Statement of Condition of the
**AMERICAN INS. CO.**
Newark, New Jersey
15 Washington Street.
On the 31st Day of December, 1933
C. W. BAILEY, President.
FREDERICK HOADLEY, Secretary.

| | |
|---|---|
| Amount of capital paid up | $ 3,343,740.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 1,227,914.08 |
| Real Estate unincumbered | 4,650,000.00 |
| Bonds and stocks owned (Market value) | 18,233,819.23 |
| Mortgage loans on real estate (Free from any prior incumbrance) | 1,750,770.68 |
| Accrued securities (interest and rents, etc) | 128,271.36 |
| Premiums and accounts due and in process of collection | 1,525,462.64 |
| Accounts otherwise secured | |
| accounts receivable | 67,622.44 |
| Reins. recoverable on paid losses | 85,107.42 |
| Total net assets | $27,768,967.85 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $13,068,287.53 |
| Losses unadjusted and in suspense | 2,387,617.16 |
| Special reserve | 300,000.00 |
| Contingency reserve | 2,414,376.78 |
| Other liabilities of the company | 972,008.64 |
| Total liabilities | $19,142,290.11 |
| Capital | 3,343,740.11 |
| Surplus | 5,282,937.74 |
| Total | $27,768,967.85 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**COMMERCE INSURANCE CO.**
Glens Falls, N. Y.
Corner Bay and Glen Streets.
On the 31st Day of December, 1933.
F. M. SMALLEY, President.
H. W. COWLES, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 189,928.87 |
| Bonds and stocks owned (market value) | 2,538,468.03 |
| Mortgage loans on real estate (Free from any prior incumbrance) | 253,627.40 |
| Accrued securities (interest and rents, etc.) | 10,609.16 |
| Other Securities (collateral loans | 25,583.35 |
| Deposits with Underwriters' Ass'n. | 3,381.16 |
| Reinsurance due on paid losses | 138.35 |
| Premiums and accounts due and in process of collection | 127,032.33 |
| Total net assets | $3,148,768.65 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $1,099,234.81 |
| Losses due and unpaid | 2,425.00 |
| Losses adjusted and not due | 16,372.00 |
| Losses unadjusted and in suspense | 146,572.00 |
| Other liabilities of the company | 79,054.57 |
| Total liabilities | $1,343,658.38 |
| Capital | 1,000,000.00 |
| Surplus | 805,110.27 |
| Total | $3,148,768.65 |
| Greatest amount in any one risk | $ 100,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | No rule |
| Greatest amount allowed to be insured in any one block | No rule |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**ALBANY INSURANCE COMPANY**
Chicago, Illinois.
A1625 Insurance Exchange
On the 31st Day of December, 1933.
RONALD R. MARTIN, President.
FRANK J. BARRY, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 164,840.99 |
| Bonds and stocks owned (market value) | 1,649,288.31 |
| Mortgage loans on real estate (Free from any prior in cumbrance) | 246,137.50 |
| Accrued securities (interest and rents, etc.) | 19,715.70 |
| Premiums and accounts due and in process of collection | 120,245.88 |
| Total net assets | $2,200,228.38 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 545,458.59 |
| Losses unadjusted and in suspense | 60,729.61 |
| Other liabilities of company | 37,529.97 |
| Contingency reserve | 50,187.50 |
| Total liabilities | $ 693,905.67 |
| Capital | 1,000,000.00 |
| Surplus | 506,322.71 |
| Total | $2,200,228.38 |
| Greatest amount in any one risk, net | $ 15,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | No rule |
| Greatest amount allowed to be insured in any one block | No rule |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AETNA INSURANCE COMPANY**
Hartford, Connecticut.
670 Main street.
On the 31st Day of December, 1933.
W. ROSS MCAIN, President.
FRANK G. BUSH, Secretary.

| | |
|---|---|
| Amount of capital paid up | $ 7,500,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 3,102,224.63 |
| Real estate unincumbered | 1,035,000.00 |
| Bonds and stocks owned (market value) | 39,070,482.00 |
| Accrued securities (interest and rents, etc.) | 151,214.09 |
| Premiums and accounts due and in process of collection | 2,262,533.00 |
| Accounts otherwise secured | 13,330.18 |
| Total net assets | $45,634,783.90 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $16,140,778.70 |
| Losses due unpaid and in suspense | 2,627,914.82 |
| Other liabilities of the company | 4,787,323.00 |
| Total liabilities | $23,556,016.52 |
| Capital | 7,500,000.00 |
| Surplus | 14,578,767.38 |
| Total | $45,634,783.90 |
| Greatest amount in any one risk, net | $ 300,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | Various |
| Greatest amount allowed to be insured in any block | Various |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**ALLEMANIA FIRE INSURANC7 COMPANY**
Pittsburgh, Pennsylvania.
No. 7 Wood Street.
On the 31st Day of December, 1923.
G. W. UNVERZAGT, President.
W. A. FORREST JR. Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,200,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest | $ 388,199.87 |
| Real estate unincumbered | 282,743.14 |
| Bonds and stocks owned (market value) | 1,913,463.64 |
| Mortgage loans on real estate (Free from any prior incumbrance) | 1,965,995.00 |
| Accrued securities (interest and rents, etc.) | 77,338.83 |
| Premiums and accounts due and in process of collection | 198,543.74 |
| Reinsurance due and other assets | 11,611.02 |
| Total net assets | $4,837,895.24 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $1,476,726.02 |
| Losses unadjusted and in suspense | 231,413.17 |
| *Contingency reserve | 199,439.45 |
| Other liabilities of the company | 122,642.97 |
| Total liabilities | $2,030,221.61 |
| Capital | 1,200,000.00 |
| Surplus | 1,607,673.63 |
| Total | $4,837,895.24 |

*Contingency reserve represents the difference between values carried in assets and actual December 31, 1933, market quotations on all stocks and bonds owned.
STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN DRUGGISTS' FIRE INS. CO.**
Cincinnati, O.
American Bldg.
On the 31st Day of December, 1933
CHAS. H. AVERY, President.
FRANK H. FRERICKS, Secretary.

| | |
|---|---|
| Amount of capitol paid up | $ 750,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 45,965.73 |
| Real Estate unincumbered | 786,479.91 |
| Bonds and stocks owned (market value) | 1,174,972.00 |
| Accrued Securities (interest and rents, etc.) | 25,655.65 |
| Premiums and accounts due and in process of collection. | 73,828.83 |
| Accounts otherwise secured | 1,937.61 |
| Total net assets | $2,108,839.73 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 214,042.80 |
| Losses adjusted and not due | 2,393.58 |
| Losses unadjusted and in suspense | 15,958.29 |
| Bills and accounts unpaid | 30,883.69 |
| Other liabilities of the company | 18,000.00 |
| Total liabilities | $ 282,078.36 |
| Capital | 750,000.00 |
| Surplus | 1,076,761.37 |
| Total | $2,108,839.73 |
| Greatest amount in any one risk | $ 15,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | 15,000.00 |
| Greatest amount allowed to be insured in any one block | $ 15,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN ALLIANCE INSURANCE COMPANY.**
New York City.
No. 1 Liberty Street
On the 31st Day of December, 1933.
WILLIAM H. KOOP, President.
DANIEL R. ACKERMAN, Secretary.

| | |
|---|---|
| Amount of capital paid up | $3,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest | $ 104,832.26 |
| Bonds and stocks owned (market value | 7,639,607.00 |
| Accrued securities (interest and rents, etc) | 60,471.00 |
| Premiums and accounts due and in process of collection | 123,521.18 |
| Total net assets | $7,928,431.44 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $1,545,061.79 |
| Losses due and unpaid, losses adjusted and not due, losses unadjusted and in suspense | 218,465.00 |
| Other liabilities of the company | 1,110,076.00 |
| Total liabilities | $2,873,602.79 |
| Capital | 3,000,000.00 |
| Surplus | 2,054,828.65 |
| Total | $7,928,431.44 |
| Greatest amount in any one risk | $1,317,206.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | Governed by Prudence |
| Greatest amount allowed to be insured in any one block | Governed by Prudence |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AUTOMOBILE INS. CO. OF HARTFORD, CONN.**
Hartford, Connecticut.
151 Farmington Avenue.
On the 31st Day of December, 1933.
MORGAN B. BRAINARD, President.
OLAF NORDENG AND JAMES B. SLIMMON, Secretaries.

| | |
|---|---|
| Amount of capital paid up | $5,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $2,410,132.62 |
| Real estate unincumbered | 71,200.00 |
| Bonds and stocks owned | 13,469,680.12 |
| Mortgage loans on real estate (From from any prior incumbrance). | 39,400.00 |
| Accrued Securities (interest and rents, etc.) | 83,053.80 |
| Mixed claims commission award | 483,174.84 |
| Premiums and accounts due and in process of collection | 1,677,070.45 |
| Accounts otherwise secured | 15,079.88 |
| Total net assets | $18,248,791.51 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $4,504,947.91 |
| Losses adjusted and not due | 255,449.78 |
| Losses unadjusted and in suspense | 1,270,582.83 |
| Special reserve | 1,600,000.00 |
| Bills and accounts unpaid | 648,496.46 |
| Contingency reserve | 1,500,000.00 |
| Other liabilities of the company | 102,927.05 |
| Total liabilities | $9,882,404.03 |
| Capital | 5,000,000.00 |
| Surplus | 3,366,387.48 |
| Total | $18,248,791.51 |
| Greatest amount in any one risk, net | $ 500,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | No fixed rule |
| Greatest amount allowed to be insured in one block | No fixed rule |

*Bonds in good standing are valued upon the amortized basis and bonds not amortized and stocks within the values adopted by the National Convention of Insurance Commissioners.
STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN EAGLE FIRE INSURANCE CO.**
New York, New York.
80 Maiden Lane.
On the 31st Day of December, 1933.
B. M. CULVER, President.
WM. E. LAMM JR., Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 606,684.12 |
| Bonds and stocks owned (market value) | 10,087,201.00 |
| Accrued Securities (interest and rents, etc.) | 57,580.77 |
| Premiums and accounts due and in process of collection | 718,922.80 |
| Accounts otherwise secured | 1,444.40 |
| Total net assets | $11,471,933.09 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $3,433,816.14 |
| Losses unadjusted and in suspense | 681,846.60 |
| Bills and accounts unpaid | 3,500.00 |
| Other liabilities of the company | 537,919.35 |
| Total liabilities | $4,657,082.09 |
| Capital | 1,000,000.00 |
| Surplus | 5,814,851.00 |
| Total | $11,471,933.09 |
| Greatest amount in any one risk, Net | $ 450,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village—Depends so entirely on circumstances that no definite answer can be given. | |
| Greatest amount allowed to be insured in any one block—Depends so entirely on circumstances that no definite answer can be given. | |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**ALLIED AMERICAN MUTUAL FIRE INS. CO.**
Boston, Mass.
142 Berkeley St.
On the 31st Day of December, 1933.
CHARLES E. HODGES, President.
H. C. KNEPPENBERG, JR., Secretary.

| | |
|---|---|
| Amount of capital paid up, Mutual | $ 100,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 22,044.77 |
| Bonds and stocks owned (market value) | 593,097.31 |
| Accrued securities (interest and rents, etc.) | 7,375.91 |
| Premiums and accounts due and in process of collection | 5,093.55 |
| Total net assets | $ 627,611.54 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 71,825.58 |
| Losses unadjusted and in suspense | 16,635.50 |
| Bills and accounts unpaid | 3,852.02 |
| Other liabilities of the company | 117,457.71 |
| Total liabilities | $ 209,770.81 |
| Capital | 100,000.00 |
| Surplus | 317,840.73 |
| Total | $ 627,611.54 |
| Greatest amount in any one risk | $ 224,500.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN UNION INSURANCE COMPANY OF NEW YORK**
New York, New York.
(Administrative Offices: Hartford, Conn.)
On the 31st Day of December, 1933.
J. H. VREELAND, President.
W. R. HILLS, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 61,905.39 |
| Real estate unincumbered | 21,430.67 |
| Bonds and stocks owned (market value) | 2,066,742.57 |
| Mortgage loans on real estate (Free from any prior incumbrance) | 255,020.00 |
| Accrued securities (interest and rents, etc.) | 23,499.81 |
| Other securities, agents' balances | 145,845.51 |
| Deposits with Underwriters Association | 2,750.00 |
| Recoverable for Reins. on paid losses | 257.11 |
| Total net assets | $2,577,451.06 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 417,536.63 |
| Losses adjusted and not due | 7,791.00 |
| Losses unadjusted and in suspense | 26,208.00 |
| Other liabilities of the company | 222,246.57 |
| Total liabilities | $ 673,782.20 |
| Capital | 1,000,000.00 |
| Surplus | 903,668.86 |
| Total | $2,577,451.06 |
| Greatest amount in any one risk | $ 250,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | No rule |
| Greatest amount allowed to be insured in any one block | $ 250,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**BOSTON INSURANCE COMPANY**
Boston, Massachusetts.
87 Kilby Street.
On the 31st Day of December, 1933.
WILLIAM R. HEDGE, President.
WILLIAM J. CHISHOLM, Secretary.

| | |
|---|---|
| Amount of capital paid up | $ 3,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in office and in banks (on interest and not on interest) | $ 697,243.86 |
| Real estate unincumbered | 1,347,800.00 |
| Bonds and stocks owned (amortized and convention value) | 17,733,923.25 |
| Mortgage loans on real estate (Free from any prior incumbrance) | 72,575.00 |
| Accrued securities (interest and rents, etc.) | 83,776.39 |
| Premiums and accounts due and in process of collection | 823,777.83 |
| Accounts otherwise secured | 74,902.57 |
| Total net assets | $20,833,998.90 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 4,599,582.19 |
| Losses adjusted and not due | 138,693.06 |
| Losses unadjusted and in suspense | 1,227,805.91 |
| Bills and accounts unpaid | 361,250.00 |
| Contingency reserve | 2,455,426.85 |
| Other liabilities of the company | 820,098.97 |
| Total liabilities | $ 9,602,856.98 |
| Capital | 3,000,000.00 |
| Surplus based on actual market values (Dec. 31, 1933) | 8,231,141.92 |
| Total | $20,833,998.90 |
| Greatest amount in any one risk | $ 3,000,000.00 |
| Greatest amount allowed by rules of company to be insured in any one city, town or village | Optional |
| Greatest amount allowed to be insured in any one block | Optional |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN HOME FIRE ASSURANCE CO.**
New York.
111 William Street.
On the 31st Day of December, 1933
J. S. FRELINGHUYSEN, President.
W. F. DIEFENBACH, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | 56,833.20 |
| Bonds and stocks owned (Market value) | 1,897,441.42 |
| Mortgage loans on real estate (Free from any prior incumberance) | 514,380.00 |
| Accrued securities (interest and rents, etc.) | 11,798.48 |
| Other assets | 200,233.75 |
| Reins. on paid losses | 5,016.00 |
| Premiums and accounts due and in process of collection | 99,022.39 |
| Total net assets | $2,784,695.24 |
| LIABILITIES | |
| Amount due and not due banks or other creditors | $ 180,000.00 |
| Reserve or amount necessary to reinsure outstanding risks | 360,963.24 |
| Losses adjusted and not due | 113,279.00 |
| Bills and accounts unpaid | 20,000.00 |
| Other liabilities of the company | 342,680.14 |
| Total liabilities | $1,016,922.38 |
| Capital | 1,000,000.00 |
| Surplus | 767,772.86 |
| Total | $2 784,695.24 |
| Greatest amount in any one risk | $ 50,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN EQUITABLE ASSURANCE COMPANY OF N. Y.**
New York City.
92 William Street
On the 31st Day of December, 1933
RICHARD A. CORROON, President.
REGINALD R. WILDE, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 622,198.07 |
| Real Estate unincumbered | 6,075.06 |
| Bonds and stocks owned (Convention value) | 8,120,019.58 |
| Mortgage loans on real estate (Free from any prior incumberance) | 98,000.00 |
| Accrued securities (interest and rents, etc.) | 34,202.12 |
| Premiums and accounts due and in process of collection | 584,393.82 |
| Accounts otherwise secured | 185,701.28 |
| Total net assets | $9,651,219.93 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $4,109,189.93 |
| Losses adjusted and not due | 657,204.34 |
| Reserve for contingencies | 1,100,115.52 |
| Other liabilities of the company | 226,647.78 |
| Total liabilities | $6,093,157.57 |
| Capital | 1,000,000.00 |
| Surplus | 2,558,062.36 |
| Total | $9,651,219.93 |
| Greatest amount in any one risk, net | $ 50,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN CENTRAL INS. CO., EXECUTIVE OFFICE.**
New York
1 Park Avenue.
On the 31st Day of December, 1933.
F. W. KOECKERT, President.
D. D. HENRY, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest | $ 445,866.08 |
| Bonds and stocks owned (market value) | 5,885,299.04 |
| Accrued securities (interest and rents, etc) | 69,889.00 |
| Premiums and accounts due and in process of collection | 319,830.92 |
| Accounts otherwise secured | 214,279.36 |
| Total net assets | $6,935,164.40 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $2,540,400.50 |
| Losses due and unpaid | 111,114.00 |
| Losses adjusted and not due | 41,340.00 |
| Losses unadjusted and in suspense | 164,517.00 |
| Bills and accounts unpaid | 121,650.00 |
| Other liabilities of the company | 532,507.80 |
| Total liabilities | $3,501,529.30 |
| Capital | 1,000,000.00 |
| Surplus | 2,433,635.10 |
| Total | $66,935,164.40 |
| Greatest amount in any one risk | $550,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN & FOREIGN INSURANCE COMPANY.**
New York, N. Y.
60 Beaver Street.
On the 31st Day of December, 1933.
JOHN E. HOFFMAN, President.
G. G. INSELMAN, Secretary.

| | |
|---|---|
| Amount of capital paid up | $1,500,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest | $1,017,780.87 |
| Bonds and stocks owned (market value) | 4,483,960.71 |
| Accrued Securities (interest and rents, etc.) | 40,023.41 |
| Cash in office | .75 |
| Premiums and accounts due and in process of collection | 175,981.81 |
| Accounts otherwise secured | 30,786.02 |
| Total net assets | $5,748,533.57 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 954,547.36 |
| Losses adjusted and not due | 417,385.27 |
| Bills and accounts unpaid | 85,531.70 |
| Contingency reserve | 390,406.71 |
| Other liabilities of the company | 22,753.59 |
| Total liabilities | $1,870,624.63 |
| Capital | 1,500,000.00 |
| Surplus | 2,377,908.94 |
| Total | $5,748,533.57 |
| Greatest amount in any one risk | $ 97,457.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AUTOMOBILE MUTUAL INSURANCE COMPANY OF AMERICA**
Providence, R. I.
10 Weyhosset Street.
On the 31st Day of December, 1933.
HENRY W. ANDERSON, President.
De FOREST W. ABEL, Secretary.

| | |
|---|---|
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 390,039.29 |
| Bonds and stocks owned (market value) | 3,439,375.72 |
| Other securities | 22,043.23 |
| Premiums and accounts due and in process of collecion | 10,314.39 |
| Total net assets | $3,861,772.63 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | 294,358.21 |
| Losses due and unpaid | 15,102.00 |
| Bills and accounts unpaid | 1,235.00 |
| Other liabilities of the company (Vol. reserve $350,000) | 367,166.66 |
| Guarantee fund | 250,000.00 |
| Surplus | 2,933,910.76 |
| Total | $3,861,772.63 |
| Greatest amount in any one risk | 42,850.00 |
| Amount retained by company | $ 25,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**ARKWRIGHT MUTUAL FIRE INSURANCE COMPANY**
Boston, Mass.
185 Franklin Street.
On the 31st Day of December, 1933.
E. V. FRENCH, President.
F. W. JONES, Secretary.

| | |
|---|---|
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 399,266.16 |
| Bonds and stocks owned (market value) | 5,325,302.00 |
| Accrued securities (interest and rents, etc.) | 77,038.67 |
| Premiums and accounts due and in process of collection. | 103,681.89 |
| Total net assets | $5,905,288.72 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $2,025,883.80 |
| Losses due and unpaid | 22,750.24 |
| Losses adjusted and not due | 3,247.46 |
| Losses unadjusted and in suspense | 3,000.00 |
| Bills and accounts unpaid | 6,269.41 |
| Total liabilities | $2,061,150.91 |
| Surplus | 3,844,137.81 |
| Total | $5,905,288.72 |
| Greatest amount in any one risk | $ 950,000.00 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**AMERICAN AUTOMOBILE FIRE INSURANCE CO.**
St. Louis, Mo.
Pierce Building.
On the 31st Day of December, 1933.
L. A. HARRIS, President.
P. R. RYAN, Secretary.

| | |
|---|---|
| Amount of capital paid up | $ 300,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 322,970.08 |
| Bonds and stocks owned (market value) | 859,767.68 |
| Accrued securities (interest and rents, etc) | 6,790.96 |
| Premiums and accounts due and in process of collection | 408,263.56 |
| Total net assets | $1,597,792.28 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $ 477,503.82 |
| Losses unadjusted and in suspense | 85,680.46 |
| Bills and accounts unpaid | 2,937.87 |
| Other liabilities of the company | 199,195.33 |
| Total liabilities | $ 765,317.48 |
| Capital | 300,000.00 |
| Surplus | 532,474.80 |
| Total | $1,597,792.28 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**THE ALLIANCE INSURANCE CO. OF PHILADELPHIA**
Philadelphia, Pennsylvania.
1600 Arch Street.
On the 31st Day of December, 1933.
BENJAMIN RUSH, President.
JOHN J. CONNOR, Secretary

| | |
|---|---|
| Amount of capital paid up | $1,000,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 488,231.64 |
| Bonds and stocks owned (market value) | 7,535,185.00 |
| Accrued securities (interest and rents, etc.) | 73,202.23 |
| Premiums and accounts due and in process of collection | 297,271.20 |
| Accounts otherwise secured | 19,487.09 |
| Total net assets | $8,411,377.16 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $2,200,082.51 |
| Losses adjusted and not due | 564,363.00 |
| Bills and account unpaid | 106,174.29 |
| Other liabilities of the company | 688,240.22 |
| Total liabilities | $3,558,860.02 |
| Capital | 1,000,000.00 |
| Surplus | 3,852,517.14 |
| Total | $8,411,377.16 |

STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 31st day of December, 1933, as shown by the original statement, and that the said original statement is now on file in this office.
In Testimony Whereof, I hereunto subscribe my name and affix my official seal. this 4th day of May, 1934.
[Seal] HARRY E. McCLAIN, Commissioner.

Statement of Condition of the
**UNITED STATES BRANCH OF THE CENTURY INSURANCE CO., LTD.**
New York City, N. Y.
111 John Street
On the 31st Day of December, 1933
WILLIAM A. M'CONNELL, U. S. Manager.

| | |
|---|---|
| Amount of deposit capital | $ 400,000.00 |
| NET ASSETS OF COMPANY | |
| Cash in banks (on interest and not on interest) | $ 96,658.19 |
| Bonds and stocks owned (Market value) | 2,527,878.52 |
| Accrued securities (interest and rents, etc.) | 27,950.09 |
| Premiums and accounts due and in process of collection. | 185,936.14 |
| Accounts otherwise secured | 17,166.88 |
| Total net assets | $2,855,589.82 |
| LIABILITIES | |
| Reserve or amount necessary to reinsure outstanding risks | $1,165,006.21 |
| Losses adjusted and not due | 5,023.00 |
| Losses unadjusted and in suspense | 245,007.00 |
| Bills atnd accounts unpaid | 69,450.00 |
| *Other liabilities of the company | 196,910.77 |
| Total liabilities | $1,681,396.98 |
| Deposit capital | $ 400,000.00 |
| Surplus | 774,192.84 |
| Total | $2,855,589.82 |
| Greatest amount in any one risk | $ 50,000.00 |
| Greatest amount allowed by rules of the company to be insured in any one city, town or village | No Rule |
| Greatest amount allowed to be insured in any one block | No Rule |

*Contingency reserve representing difference between value carried in assets and actual Dec. 31, 1933, market quotations on all bonds and stocks owned.
STATE OF INDIANA:
Office of Commissioner of Insurance.
I, the undersigned, Commissioner of Insurance of Indiana, hereby certify that the above is a correct copy of the Statement of the Condition of the above mentioned Company on the 