line 4 minus Line 10).....	(1,091,614)	695,540	16,071
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	2,726,000		320,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,726,000	0	320,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		496,000	496,000
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	496,000	496,000
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	2,726,000	(496,000)	(176,000)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(595,945)	(112,709)	129,687
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(595,945)	(112,709)	129,687
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,038,441	86,831	(30,242)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	7,931,204	7,961,446	7,961,446
19.2 End of period (Line 18 plus Line 19.1).....	8,969,645	8,048,277	7,931,204

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

20,001			
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NOTES TO FINANCIAL STATEMENTS**Note 1-Summary of Significant Accounting Policies**

The financial statements of Star Casualty Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Florida Department of Financial Services. The Florida Department of Financial Services recognizes only statutory accounting practices prescribed or permitted by the state of Florida for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (the "NAIC") Accounting Practices and Procedures Manual version effective January 1, 2001 ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Florida. The Commissioner of Insurance has the right to permit specific practices, which may deviate from prescribed practices. Assets values are generally stated as follows: Investments securities, which consist primarily of US government and corporate obligations, are stated at amortized cost. Amortization of premiums and accretion of discounts are recognized using the constant yield interest method. Realized losses on investments securities are charged to unassigned surplus (deficit). Realized gains and losses are computed using the specific indication method. Depreciation of electronic data processing equipment is computed by the straight-line method over three years. Land, Buildings and improvements are recorded at cost. Depreciation on building and improvements is computed by the straight line method over the estimated useful lives. Maintenance and repairs are charged to operations as incurred. Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Reinsurance recoverables are estimates of paid and unpaid losses collectible from the company's reinsurers.

Note 2- Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Florida. Effective January 1, 2001, the State of Florida required that insurance companies domiciled in the State of Florida prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures Manual-Version effective January 1, 2001 subject to any deviation prescribed or permitted by the State of Florida Insurance Commissioner. Accounting changes adopted to conform to the provisions of the NAIC Accounting Practices and Procedures Manual-Version effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment of unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported in 2001, a change of accounting principles as an adjustment, which increased unassigned funds, of \$513 as of January 1, 2001.

Note 3- Business Combinations and Goodwill

No applicable.

Note 4- Discontinued Operations

No applicable.

Note 5- Investments

No significant change.

Note 6- Joint Ventures, Partnerships and Limited Liability Companies

No applicable.

Note 7- Investment Income

Premiums and discounts on investment securities are amortized (accrued) using the specific (constant yield) interest method.

Note 8- Derivative Instruments

No applicable.

Note 9-Income Taxes

No significant changes from last filing

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

A. The Company, in the normal course of business, is involved in intercompany transactions with certain affiliates as follows:

- 1) Value Underwriters, Inc, a managing general agent
- 2) Estrella Insurance, Inc., an insurance agency and its agent, Estrella General Agency.
- 3) Centrex Premium Finance Co., a finance company for insurance premiums
- 4) Penta Insurance Adjusters, Inc., an insurance adjusters company

B. During the course of the current period, Star Casualty was involved in the following transactions (excluding cost allocation transactions):

- 1) A 15% agent commission is paid to Estrella Insurance, Inc., the affiliated insurance agency, and its franchise offices, which amounts to \$572,778 at the end of the period.
- 2) Value Underwriters received, for policies sold through the affiliated agency, Estrella Insurance, and its franchises, a commission of 2.5 % of net written premiums, which amounted to \$95,463 at the end of the period.
- 3) The total fees (ALAE) incurred during the period as compensation for Penta Insurance Adjusters' services amounted to \$1,295,730.

C. The dollar amounts related to the transactions above mentioned are:

- 1) YTD - Commissions paid to Estrella Insurance agencies: \$572,778
- 2) YTD - Commissions paid to Value Underwriters Inc: \$95,463
- 3) YTD - Fees incurred for Penta Insurance Adjusters' services: \$1,295,730.

There were no changes in the method of establishing the terms from that used in the preceding period.

D. At the end of this period, the following balances are due from affiliates, which correspond to cost allocations:

- 1) From Penta Insurance Adjusters, Inc: \$162,889
- 2) From Value Underwriters Inc.: \$18,993
- 3) From Centrex Premium Co.: \$33,695
- 4) From Estrella Franchising Corp: \$0

NOTES TO FINANCIAL STATEMENTS

At the end of this period, no balances are due to affiliates.

E. There are no guarantees or undertakings, written or otherwise, for the benefit of related parties that result in a material contingent exposure for the Company.

F. There are no management service agreements involving the Company and its affiliates. There is a cost allocation agreement between the Company and its affiliates where the related entities agree to have a quarterly allocation of office and salary expenses in cases where an affiliate paid for expenses incurred for costs that pertain to another affiliate or affiliates.

G. The relationship between the affiliated entities does not affect the normal course of business of the Company. The financial position of the reporting entity is not significantly different from that that would have been obtained if the referred entities were autonomous.

H. Star Casualty is not owned directly by any of the above mentioned entities. Star Casualty does not have any ownership in any of the above mentioned entities.

I. The Company does not have any investments in the above mentioned entities.

J. The Company does not have any ownership in any of the above mentioned entities. No impairment in investments is applicable.

The following is the year-to-date detail of reimbursement charges from/to affiliates for cost allocations at the end of this period:

Reimbursements to affiliates for cost allocations:

To Estrella Insurance Inc.:	\$ 0
To Centrex Premium Finance :	\$ 38,119
To Value Underwriters Inc.:	\$ 80,610
To Penta Ins. Adjusters Inc.:	\$ 479,438
To Estrella Group Holdings, Inc.	\$ 804
Total of Reimbursements from affiliates	\$ 598,971

Note 11 – Debt

On June 26, 1988, the sole shareholder of the Company entered into a Surplus Note Agreement with the Company in the amount of \$1,175,000. This note was repaid on December 22, 2005. Interest was due at the annual rate of 12%.

On July 31, 2002, the sole shareholder of the Company executed an additional Surplus Note for \$1, 000,000. This note was repaid on October 25, 2006. Interest was due at the annual rate of 7%.

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

The Company had adopted a qualified 401 K retirement plan on May 1, 1999 covering substantially all employees of the Company, subject to certain service requirements. No matching contribution were being made by the Company. This plan was terminated effective December 12, 2006. The Company does not have a program for granting agents, brokers, and employees, options, warrants or rights to purchase stock of the Company. Also, the Company does not have any agreement with any person whereby it agrees that for any services rendered he/she shall receive salary or compensation that will extend beyond a period of twelve months from the date of the agreement. At the end of the current period the Company is not offering any postretirement benefit or any other kind of retirement plan to the employees.

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

The Company has 5,000,000 common shares authorized; 750,000 shares are issued and outstanding. The Company has no preferred stock outstanding. Except for the limitations specified by the laws of the State of Florida, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.

Note 14 – Contingencies

Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

Note 15- Leases

On January 30, 2008, Star Casualty entered into a business lease contract with Star Property IV, an LLC owned by Mr. Nicolas Estrella for the headquarters office located at 5539 SW 8 Street, in Miami, Florida. On June 23, 2008, Star Casualty acquired the aforementioned building from Star Property IV, LLC.

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

No applicable.

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

No applicable.

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

No applicable.

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

Name and address of the Managing General Agent Value Underwriters Inc.

FEIN: 65-0839814, 5539 SW 8 St Street, Miami, Florida, 33134.

Exclusive Contract: Yes

Type of business: Auto liability and physical damage in Florida.

Type of Authority: Underwriting, Binding authority, Premium collection, reinsurance and oversee loss adjustment expenses.

Voluntary Direct Premiums Written (Year-to-Date): \$9,174,970 (Florida).

Note 20 – September 11 Events

No applicable.

Note 21 – Agent's Balances:

At the end of the current period the Company reports \$3,880,019 in premiums receivable from policyholders as a result of direct billing operations. There are no balances due from controlling persons included in line 13.1 at the end of the period.

NOTES TO FINANCIAL STATEMENTS

Agent's Balances or Uncollected Premiums before ceded reinsurance balances	\$3,880,019	(1)
Premiums collected from 'Controlled' or 'Controlling' persons	\$0	(2)
Premiums collected by 'Controlled' or 'Controlling' person within 15 days preceding reporting period	\$0	(3)
Total of Trust Fund, Letter of Credit or Financial Guaranty Bond	\$0	(4)
(2) minus (3) minus (4); should not exceed zero	\$0	

Note 22 – Events Subsequent

There are no events occurring subsequent to the closing of the books, which have a material effect on the financial condition of the Company.

Note 23 – Reinsurance

Effective April 1, 2009, the company entered into a 40% quota share reinsurance agreement with General Reinsurance Corporation.
 Effective June 1, 2008, the company entered into a catastrophe reinsurance treaty with General Reinsurance Corporation.
 Effective January 1, 2008, the company entered into an excess of loss reinsurance contract with General Reinsurance Corporation
 Effective November 1, 2010 the company entered into a quota share reinsurance contract of Personal Umbrella Businesses with General Reinsurance Corporation.
 All of the reinsurance contracts above are in effect during the current period and are being renewed on an annual basis.

The following is the detail of reinsurance companies with an unsecured aggregate recoverable for losses; paid and unpaid including IBNR, loss adjustment expenses and unearned premium that exceeds 3% of the company's policyholder surplus.

Reinsurance's Name	NAIC number	FEIN	Aggregate Total
General Reinsurance Corp	22039	13-2673100	\$3,921,949

Reinsurance Recoverable in dispute: None
 Reinsurance Assumed: N/A
 Ceded Reinsurance Premiums Payable at period end: \$2,649,960
 Commutation of Ceded Reinsurance: None
 Retroactive Reinsurance None

Note 24 – Retrospectively Rated Contracts & Contracts Subjects to Re-determination

No applicable.

Note 25 – Change in Incurred Losses and loss Adjustment Expenses

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports, and an amount based on past experience, for losses incurred but not reported. Unpaid losses and loss adjustment expenses are reported net of receivables for salvage and subrogation. Original estimates are increased or decreased, as additional information becomes known regarding individual losses.

Note 26 – Inter-company Pooling Arrangement

No applicable.

Note 27 – Structured Settlements

No applicable.

Note 28 – Health Care Receivables

No applicable.

Note 29 – Participating Policies

No applicable.

Note 30 – Premium Deficiency Reserves

No applicable.

Note 31 – High Deductibles

No applicable.

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

No applicable.

Note 33 – Asbestos/Environmental Reserves

No applicable.

Note 34 – Subscriber Savings Accounts

No applicable.

Note 35 – Multiple Peril Crop Insurance

No applicable.

Note 36 – Other

NOTES TO FINANCIAL STATEMENTS

The Company elected to use rounding amounts in this statement.

Effective April 30, 2010, the Office of Insurance Regulation granted Star Casualty with authority to write Personal Umbrella coverages.

STAR CASUALTY INSURANCE COMPANY
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

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

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2005.....
- 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). 5/22/2007.....

6.4 By what department or departments?
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

- 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 [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 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 the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

- 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]

Statement for September 30, 2011 of the **STAR CASUALTY INSURANCE COMPANY**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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: \$.....0

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

16. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
US BANK	225 WATER ST, JACKSONVILLE, FL 33202
MERRIL LYNCH	2400 N COMMERCE PKY STE 100, WESTON, FL 33326

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

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

17.2 If no, list exceptions:

STAR CASUALTY INSURANCE COMPANY
GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

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

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
 3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent 0.0 %

5.2 A&H cost containment percent 0.0 %

5.3 A&H expense percent excluding cost containment expenses 0.0 %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. 0

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. 0

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 Domiciliary Jurisdiction	5 Is Insurer Authorized? (YES or NO)
------------------------------	------------------------------	------------------------	-------------------------------	---

NONE

STAR CASUALTY INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	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	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	L	1,775,881	881,790	886,959	522,750	480,912	94,750
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	L	9,174,970	11,440,182	7,226,965	7,145,653	3,054,768	2,995,454
11. Georgia.....GA	L	503,803	29,928	242,459	3,563	132,157	(82)
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	N						
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	L	722,273	640,400	423,049	301,451	303,388	188,368
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	N						
25. Mississippi.....MS	N						
26. Missouri.....MO	N						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	N						
34. North Carolina.....NC	N						
35. North Dakota.....ND	N						
36. Ohio.....OH	N						
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	N						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	L	1,440,292	1,203,828	828,737	561,166	348,207	78,534
44. Texas.....TX	N						
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. US Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CN	N						
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....(a)	5	13,617,219	14,196,128	9,608,169	8,534,583	4,319,432	3,357,024

DETAILS OF WRITE-INS

5801.....	XXX						
5802.....	XXX						
5803.....	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above).....	XXX	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(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

NO CHANGES FROM LAST FILING

NONE

STAR CASUALTY INSURANCE 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.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....			0.0	
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....			0.0	
10. Financial guaranty.....			0.0	
11.1. Medical professional liability - occurrence.....			0.0	
11.2. Medical professional liability - claims-made.....			0.0	
12. Earthquake.....			0.0	
13. Group accident and health.....			0.0	
14. Credit accident and health.....			0.0	
15. Other accident and health.....			0.0	
16. Workers' compensation.....			0.0	
17.1 Other liability-occurrence.....	239		0.0	
17.2 Other liability-claims made.....			0.0	
17.3 Excess workers' compensation.....			0.0	
18.1 Products liability-occurrence.....			0.0	
18.2 Products liability-claims made.....			0.0	
19.1, 19.2 Private passenger auto liability.....	10,282,976	5,823,627	56.6	63.7
19.3, 19.4 Commercial auto liability.....			0.0	
21. Auto physical damage.....	3,563,635	2,095,473	58.8	56.0
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Warranty.....			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	
35. Totals.....	13,846,850	7,919,100	57.2	61.8
DETAILS OF WRITE-INS				
3401.....			0.0	
3402.....			0.0	
3403.....			0.0	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....			
11.2. Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....		327	
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1 19.2 Private passenger auto liability.....	3,138,747	10,067,430	10,664,676
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....	1,126,077	3,549,462	3,531,452
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
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.....	4,264,824	13,617,219	14,196,128
DETAILS OF WRITE-INS			
3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

- 1.
- 2.
- 3.
- 4.

Bar Code:



Statement for September 30, 2011 of the **STAR CASUALTY INSURANCE COMPANY**
Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. STATE PREMIUM TAX RECOVERABLE.....			.....0	.....43,054
2505. RECEIVABLE-OTHERS.....			.....0	.....
2597. Summary of remaining write-ins for Line 25.....	.....0	.....0	.....0	.....43,054

STAR CASUALTY INSURANCE COMPANY
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,334,112	2,389,806
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....	41,770	55,694
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	2,292,342	2,334,112
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	2,292,342	2,334,112

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
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.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
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).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE

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.....	2,725,753	2,548,783
2. Cost of bonds and stocks acquired.....		496,000
3. Accrual of discount.....	247	970
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	2,726,000	320,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	2,725,753
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	2,725,753

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

QS102

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	.496,000		.496,000		.496,000	.496,000		.2,725,753
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	.496,000	0	.496,000	0	.496,000	.496,000	0	.2,725,753
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	.496,000	0	.496,000	0	.496,000	.496,000	0	.2,725,753

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

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals.....	994,731	XXX	994,731	6,606	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,392,000	550,000
2. Cost of short-term investments acquired.....	731	1,242,000
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	398,000	400,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	994,731	1,392,000
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	994,731	1,392,000

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year).....		_____
2. Cost paid/(consideration received) on additions.....		_____
3. Unrealized valuation increase (decrease).....		_____
4. Total gain (loss) on termination recognized.....	NONE	_____
5. Considerations received (paid) on terminations.....		_____
6. Amortization.....		_____
7. Adjustment to the Book/Adjusted Carrying Value of hedge item.....		_____
8. Total foreign exchange change in Book/Adjusted Carrying Value.....		_____
9. Book/Adjusted Carrying Value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8).....		<u>0</u>
10. Deduct nonadmitted assets.....		_____
11. Statement value at end of current period (Line 9 minus Line 10).....		<u>0</u>

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/Adjusted Carrying Value, December 31, prior year.....		_____
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits footnote).....		_____
3.1 Change in variation margin on open contracts.....		_____
3.2 Add:		
Change in adjustment to basis of hedged item:		
3.21 Section 1, Column 17, current year to date minus.....	_____	
3.22 Section 1, Column 17, prior year.....	_____	0
Change in amount recognized:		
3.23 Section 1, Column 16, current year to date minus.....	_____	
3.24 Section 1, Column 16, prior year.....	_____	0
3.3 Subtotal (line 3.1 minus Line 3.2).....		<u>0</u>
4.1 Variation margin on terminated contracts during the year.....		_____
4.2 Less:		
4.21 Amount used to adjust basis of hedged item.....	_____	
4.22 Amount recognized.....	_____	0
4.3 Subtotal (line 4.1 minus Line 4.2).....		<u>0</u>
5. Dispositions gains (losses) on contracts terminated in prior year:		
5.1 Recognized.....		_____
5.2 Used to adjust basis of hedged items.....		_____
6. Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....		<u>0</u>
7. Deduct nonadmitted assets.....		_____
8. Statement value at end of current period (Line 6 minus Line 7).....		<u>0</u>

SCHEDULE DB - PART C - SECTION 1

Replicated (Synthetic) Assets Open as of Current Statement Date

Replicated (Synthetic) Asset								Components of the Replicated (Synthetic) Asset							
1	2	3	4	5	6	7	8	Derivative Instruments Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desig. or Other Description	Book/Adjusted Carrying Value	Fair Value

NONE

QS105

SCHEDULE DB - PART C - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory.....			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions.....									0	0
3. Add: Increases in Replicated Asset Statement Value.....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions.....									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria.....									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value.....	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory.....	0	0	0	0	0	0	0	0	0	0

NONE

QSI06

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....	_____	
2. Part B, Section 1, Column 14.....	_____	
3. Total (Line 1 plus Line 2).....	_____	0
4. Part D, Column 5.....	_____	
5. Part D, Column 6.....	_____	
6. Total (Line 3 minus Line 4 minus Line 5).....	_____	0

Fair Value Check

NONE

7. Part A, Section 1, Column 16.....	_____	
8. Part B, Section 1, Column 13.....	_____	
9. Total (Line 7 plus Line 8).....	_____	0
10. Part D, Column 8.....	_____	
11. Part D, Column 9.....	_____	
12. Total (Line 9 minus Line 10 minus Line 11).....	_____	0

Potential Exposure Check

13. Part A, Section 1, Column 21.....	_____	
14. Part B, Section 1, Column 19.....	_____	
15. Part D, Column 11.....	_____	
16. Total (Line 13 plus Line 14 minus Line 15).....	_____	0

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.....	.0	
2. Cost of cash equivalents acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	NONE	
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	.0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.0	.0

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						

NONE

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the 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 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs, and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B./A.C.V.							

NONE

QE01

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	Location		4	5	6	7	8	9
Loan Number	2	3	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
	City	State						

NONE

QE02

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1	Location		4	5	6	7	Change in Book Value/Recorded Investment					14	15	16	17	18	
Loan Number	2	3	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	8	9	10	11	12	13	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
	City	State					Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value					

NONE

SCHEDULE BA - PART 2

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Desig- nation	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

QEO3

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	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	Changes 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
		3 City	4 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.						

NONE

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

NONE

QE04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Desig- nation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization) Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - Industrial and Miscellaneous																					
02586V HM 4	CERTIFICATE OF DEPOSIT-AMERICAN EXPRESS		07/01/2011	MERRILL LYNCH		248,000	248,000	248,000	248,000				0		248,000			0	1,206	07/01/2011	1
337624 PS 3	CERTIFICATE OF DEPOSIT-FIRST BANKOF PRICO		09/06/2011	MERRILL LYNCH		248,000	248,000	248,000	248,000				0		248,000			0	2,238	09/06/2011	1
3899999	Total - Bonds - Industrial & Miscellaneous					496,000	496,000	496,000	496,000	0	0	0	0	0	496,000	0	0	0	3,444	XXX	XXX
8399997	Total - Bonds - Part 4					496,000	496,000	496,000	496,000	0	0	0	0	0	496,000	0	0	0	3,444	XXX	XXX
8399999	Total - Bonds					496,000	496,000	496,000	496,000	0	0	0	0	0	496,000	0	0	0	3,444	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks					496,000	XXX	496,000	496,000	0	0	0	0	0	496,000	0	0	0	3,444	XXX	XXX

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

QE05

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Items Hedged or Used for Income Generation	Schedule /Exhibit Identifier	Type(s) of Risk	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Indexed Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (a)

NONE

QE06

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

NONE

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of Current Statement Date

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/ Adjusted Carrying Value	Change in Variation Margin				19 Potential Exposure	20 Hedge Effectiveness at Inception and at Quarter-end (a)
														15 Cumulative	16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred		

NONE

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

QE07

NONE

Broker Name	Net Cash Deposits
Brokers	
Total Net Cash Deposits	0

NONE

SCHEDULE DB - PART D

Showing Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description Counterparty or Exchange Traded	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book Adjusted Carrying Value > 0	6 Contracts With Book Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts Fair Value > 0	9 Contracts Fair Value < 0	10 Exposure Net of Collateral		
NONE											

QE08

**SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6
CUSIP Identification	Description	NAIC Designation /Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates

General Interrogatory:

1. The activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
 NAIC 1: \$.....0 NAIC 2: \$.....0 NAIC 3: \$.....0 NAIC 4: \$.....0 NAIC 5: \$.....0 NAIC 6: \$.....0

NONE

**SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6
CUSIP Identification	Description	NAIC Designation /Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates

General Interrogatory:

1. The activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Grand Total Schedule DL Part 1 and Part 2: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

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	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
SUNTRUST-MASTER.....	MIAMI, FLORIDA.....				258,460	257,440	292,192	XXX..
SUNTRUST-OPERATING.....	MIAMI, FLORIDA.....				(119,511)	(124,425)	(165,353)	XXX..
SUNTRUST-PP ACCOUNT.....	MIAMI, FLORIDA.....				20,721	12,540	17,937	XXX..
SUNTRUST-INVESTMENTS.....	MIAMI, FLORIDA.....		803		2,971,520	2,955,673	2,592,751	XXX..
SUNTRUST-REFUND ACCOUNT.....	MIAMI, FLORIDA.....				(230,828)	(234,022)	(239,478)	XXX..
NEW YORK BANK-INVESTMENTS.....	MIAMI, FLORIDA.....		598		2,180,076			XXX..
MERRILL LYNCH INVESTMENTS.....	MIAMI, FLORIDA.....				2,273,229	4,454,971	4,701,708	XXX..
DEPOSIT WITH STATE OF FLORIDA.....	TALLAHASSEE, FLORIDA.....		6,766		600,000	600,000	750,000	XXX..
US BANK-INVESTMENTS.....	MIAMI, FLORIDA.....				25,007	25,007	25,007	XXX..
0199999. Total Open Depositories.....	XXX.....	XXX.....	8,167	0	7,978,674	7,947,184	7,974,764	XXX..
0399999. Total Cash on Deposit.....	XXX.....	XXX.....	8,167	0	7,978,674	7,947,184	7,974,764	XXX..
0499999. Cash in Company's Office.....	XXX.....	XXX.....	XXX.....	XXX.....	150	150	150	XXX..
0599999. Total Cash.....	XXX.....	XXX.....	8,167	0	7,978,824	7,947,334	7,974,914	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE

QE12