

The logo for the National Association of Insurance Commissioners (NAIC) features the acronym "NAIC" in a bold, white, sans-serif font, set against a dark blue rectangular background.

National Association of  
Insurance Commissioners

# **Official NAIC Annual Statement Blank**

## **Property/Casualty**

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**For the 2019 reporting year**

*Not for Distribution*



National Association of  
Insurance Commissioners

*The NAIC is the authoritative source for insurance industry information. Our expert solutions support the efforts of regulators, insurers and researchers by providing detailed and comprehensive insurance information. The NAIC offers a wide range of publications in the following categories:*

#### **Accounting & Reporting**

Information about statutory accounting principles and the procedures necessary for filing financial annual statements and conducting risk-based capital calculations.

#### **Consumer Information**

Important answers to common questions about auto, home, health and life insurance — as well as buyer's guides on annuities, long-term care insurance and Medicare supplement plans.

#### **Financial Regulation**

Useful handbooks, compliance guides and reports on financial analysis, company licensing, state audit requirements and receiverships.

#### **Legal**

Comprehensive collection of NAIC model laws, regulations and guidelines; state laws on insurance topics; and other regulatory guidance on antifraud and consumer privacy.

#### **Market Regulation**

Regulatory and industry guidance on market-related issues, including antifraud, product filing requirements, producer licensing and market analysis.

#### **NAIC Activities**

NAIC member directories, in-depth reporting of state regulatory activities and official historical records of NAIC national meetings and other activities.

#### **Special Studies**

Studies, reports, handbooks and regulatory research conducted by NAIC members on a variety of insurance-related topics.

#### **Statistical Reports**

Valuable and in-demand insurance industry-wide statistical data for various lines of business including auto, home, health and life insurance.

#### **Supplemental Products**

Guidance manuals, handbooks, surveys and research on a wide variety of issues.

#### **Capital Markets & Investment Analysis**

Information regarding portfolio values and procedures for complying with NAIC reporting requirements.

#### **White Papers**

Relevant studies, guidance and NAIC policy positions on a variety of insurance topics.

**For more information about NAIC publications, visit us at:**

[http://www.naic.org/prod\\_serv\\_home.htm](http://www.naic.org/prod_serv_home.htm)

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**ANNUAL STATEMENT**

**OF THE**

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**of** \_\_\_\_\_

**in the state of** \_\_\_\_\_

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE YEAR ENDED  
DECEMBER 31, 2019**

**PROPERTY AND CASUALTY**

**2019**

**Not for Distribution**

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# ANNUAL STATEMENT

## For the Year Ended December 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code _____ <small>(If not NAIC)</small>	NAIC Company Code _____	Department Number _____
Organized under the laws of _____ <small>(State or District)</small>		State of Domicile or Port of Entry _____
Company of Domicile _____		Country of Business _____
Inspected Organization _____		
Statutory Office _____		
Main Administrative Office _____ <small>(New and Renewal)</small>		Other Office _____ <small>(New and Renewal)</small>
Mail Address _____ <small>(City or Town, State, Country and Zip Code)</small>		Telephone Number _____
Financial Location of Books and Records _____ <small>(New and Renewal)</small>		Other Office _____ <small>(New and Renewal)</small>
Internet Web Site Address _____ <small>(City or Town, State, Country and Zip Code)</small>		Telephone Number _____
Statutory Reporting Center _____ <small>(State)</small>		Reporting Period _____ <small>(Date)</small>
		Continued _____

OFFICERS			
	Name	Title	
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

DIRECTORS OF TRUSTEES			
	Name	Title	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**State of \_\_\_\_\_**  
**Company of \_\_\_\_\_**

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 since shown, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any lien or claim (future, present or otherwise stated), and that the statements, together with related exhibits, schedules and explanations (where contained, annexed or referred to), in a full and true manner, 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 all income and deductions therefrom for the period covered by the report, in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual (except as the context thereon clearly indicates) and that the same have been prepared in accordance with the accounting practices and procedures, accounting in the best of their information, knowledge and belief, respectively. Furthermore, the scope of this statement by the described officers also includes the related corresponding documents filed with the NAIC, when required, that in any way except for funding differences do not constitute a true and correct statement. The electronic filing may be required by various regulators in addition to the national submission.

Prepared by _____ (Printed Name) Title _____	Prepared by _____ (Printed Name) Title _____	Prepared by _____ (Printed Name) Title _____						
Substantial and complete information furnished _____ (Printed Name)								
a. Is the statement filed? If yes: <table style="margin-left: 20px;"> <tr> <td>1. State the insurance number</td> <td>Yes   No  </td> </tr> <tr> <td>2. Date filed</td> <td>_____</td> </tr> <tr> <td>3. Number of pages attached</td> <td>_____</td> </tr> </table>			1. State the insurance number	Yes   No	2. Date filed	_____	3. Number of pages attached	_____
1. State the insurance number	Yes   No							
2. Date filed	_____							
3. Number of pages attached	_____							

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1-2)	Net Admitted Assets
1. Bonds (Schedule D):				
2. Stocks (Schedule D):				
2.1 Public real estate:				
2.2 Common stocks:				
3. Mortgage loans on real estate (Schedule E):				
3.1 First liens:				
3.2 Other than first liens:				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ _____ depreciation):				
4.2 Properties held for the production of income (less \$ _____ depreciation):				
4.3 Properties held for sale (less \$ _____ depreciation):				
5. Cash (\$ _____ Schedule D-Part II), cash equivalents (\$ _____ Schedule D-Part II) and short-term investments (\$ _____ Schedule D-Part II):				
6. Contract loans (including \$ _____ premium notes):				
7. Derivatives (Schedule D):				
8. Other invested assets (Schedule JA):				
9. Receivables for securities:				
10. Securities lending requested collateral assets (Schedule DL):				
11. Aggregate write-ins for invested assets:				
12. Subtotals, cash and invested assets (Lines 1 to 11):				
13. Title plants less \$ _____ charged off (for Title insurance only):				
14. Investment income due and accrued:				
15. Premiums and considerations:				
15.1 Unaffiliated premiums and agents' balances in the course of collection:				
15.2 Deferred premiums, agents' balances and installments held but deferred and not yet due (including \$ _____ earned but unaffiliated premiums):				
15.3 Accrued retrospective premiums (\$ _____) and contracts subject to reinstatement (\$ _____):				
16. Reinsurance:				
6.1 Amounts receivable from reinsurers:				
6.2 Funds held by or deposited with reinsured companies:				
6.3 Other amounts receivable under reinsurance contracts:				
17. Amounts receivable relating to reinsurance plans:				
18.1 Current federal and foreign income tax recoverable and interest thereon:				
18.2 Net accrued tax asset:				
19. Secondary trusts receivable or on deposit:				
20. Electronic data processing equipment and software:				
21. Furniture and equipment, including death care delivery used (\$ _____):				
22. Net adjustment in assets and liabilities due to foreign exchange:				
23. Receivables from parent, subsidiaries and affiliates:				
24. Health care (\$ _____) and other amounts receivable:				
25. Aggregate write-ins for other-than-invested assets:				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25):				
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts:				
28. Total (Lines 26 and 27):				
<b>DETAILS OF WRITE-INS</b>				
1151:				
1152:				
1155:				
1158 Summary of remaining write-ins for Line 11 from overflow page:				
1159 Total (Lines 1151 through 1158) (Line 11 above):				
2551:				
2552:				
2553:				
2558 Summary of remaining write-ins for Line 25 from overflow page:				
2559 Total (Lines 2551 through 2558) (Line 25 above):				

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**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Taxes (Part 24, Line 35, Column 8).....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 24, Line 35, Column 9).....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (including taxes, licenses and fees).....		
6. Taxes, licenses and fees (including federal and foreign income taxes).....		
7. Current federal and foreign income taxes (including S..... on realized capital gains (losses)).....		
7.1 Net federal tax liability.....		
8. Renewal money \$..... and interest thereon \$.....		
9. Unearned premiums (Part 14, Line 38, Column 5) (after deducting unearned premiums for rated minimums of \$..... and including warranty reserves of \$..... and accrued accident and health experience rating refunds including \$..... for medical insurance where per the Public Health Service Act).....		
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1. Stockholders.....		
11.2. Policyholders.....		
12. Unpaid reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 30).....		
14. Amounts withheld or retained by company for account of others.....		
15. Reimbursements and items not allocated.....		
16. Provision for reinsurance (including S..... liability) (Schedule F, Part 3, Column 75).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Due to outstanding.....		
19. Payable to agents, cedulants and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under insurance plans.....		
24. Capital notes \$..... and interest thereon \$.....		
25. Aggregate write-ins for liabilities.....		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....		
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....		
29. Aggregate write-ins for special surplus funds.....		
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....		
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....		
36. Less treasury stock, at cost:		
36.1..... shares common (value included in Line 30 5).....		
36.2..... shares preferred (value included in Line 31 5).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Part 4, Line 39).....		
38. Totals (Page 2, Line 28, Col. 3).....		
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3501.....		
3502.....		
3503.....		
3508 Summary of remaining write-ins for Line 28 from overflow page.....		
3509 Totals (Lines 3501 through 3503 plus 3508) (Line 28 above).....		
3901.....		
3902.....		
3903.....		
3908 Summary of remaining write-ins for Line 29 from overflow page.....		
3909 Totals (Lines 3901 through 3903 plus 3908) (Line 29 above).....		
3201.....		
3202.....		
3203.....		
3208 Summary of remaining write-ins for Line 32 from overflow page.....		
3209 Totals (Lines 3201 through 3203 plus 3208) (Line 32 above).....		

STATEMENT OF INCOME

UNDERWRITING INCOME		1	2
		Current Year	Prior Year
1.	Premium earned (Part 1, Line 25, Column 1)		
<b>DEDUCTIONS</b>			
2.	Losses incurred (Part 2, Line 25, Column 1)		
3.	Loss adjustment expenses incurred (Part 1, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 1, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
<b>INVESTMENT INCOME</b>			
9.	Net investment income earned (Exhibit of Net Investment Income, line 17)		
10.	Net realized capital gains (losses) less capital gains tax of \$..... (Exhibit of Capital Gains (losses))		
11.	Net investment gain (loss) (Lines 9 + 10)		
<b>OTHER INCOME</b>			
12.	Net gain (loss) from equities in premium balances charged off (amount received of \$..... amount charged off of \$.....)		
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income		
15.	Total other income (Lines 12 through 14)		
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and state income taxes (Lines 8+11+15)		
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and state income taxes (Line 16 minus Line 17)		
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (or Line 17)		
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21.	Surplus as regards policyholders, December 31, prior year (Page 4, Line 36, Column 1)		
22.	Net income (from Line 20)		
23.	Net transfers (to) from Division of Call accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 23, Col. 3)		
28.	Change in provision for reinsurance (Page 1, Line 16, Column 2 and 3) (debit)		
29.	Change in surplus notes		
30.	Surplus (reduced) by) 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 transfers from (to) Policy Owners		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 1, Lines 36, and 36.3, Column 3 minus Column 1)		
37.	Aggregate write-ins for gains (losses) on surplus		
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31, current year (Line 21 plus Line 38) (Page 3, Line 53)		
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0508.	Summary of remaining write-ins for Line 3 from overflow page		
0509.	Totals (Lines 0501 through 0507 plus 0508) (Line 3 above)		
1401.			
1402.			
1403.			
1408.	Summary of remaining write-ins for Line 14 from overflow page		
1409.	Totals (Lines 1401 through 1407 plus 1408) (Line 14 above)		
1701.			
1702.			
1703.			
1708.	Summary of remaining write-ins for Line 17 from overflow page		
1709.	Totals (Lines 1701 through 1707 plus 1708) (Line 17 above)		

## CASH FLOW

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance		
2. Net investment income		
3. Miscellaneous income		
4. Total (Lines 1 through 3)		
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ups for deductions		
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (provision) net of S.D.S. tax on capital gains (Losses)		
10. Total (Lines 5 through 9)		
11. Net cash from operations (Line 4 minus Line 10)		
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid		
12.1 Bonds		
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)		
13. Cost of investments acquired (long-term only)		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous acquisitions		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (or decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied)		
16.1 Surplus notes, capital notes		
16.2 Capital and paid-in surplus, less treasury stock		
16.3 Renewal funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends on stockholders		
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.6 plus Line 16.7 plus Line 16.8)		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
19. Cash, cash equivalents and short-term investments		
19.1 Beginning of year		
19.2 End of year (Line 18 plus Line 19.1)		
Note: Supplemental disclosures of cash flow information for non-net transactions		
20.001		
20.002		
20.003		
20.006		

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 – PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Personal Premiums Dec. 31 Prior Year per Col. 1, Last Year's Part 1	3 Personal Premiums Dec. 31 Current Year per Col. 2 Part 1A	4 Premiums Earned During Year (Cols. 1-2-3)
1. Fire				
2. Allied lines				
3. Homeowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
7. Open marine				
8. Inland marine				
9. Financial guaranty				
10. Medical professional liability—occurrence				
11. Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17. Other liability—occurrence				
18. Other liability—claims-made				
19. Excess workers' compensation				
20. Product liability—occurrence				
21. Product liability—claims-made				
22. Private passenger auto liability				
23. Commercial auto liability				
24. Auto physical damage				
25. Aircraft (all perils)				
26. Trolley				
27. Sails				
28. Burglary and theft				
29. Boiler and machinery				
30. Credit				
31. Intentional				
32. War risks				
33. Reinsurance—operational annual property				
34. Reinsurance—operational annual liability				
35. Reinsurance—operational annual financial lines				
36. Aggregate write-ins for other lines of business				
37. TOTALS				
<b>DETAILS OF WRITE-INS</b>				
3401				
3402				
3403				
3404				
3405				
3406				
3407				
3408				
3409				
3410				
3411				
3412				
3413				
3414				
3415				
3416				
3417				
3418				
3419				
3420				
3421				
3422				
3423				
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3490				
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3499				
3500				

Not for Distribution



**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1A – RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Earned (Running One Year or Less from Date of Policy) [a]	2 Amount Earned (Running More than One Year from Date of Policy) [a]	3 Earned but Unfilled Premiums	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Earned Premiums Cols. 1+2+3+4
1. Life					
2. Allied lines					
3. Homeowners multiple peril					
4. Homeowners multiple peril					
5. Commercial multiple peril					
6. Mortgage guaranty					
7. Ocean marine					
8. Inland marine					
10. Financial guaranty					
11. Medical professional liability—accurrence					
12. Medical professional liability—claims-made					
13. Earthquake					
14. Group accident and health					
14. Other accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—accurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—accurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. Auto physical damage					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. Intentional					
30. Warranty					
31. Reinsurance—operational assured property					
32. Reinsurance—operational assured liability					
33. Reinsurance—operational assured financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS					
36. Accented retrospective premiums based on experience					
37. Filled but unfilled premiums					
38. Balance part of Lines 15 through 34					
<b>DETAILS OF WRITE-INS</b>					
3401.					
3402.					
3403.					
3408. Sum of remaining write-ins for Line 34 from over flow page					
3409. Totals (Lines 3401 through 3408 plus 3408) (Line 34 above)					

(a) State here basis of computation used in each case

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1B – PREMIUMS WRITTEN**

Line of Business	Direct Business (a)	Reinsurance Assumed		Reinsurance ceded		Net Premiums Written (Calc. 1-2)(3)-4-5
		From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	
1. Fire						
2. Allied lines						
3. Term/return multiple peril						
4. Homeowner multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Marine cargo						
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 (Group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability – occurrence						
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						
19.3,19.4 Commercial auto liability						
21. Auto physical damage						
22. Aerial (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Home and machinery						
28. Credit						
29. Investment						
30. Warranty						
31. Reinsurance-nonoperational assumed property	XXX					
32. Reinsurance-nonoperational assumed liability	XXX					
33. Reinsurance-nonoperational assumed financial lines	XXX					
34. Aggregate write-ins for other lines of business						
35. TOTALS						
<b>DETAILS OF WRITE-INS</b>						
3401						
3402						
3403						
3498	Sum of remaining write-ins for Line 34 from overview page					
3499	Total Lines 3401 through 3403 plus 3498 (Line 34 above)					

- (a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes  No
- If yes: 1. The amount of such installment premiums \$.....
2. Amount at which the installment premiums would have been reported had they been recorded on an annualized basis \$.....

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 – LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage			No. Payments (Cols. 1+2+3)	No. Losses Reported (Col. 4, 5, 6)	No. Losses Reported Prior Year	Losses Incurred Current Year (Cols. 4+5+6)	Percentage of Losses Incurred (Col. 7, Line 2) to Premiums Earned (Col. 4, Line 1)
	Direct Business	Reinsurance Subsidiary	Reinsurance Assessments					
1. Fire								
2. Allied lines								
3. Homeowners multiple peril								
4. Homeowners multiple peril								
5. Commercial multiple peril								
6. Mortgage guaranty								
7. Ocean marine								
8. 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 (group and indiv. dual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
8.1 Products liability—occurrence								
8.2 Products liability—claims-made								
9.1-9.2 Private passenger auto liability								
9.3-9.4 Commercial auto liability								
21. Auto physical damage								
22. Airmail (all perils)								
23. Flight								
24. Street								
25. Burglary and theft								
27. Boiler and machinery								
28. CGL								
29. International								
30. Warranty								
31. Reinsurance—compositional assumed property	XXX							
32. Reinsurance—compositional assumed liability	XXX							
33. Reinsurance—compositional assumed financial lines	XXX							
34. Aggregate write-ins for other lines of business								
35. TOTALS								
<b>DETAILS OF WRITE-INS</b>								
3401								
3402								
3403								
3404 Sum of remaining write-ins for Lines 34 from previous page								
3405 Totals (Lines 3401 through 3404 + 3495) (Line 34 above)								

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

Line of Business	Reported Losses				Total Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Direct Reinsurance Reinsurable	4 Net Losses Excl. Incurred Bu. Net Reported (Col. 1+2-3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire									
2. Allied lines									
3. Fire-insure multiple peril									
4. Homeowners multiple peril									
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11. Medical professional liability—occurrence									
12. Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health							(3)		
14. Credit accident and health (group and individual)							(3)		
15. Other accident and health									
16. Workers' compensation									
17.1 Other liability—occurrence									
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									
19.3, 19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
25. Burglary and theft									
26. Boiler and machinery									
28. Credit									
28. International									
30. Warranty									
31. Reinsurance—operational assumed property	XXX				XXX				
32. Reinsurance—operational assumed liability	XXX				XXX				
33. Reinsurance—operational assumed financial lines	XXX				XXX				
34. Aggregate write-ups for other lines of business									
35. TOTALS									
<b>DETAILS OF WRITE-UPS</b>									
3401.									
3402.									
3403.									
3404.									
3405.									
3406.									
3407.									
3408. Sum of remaining write-ups (i.e. Line 34 from use of Line 34)									
3409. Totals (lines 3401 through 3408 + 3409) (Line 34)									

(a) Including \$\_\_\_\_\_ for amount value of life indemnity claims.

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 5 – EXPENSES**

	1 Tax Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....				
1.2 Reinsurance assumed.....				
1.3 Reinsurance ceded.....				
1.4 Net claim adjustment services (1.1+1.2-1.3).....				
2. Commissions and brokerage:				
2.1 Direct, excluding contingent.....				
2.2 Reinsurance assumed, excluding contingent.....				
2.3 Reinsurance ceded, excluding contingent.....				
2.4 Contingent—direct.....				
2.5 Contingent—reinsurance assumed.....				
2.6 Contingent—reinsurance ceded.....				
2.7 Policy and membership fees.....				
2.8 Net commission and brokerage (2.1+2.2+2.3-2.4-2.5-2.6-2.7).....				
3. Allowances to managers and agents.....				
4. Advertising.....				
5. Bonds, brokers and associations.....				
6. Surveys and underwriting reports.....				
7. Audit of insureds' records.....				
8. Salary and related items:				
8.1 Salaries.....				
8.2 Payroll taxes.....				
9. Employee relations and welfare.....				
10. Insurance.....				
11. Directors' fees.....				
12. Travel and travel items.....				
13. Rent and rent items.....				
14. Equipment.....				
15. Depreciation of FIDP equipment and software.....				
16. Printing and stationery.....				
17. Postage, telephone and telegraph, exchange and express.....				
18. Legal and auditing.....				
19. Totals (Lines 1 to 18).....				
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....				
20.2 Insurance equipment licenses and fees.....				
20.3 Guaranty association assessments.....				
20.4 All other (including federal and foreign income and net assets).....				
20.5 Total taxes, licenses and fees (20.1+20.2+20.3+20.4).....				
21. Real estate expenses.....				
22. Real estate taxes.....				
23. Reimbursements by insureds' plans.....				
24. Aggregate write-ins for miscellaneous expenses.....				
25. Total expenses incurred.....				
26. Less unpaid expenses—current year.....				(A)
27. Add unpaid expenses—prior year.....				
28. Amounts receivable relating to uninsured plans—prior year.....				
29. Amounts receivable relating to uninsured plans—current year.....				
30. TOTAL EXPENSES PAID (Line 25 - 26 + 27 - 28 + 29).....				
<b>DETAILS OF WRITE-INS</b>				
3401.....				
3402.....				
3403.....				
3404 Summary of remaining write-ins for Line 24 from cover page.....				
3405 Totals (Line 24) through (Line 3404) (Line 24 above).....				

(A) Includes amounts payable to affiliates and subsidiaries to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Released Using Year	2 Taxes Using Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (and T-bills)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (affiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (affiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income		
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(h)
13. Interest expense		(i)
14. Depreciation on real estate and other invested assets		(j)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		
<b>DETAILS OF WRITE-INS</b>		
060		
0600		
0601		
0695	Summary of remaining write-ins for Line 9 from overflow page	
0696	Totals (Lines 0601 through 0603 plus 0695) (Line 9 above)	
150		
1500		
1501		
1595	Summary of remaining write-ins for Line 13 from overflow page	
1596	Totals (Lines 1501 through 1503 plus 1595) (Line 13 above)	

- (a) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases
- (b) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued dividends on purchases
- (c) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases
- (d) Includes \$ \_\_\_\_\_ for company's occupancy of its own buildings, less exclusion \$ \_\_\_\_\_ interest on encumbrances
- (e) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases
- (f) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium
- (g) Includes \$ \_\_\_\_\_ investment expenses and \$ \_\_\_\_\_ investment taxes, licenses and fees, excluding federal income taxes, attributable to separate and Separate Accounts
- (h) Includes \$ \_\_\_\_\_ interest on surplus notes and \$ \_\_\_\_\_ interest on capital notes
- (i) Includes \$ \_\_\_\_\_ depreciation on real estate and \$ \_\_\_\_\_ depreciation on other invested assets

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 – 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (and T-bills)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (affiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (affiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
<b>DETAILS OF WRITE-INS</b>					
0901					
0902					
0903					
0905	Summary of remaining write-ins for Line 9 from overflow page				
0906	Totals (Lines 0901 through 0903 plus 0905) (Line 9 above)				

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 1 - Col. 2)
1. Bonds (Schedule D)			
2. Stocks (Schedule E)			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule F):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties owned by the company			
4.2 Properties sold for the production of income			
4.3 Properties sold for sale			
5. Cash (Schedule L Part 1), cash equivalents (Schedule L Part 2) and stock bond investments (Schedule D)			
6. Contract rights			
7. Derivatives (Schedule D)			
8. Other invested assets (Schedule B)			
9. Receivables for securities			
10. Securities lending activities, collateral assets (Schedule D)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plans (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Unaffiliated premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and investments booked but deferred and not yet due			
15.3 Assessed retrospective premiums and amounts subject to ratification in reinsurance			
16. Amounts receivable from reinsurers:			
16.1 Amounts receivable from reinsurers			
16.2 Funds held by or deposited with reinsurer companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable returns to reinsureds			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data, accessing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Total's and other amounts receivable			
25. Aggregate write-ins for other non-invested assets			
26. Total assets including Separate Accounts, Segregated Accounts and Other Cell Accounts (Lines 13 to 25)			
27. From Separate Accounts, Segregated Accounts and Other Cell Accounts			
28. Total (Lines 26 and 27)			
<b>DETAILS OF WRITE-INS</b>			
1101			
1102			
1103			
1198 Summary of remaining write-ins for Line 1103 (foot overview page)			
1199 Totals (Lines 1101 through 1103 plus 1198 (Line 1103 above))			
2201			
2202			
2203			
2298 Summary of remaining write-ins for Lines 2201 to 2203 (foot overview page)			
2299 Totals (Lines 2201 through 2203 plus 2298 (Line 2203 above))			

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NOTES TO FINANCIAL STATEMENTS

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*Not for Distribution*



**GENERAL INTERROGATORIES**

**PART I – COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which are insurers? Yes  No   
 If yes, complete Schedule Y, Parts I, IA and 2.
- 1.2 If yes, did the reporting entity register and file with its jurisdictional State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations concerning therein, or is the reporting entity subject to similar and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Registration? \_\_\_\_\_
- 1.4 Is the reporting entity publicly traded as a member of a publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the OTC, OTC Link, and Index Key) code issued by the SIX for the entity group \_\_\_\_\_
- 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
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile of the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 3.3 State as of what date the latest financial examination report became available to other states or the District of Columbia or the state of domicile of the reporting entity. This is the release date or completion date of the examination report number the date of the examination balance sheet date. \_\_\_\_\_
- 3.4 By what department or departments? \_\_\_\_\_
- 3.5 Have all financial statement adjustments within the latest financial examination report been included in a subsequent financial statement filed with departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been implemented? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or on a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
     4.11 sales of new business? Yes  No   
     4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any salesperson, agent, broker, or other individual owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or on a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
     4.21 sales of new business? Yes  No   
     4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or acquisition during the period covered by this statement? Yes  No   
 If yes, complete and file the merger filing schedule with the NAIC.
- 5.2 If yes, provide the name of the entity, its SIC 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 acquisition.

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

- 6.1 Has the reporting entity had its Certificate of Authority, license or authorization (including separate authorization, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes  No
- 6.2 If yes, list all instances: \_\_\_\_\_
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly own at least 10% or more of the reporting entity? Yes  No
- 7.2 If yes, \_\_\_\_\_ %  
 7.21 State the percentage of foreign ownership?  
 7.22 State the nationality(ies) of the foreign person(s) or entity(ies) if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company registered by the Federal Reserve Board? Yes  No

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, trusts or securities firms? Yes  No

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 \_\_\_\_\_

10.1 Has the insurer been granted any exemptions in the prohibited non-suit services provided by the certified independent public accountant requirements as allowed in Section 201 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or any similar state law or regulation? Yes  No

10.2 If the response to 10.1 is yes, provide information related to this exemption:  
 \_\_\_\_\_

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 15A of the Model Regulation, or otherwise by similar state law or regulation? Yes  No

10.4 If the response to 10.3 is yes, provide information related to this exemption:  
 \_\_\_\_\_

10.5 Has the reporting entity established an Audit Committee in compliance with the demeritary stock insurance rules? Yes  No  N/A

10.6 If the response to 10.5 is no or not clear, please explain:  
 \_\_\_\_\_

11. What is the name, address and affiliation (office/employee of the reporting entity or other consultant associated with an external consulting firm) of the individual providing the statement of external opinion on the financial statements?  
 \_\_\_\_\_

12. Does the reporting entity own any securities of a real estate holding company, including, but not limited to:  
 12.1 \_\_\_\_\_  
 12.2 \_\_\_\_\_  
 12.3 \_\_\_\_\_  
 12.4 \_\_\_\_\_  
 12.5 \_\_\_\_\_  
 12.6 \_\_\_\_\_  
 12.7 \_\_\_\_\_  
 12.8 \_\_\_\_\_  
 12.9 \_\_\_\_\_  
 12.10 \_\_\_\_\_  
 12.11 \_\_\_\_\_  
 12.12 \_\_\_\_\_  
 12.13 \_\_\_\_\_  
 Total book value of all real estate holding companies: \$ \_\_\_\_\_

12.9 If yes, provide explanation:  
 \_\_\_\_\_

**FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States management or the United States trustees of the reporting entity?  
 \_\_\_\_\_

13.2 Does this statement concern all business transacted for the reporting entity through its United States branch or risks wherever located? Yes  No

13.3 Have there been any changes made to any of the terms of insurance during the year? Yes  No

13.4 If answer to (13.3) is yes, has the demeritary insurance rules approved the changes? Yes  No  N/A

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes  No

- a. Honor and ethical conduct, including the avoidance 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, accurate reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.1.1 If the response to 14.1 is no, please explain:  
 \_\_\_\_\_

14.2 Has the code of ethics for any manager been amended? Yes  No

14.2.1 If the response to 14.2 is yes, provide information related to amendment(s):  
 \_\_\_\_\_

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No

14.3.1 If the response to 14.3 is yes, provide the reasons for any waiver(s):  
 \_\_\_\_\_

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to insurance where the issuing or confirming bank is not on the SWIF Back List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances that Can Trigger the Letter of Credit	Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes  No
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes  No
18. Has the reporting entity established procedures for disclosure to its board of directors or trustees of any material financial information on the part of any of its officers, directors, trustees or responsible employees that is material or is likely to be material with respect to such person? Yes  No

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles to General Accepted Accounting Principles? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): \$ \_\_\_\_\_
- 20.11 To directors or other officers \$ \_\_\_\_\_
  - 20.12 To shareholders not officers \$ \_\_\_\_\_
  - 20.13 To execs, agents or guards (Federal only) \$ \_\_\_\_\_
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): \$ \_\_\_\_\_
- 20.21 To directors or other officers \$ \_\_\_\_\_
  - 20.22 To shareholders not officers \$ \_\_\_\_\_
  - 20.23 To execs, agents or guards (Federal only) \$ \_\_\_\_\_
21. Were any assets repledged in this statement subject to a contract obligation to repledge to another party without the liability for such obligation being repledged in the statement? Yes  No
- 21.2 If yes, state the amount raised at December 31 of the current year: \$ \_\_\_\_\_
- 21.21 Rented from others \$ \_\_\_\_\_
  - 21.22 Borrowed from others \$ \_\_\_\_\_
  - 21.23 Lented from others \$ \_\_\_\_\_
  - 21.24 Other \$ \_\_\_\_\_
- 22.1 Does this statement include payments for assets (as described in the Annual Statement Instructions other than gratuity fund or gratuity association accounts)? Yes  No
- 22.2 If answer is yes: \$ \_\_\_\_\_
- 22.21 Amount paid as losses or risk adjustment \$ \_\_\_\_\_
  - 22.22 Amount paid as expenses \$ \_\_\_\_\_
  - 22.23 Other amounts paid \$ \_\_\_\_\_
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts received from parent included in the Page 2 amount: \$ \_\_\_\_\_

**INVESTMENT**

- 24.01 Were all the equity, preferred and other securities owned December 31 of current year over which the reporting entity has exclusive control in the actual possession of the reporting entity on said date? (Other than securities lending programs addressed in 24.02) Yes  No
- 24.02 If no, give the information relating thereto: \_\_\_\_\_
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is cash, non-cash or off-balance sheet. (An alternative is to refer to Note 17 when this information is also provided): \_\_\_\_\_
- 24.04 Does the company's securities lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes  No  N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs: \$ \_\_\_\_\_
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs: \$ \_\_\_\_\_
- 24.07 Does your securities lending program require 100% (domestic securities) and 105% (foreign securities) from the counterparty at the onset of the contract? Yes  No  N/A
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes  No  N/A
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes  No  N/A

**GENERAL INTERROGATORIES**

24.10 For the reporting entity's securities lending program, state the amounts of the following as of December 31 of the current year:

- 24.101 Total fair value of resecured collateral assets reported on Schedule DL, Parts I and 2 \$ \_\_\_\_\_
- 24.102 Total book adjusted carrying value of resecured collateral assets reported on Schedule DL, Parts I and 2 \$ \_\_\_\_\_
- 24.103 Total payable for securities lending reported on the Liability page \$ \_\_\_\_\_

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned on December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 21.10.)

Yes  No

25.2 If yes, state the amount thereof at December 31 of the current year:

- 25.21 Subject to repurchase agreements \$ \_\_\_\_\_
- 25.22 Subject to reverse repurchase agreements \$ \_\_\_\_\_
- 25.23 Subject to dollar repurchase agreements \$ \_\_\_\_\_
- 25.24 Subject to reverse dollar repurchase agreements \$ \_\_\_\_\_
- 25.25 Pledged under option agreements \$ \_\_\_\_\_
- 25.26 Letter stock or securities restricted as to sale – excluding EHLB Capital Stock \$ \_\_\_\_\_
- 25.27 FHLB Capital Stock \$ \_\_\_\_\_
- 25.28 On deposit with state \$ \_\_\_\_\_
- 25.29 On deposit with other regulatory bodies \$ \_\_\_\_\_
- 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ \_\_\_\_\_
- 25.31 Pledged as collateral to FHLB – including assets used in funding agreements \$ \_\_\_\_\_
- 25.32 Other \$ \_\_\_\_\_

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes  No

26.2 If yes, has a comprehensive description of the hedging program been made available to the board of directors? If no, attach a description with this statement.

Yes  No  N/A

**ITEMS 26.3 through 26.5 FOR INTERFEDERATED REPORTING ENTITIES (INFE)**

26.3 Does the reporting entity utilize derivatives to hedge variable annuity annuities subject to fluctuations as a result of interest rate sensitivity?

Yes  No

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

- 26.41 Special accounting provisions of SSAP No. 108 Yes  No
- 26.42 Permitted accounting practice Yes  No
- 26.43 Other accounting guidance Yes  No

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity agrees to the following:

Yes  No

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM 21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and includes the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Assumptions.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM 21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the owner, convertible into equity?

Yes  No

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ \_\_\_\_\_

28. Excluding items included in 25.26 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safe 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 I, III – General Examination, Custodians, F. Outcomes, or with a Custodial or Self-Hedging Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes  No

28.01 For agreements not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodial(s)	2 Custodian's Address

## GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Exemptions Manualbook*, provide the name, location and a complete explanation:

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

28.03 Have there been any changes, including name changes, in the custodians identified in 28.01 during the current year?

Yes  No

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

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

28.05 **Investment management** Identify all investment advisers, investment managers, broker-dealers, including individuals, that have authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note if such:  do not have access to the investment accounts?  trade securities?

1 Name of Firm or Individual	2 Affiliation

28.05A For those firms/individuals listed in the table for Question 28.05, do any firms/individuals (and those with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's **invested** assets?

Yes  No

28.05B For firms/individuals affiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's **invested** assets?

Yes  No

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "U" (affiliated) or "U" (unaffiliated), provide the information for the table below:

1 General Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filled

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 (Section 5 (b) (1) (I))?

Yes  No

29.2 If yes, complete the following schedule:

1 CIPIN#	2 Name of Mutual Fund	3 Book-Adjusted Carrying Value
29.2999	TOTAL	

29.3 For each mutual fund listed in the schedule, complete the following schedule:

1 Name of Mutual Fund (From above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book-Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

**GENERAL INTERROGATORIES**

30. Provide the following information for all short term and long term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Adjusted) Value	Fair Value	Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
30.1 Bonds			
30.2 Preferred Stocks			
30.3 Totals			

30.4 Describe the sources or methods utilized in determining the fair values: .....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of valuation of fair value for Schedule D:

32.1 Have all the filing requirements of the *Payment and Procedures Manual of the NAIC Insurance Accounts Office* been followed?  
 32.2 If no, list exceptions: .....

33. By self-designating SCL securities, the reporting entity is certifying the following elements of each self-designated SCL security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist from NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contractual interest and principal payments.  
 c. The insurer has an actual obligation of ultimate payment of all contractual interest and principal.  
 Has the reporting entity self-designated SCL securities? Yes  No

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commitments with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating with PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? Yes  No

35. By assigning FE to a Schedule BA non-regulated private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The fund was purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commitments with the NAIC Designation reported for the security.  
 c. The security had a public credit rating with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds assets in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-regulated private funds that complied with the above criteria? Yes  No

**OTHER**

36.1 Amount paid to trade associations, service organizations and statistical accounting bureaus, if any? \$  
 36.2 List the name of the organization and the amount paid if any such organization represented 25% or more of the total payments to trade associations, service organizations, and statistical accounting bureaus during the period covered by this statement.

Name	Amount Paid
	\$
	\$
	\$
	\$

## GENERAL INTERROGATORIES

- 32.1 Amount of payments for legal expenses, if any? \$
- 32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

Name	\$ Amount Paid
	\$
	\$
	\$
	\$

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

Name	\$ Amount Paid
	\$
	\$
	\$
	\$

Not for Distribution

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement insurance in force? Yes  No

1.2 If yes, indicate premium earned on U.S. business only. \$ \_\_\_\_\_

1.3 What portion of item 1.2 is not reported on the Medicare Supplement Insurance Expense Exhibit?  
 1.3.1 Reason for excluding: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item 1.2) above. \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ \_\_\_\_\_

1.6 Individual policies:

	Most current three years:		
1.61	Total premium earned	\$	_____
1.62	Total incurred claims	\$	_____
1.63	Number of insured lives		_____
	All years prior to most current three years:		
1.64	Total premium earned	\$	_____
1.65	Total incurred claims	\$	_____
1.66	Number of insured lives		_____

1.7 Group policies:

	Most current three years:		
1.71	Total premium earned	\$	_____
1.72	Total incurred claims	\$	_____
1.73	Number of covered lives		_____
	All years prior to most current three years:		
1.74	Total premium earned	\$	_____
1.75	Total incurred claims	\$	_____
1.76	Number of covered lives		_____

2. Health Test:

		Current Year	2
			Pre Year
2.1	Premium Non-attest	\$ _____	\$ _____
2.2	Premium Debit-attest	\$ _____	\$ _____
2.3	Premium Ratio (2.1/2.2)	_____	_____
2.4	Reserve Non-attest	\$ _____	\$ _____
2.5	Reserve Debit-attest	\$ _____	\$ _____
2.6	Reserve Ratio (2.4/2.5)	_____	_____

3.1 Does the reporting entity issue both participating and non-participating policies? Yes  No

3.2 If yes, state the amount of insurable year premiums written in:  
 3.2.1 Participating policies \$ \_\_\_\_\_  
 3.2.2 Non-participating policies \$ \_\_\_\_\_

4. For Mutual reporting entities and Reciprocal Exchanges Only:

4.1 Does the reporting entity issue reserve-free policies? Yes  No

4.2 Does the reporting entity issue non-assessable policies? Yes  No

4.3 If assessable policies are issued, what is the amount of the contingent liability of the policyholders? \$ \_\_\_\_\_

4.4 Total amount of assessments or fees ordered to be paid during the year on deposit notes or contingent premiums. \$ \_\_\_\_\_

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes  No

5.2 If yes, is the commissioner's: \_\_\_\_\_

5.2.1	Out-of-Agency-in-fact compensation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.2.2	Ac indirect expense of the exchange	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

5.3 What expense of the exchange are not paid out of the compensation of the Agency-in-fact? \_\_\_\_\_

5.4 Does any Agency-in-fact compensation, contingent on fulfillment of certain conditions, bear deferral? Yes  No

5.5 If yes, give full description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## GENERAL INTERROGATORIES

## PART 2 – PROPERTY &amp; CASUALTY INTERROGATORIES

61. What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? .....
62. Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of unusual exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process? .....
63. What provision has this reporting entity made (such as a catastrophe reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....
64. Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes  No
65. Does it carry any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unusual catastrophic loss? .....
71. Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g. a deductible, a loss ratio corridor, a loss cap, an aggregate limit, any similar provisions)? Yes  No
72. If yes, indicate the number of reinsurance contracts containing such provisions? .....
73. If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by such applicable limiting provisions? Yes  No
81. Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes  No
82. If yes, give full information? .....
91. Has the reporting entity ceded any risk under any reinsurance contract (including multiple contracts with the reinsurer or its affiliates) or which during the period covered by the statement (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) is essential for the amount of reinsurance and is a deposit and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
 (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
 (b) A limited or conditional cancellation provision under which cancellation rights are restricted by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
 (c) Aggregate cap loss reinsurance coverage;  
 (d) A unilateral right by either party (or both parties) to terminate the reinsurance contract, either conditional or not, except for such provisions which are only triggered by a machine in the event of the occurrence of a loss;  
 (e) A provision permitting reporting of losses, or payment of losses, less than on a quarterly basis (unless there is no activity during the period); or  
 (f) Payment schedule, accumulating reserves from multiple years or activities inherently designed to delay timing of the reimbursement to the ceding entity. Yes  No
92. Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract for under multiple contracts with the same reinsurer or its affiliates, for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders, excluding cessions to approved parent, affiliate or to re-insure insurance companies that are directly or indirectly controlled, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer for the firm's most recently available financial statement; or  
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been returned back to the reporting entity or its affiliates in a separate reinsurance contract. Yes  No
93. If yes to 91 or 92, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
 (a) The aggregate financial statement line items of all such ceded reinsurance contracts on the balance sheet and statement of income;  
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contract meeting the criteria in 9.1 or 9.2; and  
 (c) A brief discussion of the reinsurer's principle objective in entering into the reinsurance contract including the economic purpose to be achieved.
94. Except for transactions meeting the requirements of paragraph 5 of SAAP No. 146 – Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement and entry:  
 (a) Accounted for the contract's reinsurance (either perspective or retrospective) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
 (b) Accounted for the contract as reinsurance under GAAP and as a deposit under SAP? Yes  No
95. If yes to 94, explain in Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently under GAAP and SAP? .....
96. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
 (a) The entity does not utilize reinsurance; or  
 (b) The entity only engages in a 70% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or  
 (c) The entity has no licensed business and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes  No
10. If the reporting entity has assumed risks from another entity, then should be charged an amount of such reinsurance or reserve equal to the which the original entity would have been required to charge had it retained the risks. Has this been done? Yes  No  N/A

## GENERAL INTERROGATORIES

## PART 2 – PROPERTY &amp; CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and how in force? Yes [ ] No [ ]

11.2 If yes, give full information: \_\_\_\_\_

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for: \_\_\_\_\_

12.11 Unpaid losses \$ \_\_\_\_\_

12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$ \_\_\_\_\_

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ \_\_\_\_\_

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, fire premium risks or preliminary risks acquired from its insureds covering unpaid premium and/or unpaid losses? Yes [ ] No [ ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such rates during the period covered by this statement: \_\_\_\_\_

12.41 From \_\_\_\_\_ %

12.42 To \_\_\_\_\_ %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure preliminary or preliminary risks taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under fire deductible features of commercial policies? Yes [ ] No [ ]

12.6 If yes, state the amount received as of December 31 of current year: \_\_\_\_\_

12.61 Letters of Credit \$ \_\_\_\_\_

12.62 Collateral and other funds \$ \_\_\_\_\_

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation) \$ \_\_\_\_\_

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit or recovery cap or also including a contribution provision? Yes [ ] No [ ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including collateral programs, automatic facilities or facultative obligations contracts) considered in the calculation of the amount: \_\_\_\_\_

14.1 Is the reporting entity a contract in multiple contract reinsurance treaties? Yes [ ] No [ ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the contracts: \_\_\_\_\_

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely complied in all respective multiple contract reinsurance contracts? Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely compliant in the reinsurance? Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain: \_\_\_\_\_

15.1 Has the reporting entity guaranteed any financial premium amount? Yes [ ] No [ ]

15.2 If yes, give full information: \_\_\_\_\_

16.1 Does the reporting entity write any warranty business? Yes [ ] No [ ]

If yes, disclose the following information for each of the following types of warranty coverage:

		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Earned	5 Direct Premium Funded
16.11	Home	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16.12	Products	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16.13	Automobile	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16.14	Other*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\* Give the type of coverage: \_\_\_\_\_

17.1 Does the reporting entity maintain amounts receivable on unaffiliated reinsurances in Schedule F – Part 3 that is exempt from the statutory provision for unaffiliated reinsurances? Yes [ ] No [ ]

Included but not reported amounts on contracts in force prior to July 1, 1998, and not subsequently renewed are exempt from the statutory provision for unaffiliated reinsurances. Provide the following information for this exemption:

17.11 Gross amount of unaffiliated reinsurances in Schedule F – Part 3 exempt from the statutory provision for unaffiliated reinsurances \$ \_\_\_\_\_

17.12 Deferred portion of Interrogatory 17.11 \$ \_\_\_\_\_

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$ \_\_\_\_\_

17.14 Case reserve portion of Interrogatory 17.11 \$ \_\_\_\_\_

17.15 Incurred but not reported portion of Interrogatory 17.11 \$ \_\_\_\_\_

17.16 Unearned premium portion of Interrogatory 17.11 \$ \_\_\_\_\_

17.17 Contingent commission portion of Interrogatory 17.11 \$ \_\_\_\_\_

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

- |      |   |     |                          |    |                          |
|------|---|-----|--------------------------|----|--------------------------|
| 18.1 | Do you act as a custodian for health savings accounts?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 18.2 | If yes, please provide the amount of custodial funds held as of the reporting date.   | \$  | _____                    |    |                          |
| 18.3 | Do you act as an administrator for health savings accounts?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 18.4 | If yes, please provide the balance of the funds administered as of the reporting date.  | \$  | _____                    |    |                          |
| 19.  | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 19.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Not for Distribution

## FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages in and around place, i.e., 17.6

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Gross Premiums Written</b> (Page 3, Part III, Col. 1, 3 & 5)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 18.3, 19.2 & 19.3, 19.4)					
2. Property lines (Lines 1, 2, 9, 13, 31 & 36)					
3. Property and liability combined lines (Lines 3, 5, 5, 8, 22 & 27)					
4. All other lines (Lines 6, 10, 13, 14, 15, 21, 23, 24, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 11, 32 & 33)					
6. Total (Line 37)					
<b>Net Premiums Written</b> (Page 3, Part III, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 18.3, 19.2 & 19.3, 19.4)					
8. Property lines (Lines 1, 2, 9, 13, 31 & 36)					
9. Property and liability combined lines (Lines 3, 5, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 21, 23, 24, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 11, 32 & 33)					
12. Total (Line 37)					
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 5)					
14. Net investment gain (loss) (Line 11)					
15. Total other income (loss)					
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)					
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)					
20. Premiums and considerations (Page 2, Col. 3)					
20.1. In course of collection (Line 15.1)					
20.2. Debated and not yet due (Line 15.2)					
20.3. Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)					
22. Losses (Page 3, Line 31)					
23. Loss adjustment expenses (Page 3, Line 33)					
24. Unearned premiums (Page 3, Line 35)					
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)					
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11)					
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital					
29. Authorized minimal level risk-based capital					
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 3, Col. 3) (sum divided by Page 3, Line 19, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Lines 3.1 & 3.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short term investments (Line 5)					
35. Current loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ups for invested assets (Line 11)					
41. Cash, cash equivalents and investments (Line 19)	1000	1000	1000	1000	1000
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Sch. D, Summary, Line 2, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short term investments (Sch. D, Summary, in Schedule DA, Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total insurance investments (Lines 42 to 47 above)					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

**FIVE-YEAR HISTORICAL DATA**  
(Continued)

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net annualized capital gains (losses) (Line 36).....					
52. Dividends to stockholders (Line 35).....					
53. Changes in surplus as regards policyholders for the year (Line 38).....					
<b>Gross Losses Paid (Page 9, Part 2, Col. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 1.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 32).....					
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 1.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....					
<b>Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100)</b>					
66. Premiums earned (Line 1).....	1000	1000	1000	1000	1000
67. Taxes incurred (Line 7).....					
68. Loss expenses incurred (Line 3).....					
69. Other underwriting expenses incurred (Line 4).....					
70. Net underwriting gain (loss) (Line 5).....					
<b>Other Percentages</b>					
71. Other underwriting expenses to net premium written (Page 4, Lines 4, 5 and 6 divided by Line 1, Part 2, Col. 4, Line 35 x 100%).....					
72. Losses and loss expenses incurred to premiums earned (Page 9, Lines 21 & 32 divided by Page 4, Line 1 x 100%).....					
73. Net premium written to policyholders' surplus (Page 8, Part 1, Col. 6, Line 2 divided by Page 3, Line 17, Col. 1 x 100%).....					
<b>One-Year Loss Development (\$100 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 5-Summary, Line 12, Col. 1).....					
75. Percent of development of losses and loss expenses incurred by policyholders' surplus of prior year-end (Line 74 also divided by Page 4, Line 21, Col. 1 x 100%).....					
<b>Two-Year Loss Development (\$100 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 5-Summary, Line 13, Col. 1).....					
77. Percent of development of losses and loss expenses incurred to policyholders' surplus of second prior year-end (Line 76 also divided by Page 4, Line 21, Col. 1 x 100%).....					

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSF 100-2—Accounting Changes and Correction of Errors?

If yes, please explain.....

Yes [ ] No [ ]





















**SCHEDULE F – PART 5**  
**Interrogatories for Schedule F, Part 3 (000 Omitted)**

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, column 10, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	.....	.....	.....	Yes [ ] No [ ]
7.	.....	.....	.....	Yes [ ] No [ ]
8.	.....	.....	.....	Yes [ ] No [ ]
9.	.....	.....	.....	Yes [ ] No [ ]
10.	.....	.....	.....	Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

**SCHEDULE F – PART 6**  
Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Reinsurance Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS</b> (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....			
2. Premiums and considerations (Line 15).....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			
4. Funds held by or deposited with reinsured companies (Line 16.2).....			
5. Other assets.....			
6. Net amount recoverable from reinsurers.....			
7. Protected cell assets (Line 27).....			
8. Totals (Line 28).....			
<b>LIABILITIES</b> (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			
10. Taxes, expenses, and other obligations (Lines 4 through 8).....			
11. Unearned premiums (Line 9).....			
12. Advance premiums (Line 10).....			
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			
15. Funds held by company under reinsurance treaties (Line 13).....			
16. Amounts withheld or retained by company for account of others (Line 14).....			
17. Provision for reinsurance (Line 16).....			
18. Other liabilities.....			
19. Total liabilities excluding protected cell business (Line 26).....			
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 29).....		XXX	
22. Totals (Line 38).....			

NOTE: Is the surplus exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [ ] No [ ]

If yes, give full explanation: \_\_\_\_\_



**SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Individual Group and Individual		Contractual Reinsurance		Other Available Sources									
									New Policies		Guaranteed Renewals		New Policies for Special Classes Only		Other Available Only		All Other	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
<b>PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1	Revenue to file	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
2	Revenue to and	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
3	Income before	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
4	Cost of contract expense	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
5	Incurred claims and cost of contract expense (Lines 3 and 4)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6	Income in contract method	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7	Contributions to	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
8	Other general business expenses	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9	Taxes, licenses and fees	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
10	Other other expenses incurred	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
11	Assignment and other adjustments	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
12	Gain from underwriting before dividend or refund	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
13	Dividend or refund	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
14	Gain from underwriting after dividend or refund	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>DETAILS OF WRITINGS</b>																		
1101		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
1102		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
1105		xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
1198	Summary of writing activity for Line 11 Summary Page	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
1199	Total Lines 1101 through 1105 plus 1198 (Line 11 Summary)	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

(a) Excludes 5..... reported as "Contract, membership and other fees retained by agents."

Not for Distribution

**SCHEDULE II – ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accidental Health	Other A&H Mutual Individual	Collectively Reinsured	Non-Group Only	Group Only	Non-Reinsured for Sole Excess Only	Other Accident Only	Affiliates
<b>PART 2 – RESERVES AND LIABILITIES</b>									
<b>A. Present Reserves</b>									
1	Liability reserves								
2	Admitted amounts								
3	Reserve for future benefits								
4	Total present reserves, current year								
5	Total present reserves, prior year								
6	Increase (or total positive decrease)								
<b>B. Contract Reserves</b>									
1	Accidental reserve (in)								
2	Reserve for future contract benefits								
3	Total contract reserves, current year								
4	Total contract reserves, prior year								
5	Increase (or total positive decrease)								
<b>C. Other Reserves and Liabilities</b>									
1	Total current year								
2	Total prior year								
3	Increase								
<b>PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
<b>1. Claims paid during the year</b>									
1.1	Of claims incurred prior to current year								
1.2	Of claims incurred during current year								
<b>2. Claims reserves and liabilities, December 31, current year</b>									
2.1	Of claims incurred prior to current year								
2.2	Of claims incurred during current year								
<b>3. Total</b>									
3.1	Line 1.1 and 2.1								
3.2	Claims reserve and liabilities, December 31, prior year								
3.3	Line 3.1 minus Line 3.2								
<b>PART 4 – REINSURANCE</b>									
<b>A. Reinsurance Assumed</b>									
1	Reinsured written								
2	Reinsured earned								
3	Reinsured claims								
4	Commissions								
<b>B. Reinsurance Ceded</b>									
1	Reinsured written								
2	Reinsured earned								
3	Reinsured claims								
4	Commissions								

(a) Include 5. . . . . premium deficiency reserve.

## SCHEDULE H – PART 5 – HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims.....	.....	.....	.....	.....
2. Beginning claim reserves and liabilities.....	.....	.....	.....	.....
3. Ending claim reserves and liabilities.....	.....	.....	.....	.....
4. Claims paid.....	.....	.....	.....	.....
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims.....	.....	.....	.....	.....
6. Beginning claim reserves and liabilities.....	.....	.....	.....	.....
7. Ending claim reserves and liabilities.....	.....	.....	.....	.....
8. Claims paid.....	.....	.....	.....	.....
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims.....	.....	.....	.....	.....
10. Beginning claim reserves and liabilities.....	.....	.....	.....	.....
11. Ending claim reserves and liabilities.....	.....	.....	.....	.....
12. Claims paid.....	.....	.....	.....	.....
<b>D. Net:</b>				
13. Incurred Claims.....	.....	.....	.....	.....
14. Beginning claim reserves and liabilities.....	.....	.....	.....	.....
15. Ending claim reserves and liabilities.....	.....	.....	.....	.....
16. Claims paid.....	.....	.....	.....	.....
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred claims and cost containment expenses.....	.....	.....	.....	.....
18. Beginning reserves and liabilities.....	.....	.....	.....	.....
19. Ending reserves and liabilities.....	.....	.....	.....	.....
20. Paid claims and cost containment expenses.....	.....	.....	.....	.....

**SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES**

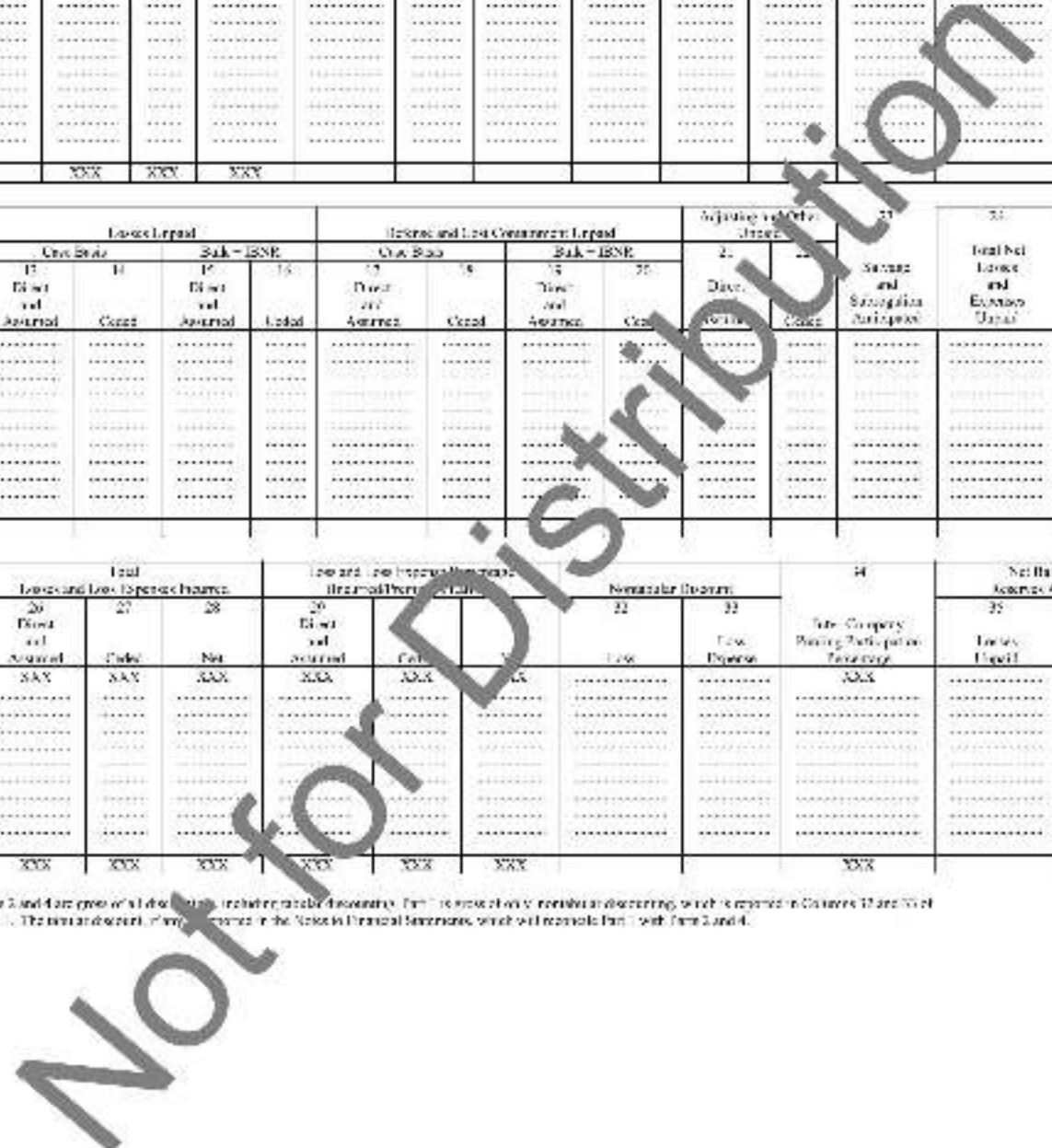
**SCHEDULE P – PART 1 – SUMMARY  
(\$000 OMITTED)**

Year in Which Payments Were Incurred	Premiums Earned			Losses and Loss Expenses Payments						Settlement and Satisfaction Expenses	Total No. Paid (Cols. 4-9)	Number of Claims Reported
	Direct	Ceded	Net	Loss Payments		Interest and Cost Commitment Payments		Adjustments and Other Payments				
				Direct	Ceded	Direct	Ceded	Direct	Ceded			
1. 2006	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	
2. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. 2009	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. 2015	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. 2016	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Total	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	

	Losses Incurred				Interest and Cost Commitment Incurred				Adjusting and Other Items		Settlement and Satisfaction Expenses	Total Net Losses and Expenses (Total)	Number of Claims Outstanding (End of Year)
	Case Basis		Bulk - ISBE		Case Basis		Bulk - ISBE		Direct	Ceded			
	Direct	Ceded	Direct	Ceded	Direct	Ceded	Direct	Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expenses (Incurred) Reported				Nonadmitted Expenses	Subsidiary Company Policy Participation Percentage	Net Income (Loss) After Insurance		
	Direct	Ceded	Net	Direct	Ceded	Net	Loss			Loss Expenses	Income	Losses
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....		
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
12. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....		

Note: Items 3 and 4 are gross of state taxes, including state discount. Item 10 is gross of any credits or discounts, which is reported in Columns 12 and 13 of Part 1. The net amount of any insurance in the Notes to Financial Statements, which will reconcile Part 1 with Part 2 and 4.



**SCHEDULE P – PART 2 – SUMMARY**

Year in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (DO NOT OMITTED)										DEVELOPMENT	
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	11 One Year	12 Two Year
1. 2000												
2. 2001												
3. 2002	XXX											
4. 2003	XXX	XXX										
5. 2004	XXX	XXX	XXX									
6. 2005	XXX	XXX	XXX	XXX								
7. 2006	XXX	XXX	XXX	XXX	XXX							
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
Total												

**SCHEDULE P – PART 3 – SUMMARY**

Year in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (DO NOT OMITTED)										11	12
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Net of Claims Closed With Loss Payment	Net of Claims Closed Without Loss Payment
1. 2000	000										XXX	XXX
2. 2001											XXX	XXX
3. 2002	XXX										XXX	XXX
4. 2003	XXX	XXX									XXX	XXX
5. 2004	XXX	XXX	XXX								XXX	XXX
6. 2005	XXX	XXX	XXX	XXX							XXX	XXX
7. 2006	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P – PART 4 – SUMMARY**

Year in Which Losses Were Incurred	GROSS ADD-BACKS DERIVED ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (DO NOT OMITTED)									
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1. 2000										
2. 2001										
3. 2002	XXX									
4. 2003	XXX	XXX								
5. 2004	XXX	XXX	XXX							
6. 2005	XXX	XXX	XXX	XXX						
7. 2006	XXX	XXX	XXX	XXX	XXX					
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS  
(\$000 OMITTED)**

Year in Which Home or Farm Was Insured	Premiums Insured			Losses and Loss Expense Payments						Total Net Paid (Cols. 4-5 6-7 8-9)	Number of Claims Reported Paid and Adjusted	
	Direct and Assessed	Ceded	Net (Col. 1-2)	Fire Payments		Theft and Other Contents Payments		Auto and Other Payments				Salvage and Subsequent Recovery
				4 Direct Paid Assessed	5 Ceded	6 Direct Paid Assessed	7 Ceded	8 Direct Paid Assessed	9 Ceded			
P. or	XXX	XXX	XXX									XXX
1. 2010												
2. 2011												
3. 2012												
4. 2013												
5. 2014												
6. 2015												
7. 2016												
8. 2017												
9. 2018												
10. 2019												
11. 2019												
12. Total	XXX	XXX	XXX									XXX

	Losses Paid				Theft and Other Contents Paid				Auto and Other Payments		Total Net Losses and Expense Paid	Number of Claims Outstanding Direct and Adjusted
	Case Losses		Bulk (IBNR)		Case Losses		Bulk (IBNR)		21 Direct and Assessed	22 Ceded		
	13 Direct Paid Assessed	14 Ceded	15 Direct Paid Assessed	16 Ceded	17 Direct Paid Assessed	18 Ceded	19 Direct Paid Assessed	20 Ceded				
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total Losses and Loss Expense Insured			Fire and Theft Payments (Direct and Reserve Funds)			Auto and Other Payments		24 Auto-Compensating Participation Percentage	Net Losses After Reserve Adjustments		
	25 Direct Paid Assessed	27 Ceded	28 Net	29 Direct and Assessed	31 Ceded	32 Net	33 Loss Expense	34 Loss Expense		35 Loss Expense	36 Loss Expense Paid	37 Loss Expense Unpaid
1. ....	XXX	XXX	XXX	XXX	XX	XX			XXX			
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Total	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

**SCHEDULE P – PART 1B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Payments Were Earned (or Losses Were Incurred)	Payments Earned			Loss and Loss Expense Payments							Total Net Paid (Col 4-9) 4-9	Status of Claims Reported (Col 12) 12
	1 Direct Earned	2 Ceded	3 Net (Col 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Setback and Subrogation Received		
				4 Direct Paid	5 Ceded	6 Direct and Reinsured	7 Ceded	8 Direct and Reinsured	9 Ceded			
1. 2018	XXX	XXX	XXX									XXX
2. 2019												
3. 2020												
4. 2021												
5. 2022												
6. 2023												
7. 2024												
8. 2025												
9. 2026												
10. 2027												
11. 2028												
12. 2029												
13. Total	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		13 Total Net Losses and Expenses Unpaid	14 Status of Claims Outstanding (Direct and Ceded)
	Loss Basis		Date of Birth		Loss Basis		Date of Birth		11 Direct and Reinsured	12 Ceded		
	15 Direct and Ceded	16 Ceded	17 Direct and Ceded	18 Ceded	19 Direct and Ceded	20 Ceded						
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total Losses and Loss Expenses Unpaid			Loss and Loss Expense Percentage (Direct and Reinsured Basis)			Variable Reserve		15 Loss-Contingency Funding Percentage	Net Reserve After Discount	
	21 Direct and Reinsured	22 Ceded	23 Net	24 Direct and Reinsured	25 Ceded	26 Net	27 Loss	28 Loss Expense		29 Losses Unpaid	30 Loss Expense Unpaid
1. ....	XXX	XXX	XXX	XXX	XX	XX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XX	XX			XXX		

**SCHEDULE P – PART IC – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
(\$000 OMITTED)

Year(s) With Provisions Were Paid or Losses Were Incurred	Particulars Earned			Loss and Loss Expense Provisions						12 Reserve and Surrogates Received	13 Total Net Paid (0004-11 5-114-1)	14 Status of Claims Reported Direct or Assured
	1 Direct Incurred	2 Ceded	3 Net (OMA 1-2)	4 Loss Provisions		5 Defense and Cost Containment Provisions		6 Adjusting or Other Provisions				
				4 Direct Incurred	5 Ceded	6 Direct Incurred	7 Ceded	8 Direct Incurred	9 Ceded			
1. 2000	XXX	XXX	XXX									XXX
2. 2001												
3. 2002												
4. 2003												
5. 2004												
6. 2005												
7. 2006												
8. 2007												
9. 2008												
10. 2009												
11. 2010												
12. Totals	XXX	XXX	XXX									XXX

	Losses Paid				Defense and Cost Containment or Equal				Adjusting or Other Expenses		13 Total Net Incurred and Expenses Paid	14 Status of Claims Outstanding Direct or Assured
	12 Direct Paid		14 Ceded		15 Direct Paid		16 Ceded		17 Direct Incurred	18 Ceded		
	12 Paid and Settled	14 Paid and Settled	15 Paid and Settled	16 Paid and Settled	17 Paid and Settled	18 Paid and Settled	19 Paid and Settled	20 Paid and Settled	21 Direct Incurred and Settled	22 Ceded and Settled		
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total (Losses and) Loss Expenses Incurred			Loss and Loss Expense Provisions (Direct and Ceded Combined)			12 Loss	13 Loss Expense	14 Ins-Company Paying Proportion Percentage	Net Balance Sheet Accounts After Disaster	
	23 Direct and Assured	24 Ceded	25 Net	26 Direct and Assured	27 Ceded	28 Net				29 Losses Unpaid	30 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		



**SCHEDULE P – PART 1D – WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)  
(\$000 OMITTED)**

Year in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Liabilities and Loss Reserve Provisions								12 Number of Claims Reported Direct Incurred
	1 Direct Incurred Assumed	2 Ceded	3 Net (RMA 1-2)	4 Loss Provisions		5 Deferred Cost Commitment Provisions		6 Adjusting and Other Provisions		10 Set-off and Subrogation Recovered	11 Total Net Paid (Cols 4-9) (1-3) (1-9)	
				4a Direct Incurred Assumed	4b Ceded	5a Direct Incurred Assumed	5b Ceded	6a Direct Incurred Assumed	6b Ceded			
1. 2010	XXX	XXX	XXX									XXX
2. 2011												
3. 2012												
4. 2013												
5. 2014												
6. 2015												
7. 2016												
8. 2017												
9. 2018												
10. 2019												
11. 2019												
12. Total	XXX	XXX	XXX									XXX

	Losses Incurred				Deferred Cost Commitment Provisions				Adjusting and Other Provisions		11 Total Net Losses and Expenses Incurred	12 Number of Claims Outstanding Direct Incurred
	13 Direct Incurred Assumed		14 Ceded		15 Direct Incurred Assumed		16 Ceded		17 Direct Incurred Assumed	18 Ceded		
	13a Direct Incurred Assumed	13b Ceded	14a Direct Incurred Assumed	14b Ceded	15a Direct Incurred Assumed	15b Ceded	16a Direct Incurred Assumed	16b Ceded	17a Direct Incurred Assumed	17b Ceded		
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												

	Total Incurred Loss Expenses Incurred			Liability Loss Expense Provisions (Direct and Deferred Cost)			Amortizable Expenses		11 Total Company Payable Participation Percentage	Net Balance Sheet Provisions After Discount	
	19 Direct Incurred Assumed	20 Ceded	21 Net	22 Direct Incurred Assumed	23 Ceded	24 Net	25 Loss Expenses	26 Loss Expenses		27 Losses Unpaid	28 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P – PART I E – COMMERCIAL MULTIPLE PERIL  
(\$000 OMITTED)**

Year(s) With Premiums Were Earned and Losses Were Incurred	Particulars Earned			Loss and Loss Expense Premiums						10 Savings and Subrogation Recoveries	11 Total Net Paid (Col. 4 + 5) - (Col. 6 + 7)	12 Number of Claims Reported During Year Assured
	1 Direct and Assumed	2 Ceded	3 Net (Col. 1 - 2)	4 Loss Premiums		5 Defective and Cost Contingent Premiums		6 Adjusting and Other Expenses				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. 2011	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2015	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2016	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2017	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2018	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2019	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2020	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2021	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Total	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Losses Paid				Defective and Cost Contingent Paid				Adjusting and Other Paid		11 Total Net Losses and Expenses Incurred	12 Number of Claims During Year Assured
	4 Loss Basis		5 Direct + Other		6 Loss Basis		7 Direct + Other		8 Direct and Assumed	9 Ceded		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded				
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Direct + Other Premiums Earned)			Variable Reserve		11 Insurance Policy Participation Percentage	Net Balance Sheet Reserve After Discount	
	21 Direct and Assumed	22 Ceded	23 Net	24 Direct and Assumed	25 Ceded	26 Net	27 Loss	28 Loss Expense		29 Losses Gained	30 Loss Expense Ceded
1. ....	XXX	XXX	XXX	XXX	XX	XX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

**SCHEDULE P – PART IF – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE**  
(\$000 OMITTED)

Year(s) With Premiums Were Earned and Losses Were Incurred	Particulars Earned			Gross and Loss Expense Payments						12 Savings and Stratification Reserve	13 Total Net Paid (Cols 4 - 11 + 6 - 7 + 8 - 9)	14 Number of Claims Reported During Year	
	1 Direct and Assessed	2 Ceded	3 Net (Col 1 - 2)	4 Loss Payments		5 Defense and Cost Containment Payments		6 Adjusting or Other Payments					
				4 Direct and Assessed	5 Ceded	6 Direct and Assessed	7 Ceded	8 Direct and Assessed	9 Ceded				
1. 2018	XXX	XXX	XXX										XXX
2. 2019													
3. 2019													
4. 2019													
5. 2019													
6. 2019													
7. 2019													
8. 2019													
9. 2019													
10. 2019													
11. 2019													
12. Total	XXX	XXX	XXX										XXX

	Losses Expired				Defense and Cost Containment Expired				Adjusting and Other Expired		13 Total Net Losses and Expenses Expired	14 Number of Claims Covered Direct and Assessed
	15 Direct and Assessed		16 Ceded		17 Direct and Assessed		18 Ceded		19 Direct and Assessed	20 Ceded		
	15 Direct and Assessed	16 Ceded	17 Direct and Assessed	18 Ceded	19 Direct and Assessed	20 Ceded	21 Direct and Assessed	22 Ceded				
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total Losses and Loss Expenses Incurred			Gross and Loss Expense Payments (Direct and Ceded Combined)			11 Net Loss Expense	12 Loss Expense	13 Loss-Contingency Funding Percentage	14 Net Retained Risk Reserve After Incurred			
	25 Direct and Assessed		26 Net	27 Direct and Assessed		28 Ceded				29 Loss	30 Loss Expense	31 Losses Expired	32 Loss Expense Unpaid
	25 Direct and Assessed	26 Ceded	27 Net	28 Direct and Assessed	29 Ceded	30 Loss				31 Loss Expense	32 Losses Expired	33 Loss Expense Unpaid	
1. ....	XXX	XXX	XXX	XXX	XX	XX			XXX				
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. Total	XXX	XXX	XXX	XXX	XXX	XXX			XXX				

**SCHEDULE P – PART IF – SECTION 2 – MEDICAL PROFESSIONAL LIABILITY – CLAIMS-MADE**  
 (\$000 OMITTED)

1 Year in Which Provision Were Expensed (or Taxes Were Incurred)	Provision Expense			Case and/or Non-Case Provisions						10 Subrogation and Recovery Received	11 Total Net Paid (2004-5) + 6-9-8-9)	12 Number of Claims Reported During Year
	1 Direct are Assumed	2 Ceded	3 Net (Cols 1-2)	Case Provisions		Direct and Cost Contingent Provisions		Adjusting and Other Provisions				
				4 Direct are Assumed	5 Ceded	6 Direct are Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. 2000	XXX	XXX	XXX									
2. 2001												
3. 2002												
4. 2003												
5. 2004												
6. 2005												
7. 2006												
8. 2007												
9. 2008												
10. 2009												
11. 2010												
12. Total	XXX	XXX	XXX								XXX	

1 Year in Which Provision Were Expensed (or Taxes Were Incurred)	Liability Unpaid				Defense and Cost Contingent Unpaid				Adjusting and Other Unpaid		14 Total Net Unpaid Provisions Unpaid	15 Number of Claims Outstanding During Year
	Case-Back		Bulk-TRMB		Case-Back		Bulk-TRMB		16 Direct and Assumed	17 Ceded		
	18 Direct and Assumed	19 Ceded	20 Direct and Assumed	21 Ceded	22 Direct and Assumed	23 Ceded						
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Total												

1 Year in Which Provision Were Expensed (or Taxes Were Incurred)	Total Liability and Cost Contingent Unpaid			Total Case Expense Percentage (Direct and Provision's Total)			Total Case Expense		11 Total Company Totaling Percentage	Net Balance Sheet Provisions (As of Dec 31)	
	24 Direct and Assumed	25 Ceded	26 Total	27 Direct and Assumed	28 Ceded	29 Total	30 Direct Expense	31 Ceded Expense		32 Liability Unpaid	33 Expense Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Total	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premium Income			Loss and Loss Expenses Payments							10 Subrogation and Recovery on Insured	11 Total Net Paid (Table 4 – 5.1 1 – 7 – 11 – 9)	12 Number of Cases Reported Direct and Assured
	1 Direct and Assured	2 Ceded	3 Net (100% 1 – 2)	4 Loss Payments		5 Claims and Contingent Payments		6 Adjusting and Other Payments					
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded				
1. 2016	XXX	XXX	XXX									XXX	
2. 2017												XXX	
3. 2018												XXX	
4. 2019												XXX	
5. 2015												XXX	
6. 2016												XXX	
7. 2017												XXX	
8. 2018												XXX	
9. 2019												XXX	
10. 2015												XXX	
11. 2016												XXX	
12. Total	XXX	XXX	XXX									XXX	

	Liabilities Unpaid				Deferred and Loss Contingent Unpaid				Advances and Other Unpaid		23 Subrogation and Recovery on Insured	24 Total Net Liabilities and Expenses Incurred	25 Number of Cases Outstanding Direct and Assured
	Contract Basis		Both – TEND		Contract Basis		Both – TEND		21	22			
	17 Direct and Assured	18 Ceded	19 Direct and Assured	20 Ceded	17 Direct and Assured	18 Ceded	19 Direct and Assured	20 Ceded	21 Direct and Assured	22 Ceded			
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Liabilities and Expenses Incurred			Loss and Loss Expenses Payments (Including Payments on Forfeits)			Recoveries on Subrogation		14 Loss Contingency Reserve Participation Provision	Net Insured Share Recoverability Deducted		
	13 Direct and Assured	16 Ceded	15 Net	19 Direct and Assured	20 Ceded	18 Net	17 Loss	18 Expense		14 Loss Share	15 Expense Unpaid	16 Expense Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX			
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

**SCHEDULE P – PART 1H – SECTION 1 – OTHER LIABILITY – OCCURRENCE**  
(\$000 OMITTED)

Year in which Occurrence Was Reported	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Col 4 + 5) + 6 + 8 + 9	12 Number of Claims Reported (Actual and Adjusted)
	1 Direct and Adjusted	2 Ceded	3 Net (Col 1 - 2)	4 Loss Payments		5 Defense and Cost Containment Expenses		6 Adjusting and Other Payments				
				Direct and Adjusted	Ceded	Direct and Adjusted	Ceded	Direct and Adjusted	Ceded			
1. 2008	XXX	XXX	XXX									
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. 2019												
13. Total	XXX	XXX	XXX								XXX	

Year in which Occurrence Was Reported	Losses Incurred				Defense and Cost Containment Expenses				Adjusting and Other Payments		11 Total Net Losses and Expenses Incurred	12 Number of Claims Reported (Actual and Adjusted)
	13 Direct and Adjusted		14 Ceded		15 Direct and Adjusted		16 Ceded		17 Direct and Adjusted	18 Ceded		
	13a Direct	13b Adjusted	14a Ceded	14b Net	15a Direct	15b Adjusted	16a Ceded	16b Net				
1. 2008												
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. 2019												
13. Total												

Year in which Occurrence Was Reported	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Payments (Direct and Ceded Combined)			11 Investor Recovery	12 Investment Policy Participation Percentage	13 Net Before State Reserve Action Feature			
	19 Direct and Adjusted	20 Ceded	21 Net	22 Direct and Adjusted	23 Ceded	24 Net			25 Loss	26 Loss Expense	27 Losses Ceded	28 Loss Expense Ceded
1. 2008	XXX	XXX	XXX	XXX	XX	XX						
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. 2019												
13. Total	XXX	XXX	XXX	XXX	XXX	XXX						

**SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**  
(\$000 OMITTED)

Year(s) With Provisions Were Paid and Losses Were Incurred	Pensions Earned			Liability and Loss Expense Provisions						10 Subrogation and Recovery Provisions	11 Total Net Paid (Col. 4 + 5) + 6 + 8 + 9	12 Number of Cases Reported Paid Not Assured
	1 Direct Paid Assured	2 Ceded	3 Net (Col. 1 - 2)	4 Liability Provisions		5 Deferred Cost Contingent Provisions		6 Adjusting and Other Provisions				
				4 Direct Paid Assured	5 Ceded	6 Direct Paid Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1. 2000	XXX	XXX	XXX									XXX
2. 2001												
3. 2002												
4. 2003												
5. 2004												
6. 2005												
7. 2006												
8. 2007												
9. 2008												
10. 2009												
11. 2010												
12. Total	XXX	XXX	XXX									XXX

	Liabilities Liquid				Deferred and Cost Contingent Liquid				Adjusting and Other Liquid		11 Total Net Provision And Expense Incurred	12 Number of Cases Outstanding Or Not Assured
	13 Direct and Assured		14 Ceded		15 Direct and Assured		16 Ceded		17 Direct and Assured	18 Ceded		
	13 Direct and Assured	14 Ceded	15 Direct and Assured	16 Ceded	15 Direct and Assured	16 Ceded	17 Direct and Assured	18 Ceded				
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total Liabilities and Loss Expenses Incurred			Liability and Loss Expense Provisions (Direct and Contingent Liab.)			Contingent Liabilities		11 Insurance Policy Participation Percentage	Net Balance Sheet Reserve After Discount	
	19 Direct and Assured	20 Ceded	21 Net	19 Direct and Assured	20 Ceded	21 Net	22 Loss	23 Loss Expense		24 Losses Gained	25 Loss Expense Curred
1. ....	XXX	XXX	XXX	XXX	XX	XX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Total	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART II – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)  
(\$000 OMITTED)**

Year in Which Particular Year Incurred and Losses Were Incurred	Premiums Earned			Losses and Loss Expenses Incurred								Number of Cases Reported During Year
	1 Gross Earned	2 Ceded	3 Net (Col 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Items		10 Subrogation and Recovery on Insureds	11 Total Net Paid (Col 4 - 9)	
				4 Gross Paid	5 Ceded	6 Gross Paid	7 Ceded	8 Gross Paid	9 Ceded			
1. 2018	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2019	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. Total	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Incurred				Defense and Cost Containment, Unpaid				Adjusting and Other Unpaid		12 Subrogation and Recovery on Insureds	13 Total Unpaid Reserves (Col 10 - 11)	14 Number of Cases Outstanding During Year
	Case Basis		Rate - TIME		Case Basis		Rate - TIME		15 Gross Unpaid	16 Ceded			
	17 Gross Incurred	18 Ceded	19 Gross Incurred	20 Ceded	21 Gross Unpaid	22 Ceded	23 Gross Unpaid	24 Ceded					
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

	Total Losses and Loss Expenses Incurred			Unpaid Loss Expenses Percentage (Defense and Payments Ceded)			Recovery Reserve		15 Subrogation and Recovery on Insureds Percentage	Net Balance Sheet Reserves After Discount	
	25 Gross Incurred	26 Ceded	27 Net	28 Gross Incurred	29 Ceded	30 Net	31 Loss	32 Ceded		33 Loss Reserve	34 Loss Expense Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

Not for Distribution



**SCHEDULE P – PART IJ – AUTO PHYSICAL DAMAGE**  
(\$000 OMITTED)

Years in Which Payments Were Earned (as Losses Were Incurred)	Payments Earned			Losses and Loss Expense Payments							22 Number of Claims Reported	
	1 Direct and Assumed	2 Ceded	3 Net (OMA 1-2)	4 Loss Payments		5 Deferred Cost Contingent Payments		6 Adjusting and Other Expenses		10 Salvage and Subrogation Received		11 Total Net Paid (Col. 4-7+8-9)
				4a Direct and Assumed	4b Ceded	5a Direct and Assumed	5b Ceded	6a Direct and Assumed	6b Ceded			
1. 2018	XXX	XXX	XXX									XXX
2. 2019												
3. Total	XXX	XXX	XXX									XXX

	Losses Incurred				Rebates and Case Contingent Unpaid				Adjusting and Other Expenses		23 Total Net Paid (Col. 13-16+17-18-19)	25 Number of Claims Outstanding Direct and Assumed
	13 Losses		14 Rebates and Case Contingent Unpaid		17 Losses		18 Rebates and Case Contingent Unpaid		21 Direct and Assumed	22 Ceded		
	13a Direct and Assumed	13b Ceded	14a Direct and Assumed	14b Ceded	17a Direct and Assumed	17b Ceded	18a Direct and Assumed	18b Ceded				
1. ....												
2. ....												
3. ....												

	Total Losses and Loss Expense Incurred			Losses and Loss Expense Payments (Payments Earned)			24 Payments Received		26 Total Unpaid (Col. 13-16+17-18-19-20+21-22)	25 Net Balance Sheet Amounts After Disaster	
	7a Direct and Assumed	7b Ceded	7c Net	7d Direct and Assumed	7e Ceded	7f Net	24a Loss Expense	24b Salvage and Subrogation Payments		25a Losses Incurred	25b Losses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P – PART 1K – FIDELITY/SURETY**  
(\$000 OMITTED)

Years in which Reserves Were Established and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Setoffs and Reimbursements Received	11 Total Net Paid (Col. 4 + 2 + 5 - 7 - 8 - 9)	12 Number of Claims Reported Paid and Assured
	1 Direct and Assured	2 Ceded	3 Net (Col. 1 - 2)	Law Suits		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1 - 2019	XXX	XXX	XXX									XXX
2 - 2018												XXX
3 - 2017												XXX
4 - 2016	XXX	XXX	XXX									XXX

	Losses Paid				Defense and Cost Containment Payments				Adjusting and Other Payments		10 Setoffs and Reimbursements Received	11 Total Net Paid and Expenses Incurred	12 Number of Claims Reported Paid and Assured
	Case Status		13 Direct and Assured	14 Ceded	Case Status		15 Direct and Assured	16 Ceded	17 Direct and Assured	18 Ceded			
	19 Total and Assured	20 Total			21 Direct and Assured	22 Ceded							
1 - 2019													
2 - 2018													
3 - 2017													
4 - 2016													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Payments Paid/Retained/Assured			Nonadverse Disposal		14 Total Company Setoffs and Reimbursements Received	Net Balance Sheet Reserve/Advs. Disposal	
	23 Direct and Assured	24 Ceded	25 Net	26 Direct and Assured	27 Ceded	28 Net	29 Losses Incurred	30 Total Reserve		31 Losses Paid	32 Loss Expense Paid
1 - 2019	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2 - 2018											
3 - 2017											
4 - 2016	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**  
(S000 OMITTED)

Years in which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Losses and Loss Expenses Payments						10 Revenue from Subrogation Recovered	11 Total Net Paid (Cols. 4 - 9 - 10 - 11 - 12)	12 Balance of Claims Reported Direct and Assured
	1 Direct and Assured	2 Ceded	3 Net (Col. 1 - 2)	4 Loss Payments		5 Referred and Contingent Payments		6 Adjusting and Other Payments				
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1 2018	XXX	XXX	XXX									XXX
2 2019	XXX	XXX	XXX									XXX
3 2020	XXX	XXX	XXX									XXX
4 Total	XXX	XXX	XXX									XXX

	Losses Incurred				Decrease and Ceded Premiums/Dividends				Adjusting and Other Credits		13 Savings on Reinsurance Recoveries	14 Total Paid and Expenses Incurred	15 Number of Claims Outstanding Direct and Assured
	16 Direct and Assured		17 Direct and Assured		18 Direct and Assured		19 Direct and Assured		20 Direct and Assured	21 Ceded			
	16 Direct and Assured	17 Ceded	18 Direct and Assured	19 Ceded	20 Direct and Assured	21 Ceded							
1													
2													
3													
4													

	Total Losses and Loss Expenses Incurred			Losses and Loss Expenses Payments (Assured/Reinsured/Dividends)			Net/Other Direct		22 Total Company Savings Anticipated Recoveries	Net Income from Business After Disaster	
	22 Direct and Assured	23 Ceded	24 Net	25 Direct and Assured	26 Ceded	27 Net	28 Loss	29 Income		30 Total Direct	31 Loss Expenses Incurred
	1	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
3	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P – PART III – INTERNATIONAL**  
(S000 OMITTED)

Year in Which Dividends Were Earned and Losses Were Incurred	Premiums Earned			Losses and Loss Expense Payments						11 Total Net Paid (Cols. 6-10) 7-9-11	12 Number of Claims Reported Dividends and Amount	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	4 Taxes		5 Defenses and Cost Containment Payments		6 Settlement and Other Payments				7 Recovery and Subrogation Received
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1 2011	XXX	XXX	XXX									XXX
2 2012												XXX
3 2013												XXX
4 2014												XXX
5 2015												XXX
6 2016												XXX
7 2017												XXX
8 2018												XXX
9 2019												XXX
10 2019												XXX
11 2019												XXX
12 2019	XXX	XXX	XXX									XXX

Year in Which Dividends Were Earned and Losses Were Incurred	Taxes Paid				Defenses and Cost Containment Paid				Settlement and Other Paid		11 Total Net Paid (Cols. 6-10) 7-9-11	12 Number of Claims Reported Dividends and Amount
	13 Corporate		14 Individual		15 Corporate		16 Individual		17 Direct and Assumed	18 Ceded		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded						
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Year in Which Dividends Were Earned and Losses Were Incurred	Taxes Paid and Loss Expense Incurred			Losses and Loss Expense Payments (Current/Noncurrent/Unpaid)			Settlement (Current)		11 Inter-Company Rating Participation Percentage	Net Retain or Share Reserves After Discount	
	19 Direct and Assumed	20 Ceded	21 Net	22 Direct and Assumed	23 Ceded	24 Net	25 Loss	26 Expense		27 Losses Unpaid	28 Loss Expense Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART IN – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY  
(S000 OMITTED)**

Year in Which Transactions Were Recorded and Losses Were Incurred	Premiums Earned			Losses and Loss Expenses Incurred						11 Total No. Bills (Cols. 4, 5+ 6, 7+8, 9)	12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Total	3 Net (Col. 1 – 2)	4 Loss Payments		5 Defense and Cost Containment Payments		6 Adjusting and Other Payments				
				4 Direct and Assumed	5 Total	6 Direct and Assumed	7 Total	8 Direct and Assumed	9 Total			
1. 2018.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Total.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	13 Reinsured				14 Defense and Cost Containment Expenses				15 Adjusting and Other Payments		16 Total No. Losses and Expenses Reported	17 Number of Claims Originating Direct and Assumed
	13a Catastrophe		13b Non-Catastrophe		14a Catastrophe		14b Non-Catastrophe		15a Direct and Assumed	15b Total		
	13c Direct and Assumed	13d Total	13e Direct and Assumed	13f Total	14c Direct and Assumed	14d Total	14e Direct and Assumed	14f Total	15c Total			
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	18a Losses and Loss Expenses Incurred			18b Losses and Loss Expenses Incurred (Catastrophe Events)			18c Available to Direct		19 Total Company Policyholder Reserves	20 Net Reinsurance Balance After Dividend	
	18d Direct and Assumed	18e Total	18f Net	18g Direct and Assumed	18h Total	18i Net	18j Loss Reserve	18k Loss Expense		20a Losses Assumed	20b Loss Expense Origin
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

Not for Distribution

**SCHEDULE P – PART 10 – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY  
(S000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Portions Payable			Loss and Loss Expense Payments						10 Savings and Subrogation Received	11 Total Net Paid (Cols 4 – 9) (+/-) (10 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Portion		Defense and Cost Reimbursement Expenses		Assessing and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1 2016	XXX	XXX	XXX									XXX
2 2017												XXX
3 2018												XXX
4 2019												XXX
5 2013												XXX
6 2014												XXX
7 2015												XXX
8 2016												XXX
9 2017												XXX
10 2018												XXX
11 2019												XXX
12 Total	XXX	XXX	XXX									XXX

	Losses Incurred				Defense and Cost Reimbursement Expenses				Assessing and Other Payments		23 Savings and Subrogation Received	24 Total Net Losses and Expenses Incurred	25 Number of Claims Incurred by Direct and Assumed
	Occ Basis		Risk - BNR		Occ Basis		Risk - BNR		21 Direct and Assumed	22 Ceded			
	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11													XXX
12													XXX

	13a Losses and Loss Expenses Incurred			13b Losses and Loss Expenses (Defense and Cost Reimbursement Expenses)			13c Assessing and Other Payments		14 Total Company Policy Participant Assurances	15 Net Balance Sheet Reinsurance After Cession		
	21 Direct and Assumed	22 Ceded	23 Net	17 Direct and Assumed	18 Ceded	19 Net	21 Loss	22 Loss Reserve		15 Losses Incurred	16 Losses Reported	
												1
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

Not for Distribution

**SCHEDULE P – PART 1P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and/or Losses Incurred	Premium Income			Reinsurance Premiums								12 Number of Claims Reported Paid and Reserved
	1 Direct and Assured	2 Ceded	3 Net (100% 1-2)	4 Loss Premiums		6 Rebate and Cost Containment Payments		8 Adjusting and Other Premiums		10 Savings and Subrogation Received	11 Total Net Paid (100% 4-9)	
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1 2016	XXX	XXX	XXX									XXX
2 2017												XXX
3 2018												XXX
4 2019												XXX
5 2020												XXX
6 2021												XXX
7 2022												XXX
8 2023												XXX
9 2024												XXX
10 2025												XXX
11 2026												XXX
12 Total	XXX	XXX	XXX									XXX

	Losses Incurred				Deferred and Cost Containment Payments				23 Adjusting and Other Payments		24 Total Net Losses and Premiums Incurred	25 Number of Claims Outstanding Paid and Reserved
	13 Case Basis		14 Incurred Basis		17 Case Basis		18 Incurred Basis		23 Direct and Assured	23 Ceded		
	13 Direct and Assured	14 Ceded	15 Direct and Assured	16 Ceded	17 Direct and Assured	18 Ceded	19 Direct and Assured	20 Ceded				
1												XXX
2												XXX
3												XXX
4												XXX
5												XXX
6												XXX
7												XXX
8												XXX
9												XXX
10												XXX
11												XXX
12												XXX

	26 Losses and Loss Expenses Incurred			27 Loss and Loss Expenses Reserved as of and Premiums Earned			28 Unallocated Discount		29 Inter-Company Premium Adjustments	30 Net Balance Sheet Reserves After Discounts	
	26 Direct and Assured	26 Ceded	26 Net	27 Direct and Assured	27 Ceded	27 Net	28 Loss	28 Premiums		30 Loss Reserve	30 Loss Expense Reserve
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART 1R – SECTION I – PRODUCTS LIABILITY – OCCURRENCE**  
(\$000 OMITTED)

Year in which Reserves were Established and Were Incurred	Premiums Earned			Loss and Loss Expense Payment						11 Rebate and Surrogation Reserves	12 Total Net Paid (Cols. 4-2 6-7, 8-3)	13 Number of Claims Reported Direct and Assured
	1 Direct and Assured	2 Ceded	3 Net (Col. 1 - 2)	4 Loss Payments		5 Deferred and Contingent Payments		6 Adjusting and Other Payments				
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1 2010	XXX	XXX	XXX									XXX
2 2011												
3 2012												
4 2013												
5 2014												
6 2015												
7 2016												
8 2017												
9 2018												
10 2019												
11 2019												
12 Total	XXX	XXX	XXX									XXX

Year in which Reserves were Established and Were Incurred	Losses Incurred				Deferred and Contingent Payments Incurred				Adjusting and Other Payments Incurred		11 Rebate and Surrogation Reserves	12 Total Net Losses and Premiums Incurred	13 Number of Claims Created/By Direct and Assured
	4 Case Losses		5 IBNR		6 Case Losses		7 IBNR		8 Direct and Assured	9 Ceded			
	4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded							
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Year in which Reserves were Established and Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Payments Incurred/ Premiums Incurred			Reserve Decrease		11 Inter-Company Billing Participation Percentage	Net Reserve Plus Reserves After Billing	
	10 Direct and Assured	11 Ceded	12 Net	13 Direct and Assured	14 Ceded	15 Net	16 Loss	17 Expense		18 Loss Ceded	19 Loss Assured
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution



**SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Accounts						Revised and Amortized Reserve	Total Net Paid (Cols 4-3 + 6-7 + 8-9)	Balance of Claims Reported Direct and Assumed
	1 Direct net Assumed	2 Ceded	3 Net (Col. 1 - 2)	Loss Payments		Deferred and Contingent Payments		Adjusting and Other Payments				
				4 Direct net Assumed	5 Ceded	6 Direct net Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1 2010	XXX	XXX	XXX									XXX
2 2011												
3 2012												
4 2013												
5 2014												
6 2015												
7 2016												
8 2017												
9 2018												
10 2019												
11 2019												
12 Total	XXX	XXX	XXX									XXX

	Losses Incurred				Deferred and Contingent Payments Incurred				Adjusting and Other Payments Incurred		Revised and Amortized Reserve	Total Net Losses and Expenses Incurred	Balance of Claims Outstanding Direct and Assumed
	Case Losses		Bulk BNR		Case Losses		Bulk BNR		21 Direct net Assumed	22 Ceded			
	13 Direct net Assumed	14 Ceded	15 Direct net Assumed	16 Ceded	17 Direct net Assumed	18 Ceded	19 Direct net Assumed	20 Ceded					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Assumed/Reported) Incurred			Reserve (Direct)		Inter-Company Rating Participation Percentage	Net Direct and Reserve After Reserve	
	23 Direct net Assumed	24 Ceded	25 Net	26 Direct net Assumed	27 Ceded	28 Net	29 Loss	30 Loss Expense		31 Loss Capit	32 Loss Expense Direct
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P – PART 1S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**  
(\$000 OMITTED)

Year in which Guaranties Were Issued and Loans Were Insured	Premiums Earned			Losses and Loss Expenses Payments						11 Revenue from Subrogation Received	12 Total Net Paid (Cols. 4 - 10 - 11 - 12)	13 Number of Claims Reported Direct and Assured
	1 Direct and Assured	2 Ceded	3 Net (Col. 1 - 2)	Type Payments		Defects and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assured	5 Ceded	6 Direct and Assured	7 Ceded	8 Direct and Assured	9 Ceded			
1 2018	XXX	XXX	XXX								XXX	
2 2019											XXX	
3 2019											XXX	
4 Total	XXX	XXX	XXX								XXX	

	Losses Paid				Defects and Cost Containment Payments				Adjusting and Other Payments		14 Revenue from Subrogation Received	15 Number of Claims Generated Direct and Assured
	Auto/Other		Bak. BENE		Auto/Other		Bak. BENE		21 Direct and Assured	22 Ceded		
	16 Direct and Assured	17 Ceded	18 Direct and Assured	19 Ceded	20 Direct and Assured	23 Ceded						
1												
2												
3												
4												

	Total Losses and Loss Expenses Incurred			Losses and Loss Expenses Payments Guaranteed/Assured Events			Nonadverse Disposal		24 Losses Recovered from Subrogation Payments	Net Amounts Due to Insureds After Disposal	
	25 Direct and Assured	26 Ceded	27 Net	28 Direct and Assured	29 Ceded	30 Net	31 Losses	32 Loss Recoveries		35 Losses Incurred	36 Losses Recovered
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P - PART II - WARRANTY**  
(\$000 OMITTED)

Years in Which Premiums Were Earned (or Losses Were Incurred)	Premiums Earned			Loss and Loss Expense Provisions						10 Savings and Subrogation Recovered	11 Total Net Paid (Lines 4-9) (10-11-9)	12 Number of Claims Reported (Total and Average)
	1 Direct Earned	2 Ceded	3 Net (OMA 1-2)	4 Total Provisions		5 Deferred Cost Contingent Provisions		6 Adjusting and Other Provisions				
				4 Direct Earned	5 Ceded	6 Direct Earned	7 Ceded	8 Direct Earned	9 Ceded			
1. 2012	XXX	XXX	XXX									
2. 2011												
3. 2010												
4. Total	XXX	XXX	XXX								XXX	

	Losses Incurred				Defense and Cost Contingent Capital				Advances and Other Capital		14 Net Losses Incurred (13-14)	15 Number of Claims Outstanding Total and Average
	13 Case Basis		13 Rate / RMP		13 Case Basis		13 Rate / RMP		16 Direct and Assumed	17 Ceded		
	13 Direct Earned	13 Ceded	13 Direct and Assumed	13 Ceded	13 Direct and Assumed	13 Ceded	13 Direct Earned	13 Ceded	16 Direct and Assumed	17 Ceded		
1												
2												
3												
4												

	Total Incurred Loss Expenses (Amount)			Loss and Loss Expense Percentage (Direct/Defense and Cost)			Miscellaneous		11 Proportion Being Retained Percentage	Net & Loss Share Recoveries & Treatment	
	18 Direct and Assumed	19 Ceded	20 Net	21 Direct and Assumed	22 Ceded	23 Net	24 Long Term	25 Short Term		26 Losses Gross	27 Loss Expense Capital
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Not for Distribution

**SCHEDULE P – PART 2A – HOMEOWNERS/FAROWNERS**

Year in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (DOLLAR OMITTED)										DEVELOPMENT	
	1 2000	2 2001	3 2002	4 2003	5 2004	6 2005	7 2006	8 2007	9 2008	10 2009	11 Open Year	12 Open Year
1. 2000												
2. 2001	XXX											
3. 2002	XXX	XXX										
4. 2003	XXX	XXX	XXX									
5. 2004	XXX	XXX	XXX	XXX								
6. 2005	XXX	XXX	XXX	XXX	XXX							
7. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. Total												

**SCHEDULE P – PART 2B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. 2000												
2. 2001	XXX											
3. 2002	XXX	XXX										
4. 2003	XXX	XXX	XXX									
5. 2004	XXX	XXX	XXX	XXX								
6. 2005	XXX	XXX	XXX	XXX	XXX							
7. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. Total												

**SCHEDULE P – PART 2C – COMMERCIAL AUTO TRUCK LIABILITY/MEDICAL**

1. 2000												
2. 2001	XXX											
3. 2002	XXX	XXX										
4. 2003	XXX	XXX	XXX									
5. 2004	XXX	XXX	XXX	XXX								
6. 2005	XXX	XXX	XXX	XXX	XXX							
7. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. Total												

**SCHEDULE P – PART 2D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. 2000												
2. 2001	XXX											
3. 2002	XXX	XXX										
4. 2003	XXX	XXX	XXX									
5. 2004	XXX	XXX	XXX	XXX								
6. 2005	XXX	XXX	XXX	XXX	XXX							
7. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. Total												

**SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL**

1. 2000												
2. 2001	XXX											
3. 2002	XXX	XXX										
4. 2003	XXX	XXX	XXX									
5. 2004	XXX	XXX	XXX	XXX								
6. 2005	XXX	XXX	XXX	XXX	XXX							
7. 2006	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. Total												

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Year in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 (CREDIT))										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Year
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Total											XXX	XXX

**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Total											XXX	XXX

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN/MARINE/AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Total											XXX	XXX

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Total											XXX	XXX

**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Total											XXX	XXX

**SCHEDULE P – PART 2I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Year(s) With Losses Were Incurred	INCLUDED LOSSES AND EXPENSES AND COSTS (EXCLUDING NET EXPENSES REPORTED AT YEAR-END) (SEE COMMENT 14)										REVENUES	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Year
1. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total											

**SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE**

1. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total											

**SCHEDULE P – PART 2K – FIDELITY, SURETY**

1. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total											

**SCHEDULE P – PART 2L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total											

**SCHEDULE P – PART 2M – INTERNATIONAL**

1. 2016												
2. 2018												
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
12. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total											

**SCHEDULE P – PART 2N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

Year in Which Losses Were Incurred	REINSURANCE NET LOSS (GAIN) LESS REVERSE AND COUNTER-CONTINGENCY EXPENSES (PART D-4) YEAR-END (2010-2019) (DOLLARS)										REINSURANCE	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Years
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX

**SCHEDULE P – PART 2O – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX

**SCHEDULE P – PART 2P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX

Not for Distribution

**SCHEDULE P – PART 2R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (2011 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Year
1. 2010												
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	XXX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total												

**SCHEDULE P – PART 2R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE**

1. 2010												
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	XXX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total												

**SCHEDULE P – PART 2S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total												

**SCHEDULE P – PART 2T – WARRANTY**

1. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total												



**SCHEDULE P – PART 3A – HOMEOWNERS/FAROWNERS**

Year or When Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (DOLLARS OMITTED)										11 Number of Claims Closed With No Payment	12 Number of Claims Closed Without Loss Payment	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. 2010	000												
2. 2011	XXX												
3. 2012	XXX	XXX											
4. 2013	SAX	SAX	SAX										
5. 2014	SAX	SAX	SAX	SAX									
6. 2015	SAX	SAX	SAX	SAX	SAX								
7. 2016	SAX	SAX	SAX	SAX	SAX	SAX							
8. 2017	SAX	SAX	SAX	SAX	SAX	SAX	SAX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

Year or When Losses Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Number of Claims Closed With No Payment	Number of Claims Closed Without Loss Payment
1. 2010	000											
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	XXX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P – PART 3C – COMMERCIAL AUTO/ TRUCK LIABILITY/MEDICAL**

Year or When Losses Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Number of Claims Closed With No Payment	Number of Claims Closed Without Loss Payment
1. 2010	000											
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	SAX								
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P – PART 3D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)**

Year or When Losses Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Number of Claims Closed With No Payment	Number of Claims Closed Without Loss Payment
1. 2010	000											
2. 2011	SAX											
3. 2012	SAX	SAX										
4. 2013	SAX	SAX	SAX									
5. 2014	SAX	SAX	SAX	SAX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	SAX	SAX	SAX	SAX	SAX	SAX	SAX	SAX	SAX			

**SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL**

Year or When Losses Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Number of Claims Closed With No Payment	Number of Claims Closed Without Loss Payment
1. 2010	000											
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	XXX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P – PART 3F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE**

Years of Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (SIC OMITTED)										11 Amount of Claims Closed With Loss Payment	12 Amount of Claims Closed Without Loss Payment	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. 2010	---	---	---	---	---	---	---	---	---	---	---	---	---
2. 2011	XXX	---	---	---	---	---	---	---	---	---	---	---	---
3. 2012	XXX	XXX	---	---	---	---	---	---	---	---	---	---	---
4. 2013	XXX	XXX	XXX	---	---	---	---	---	---	---	---	---	---
5. 2014	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---	---	---
6. 2015	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---	---
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---

**SCHEDULE P – PART 3F – SECTION 2 – MEDICAL PROFESSIONAL LIABILITY – CLAIMS-MADE**

1. 2010	---	---	---	---	---	---	---	---	---	---	---	---	---
2. 2011	---	---	---	---	---	---	---	---	---	---	---	---	---
3. 2012	XXX	---	---	---	---	---	---	---	---	---	---	---	---
4. 2013	XXX	XXX	---	---	---	---	---	---	---	---	---	---	---
5. 2014	XXX	XXX	XXX	---	---	---	---	---	---	---	---	---	---
6. 2015	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---	---	---
7. 2016	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---	---
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---

**SCHEDULE P – PART 3G – SPECIAL LIABILITY (OCEAN, MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. 2010	---	---	---	---	---	---	---	---	---	---	---	---	---
2. 2011	---	---	---	---	---	---	---	---	---	---	---	---	---
3. 2012	---	---	---	---	---	---	---	---	---	---	---	---	---
4. 2013	---	---	---	---	---	---	---	---	---	---	---	---	---
5. 2014	XXX	---	---	---	---	---	---	---	---	---	---	---	---
6. 2015	XXX	XXX	---	---	---	---	---	---	---	---	---	---	---
7. 2016	XXX	XXX	XXX	---	---	---	---	---	---	---	---	---	---
8. 2017	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---	---
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---	---	---
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	---	---	---	---	---

**SCHEDULE P – PART 3H – SECTION 1 – OTHER LIABILITY – OCCURRENCE**

1. 2010	---	---	---	---	---	---	---	---	---	---	---	---	---
2. 2011	---	---	---	---	---	---	---	---	---	---	---	---	---
3. 2012	---	---	---	---	---	---	---	---	---	---	---	---	---
4. 2013	---	---	---	---	---	---	---	---	---	---	---	---	---
5. 2014	---	---	---	---	---	---	---	---	---	---	---	---	---
6. 2015	---	---	---	---	---	---	---	---	---	---	---	---	---
7. 2016	---	---	---	---	---	---	---	---	---	---	---	---	---
8. 2017	---	---	---	---	---	---	---	---	---	---	---	---	---
9. 2018	---	---	---	---	---	---	---	---	---	---	---	---	---
10. 2019	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE P – PART 3H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**

1. 2010	---	---	---	---	---	---	---	---	---	---	---	---	---
2. 2011	---	---	---	---	---	---	---	---	---	---	---	---	---
3. 2012	---	---	---	---	---	---	---	---	---	---	---	---	---
4. 2013	---	---	---	---	---	---	---	---	---	---	---	---	---
5. 2014	---	---	---	---	---	---	---	---	---	---	---	---	---
6. 2015	---	---	---	---	---	---	---	---	---	---	---	---	---
7. 2016	---	---	---	---	---	---	---	---	---	---	---	---	---
8. 2017	---	---	---	---	---	---	---	---	---	---	---	---	---
9. 2018	---	---	---	---	---	---	---	---	---	---	---	---	---
10. 2019	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE P – PART 3I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Year to Which Income Was Incurred	CUMULATIVE GAINS, LOSSES AND EDITIONS, AND LOSS LIMITATIONS IN POLICIES REPORTED AT YEAR-END 2019 OMITTED										Number of Claims Closed With Loss Payment	Number of Claims Closed With Loss Payment
	1	2	3	4	5	6	7	8	9	10		
1. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	XXX	XXX
2. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE**

1. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	.....	.....
2. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....

**SCHEDULE P – PART 3K – FIDELITY/SURETY**

1. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	XXX	XXX
2. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

**SCHEDULE P – PART 3L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	XXX	XXX
2. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**SCHEDULE P – PART 3M – INTERNATIONAL**

1. 1999.....	000	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
2. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
3. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
4. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
5. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
6. 2004.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	XXX
7. 2005.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	XXX
8. 2006.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	XXX
9. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	XXX	XXX
10. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
11. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**SCHEDULE P – PART 3N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

Year in Which Losses Were Incurred	CUMULATIVE GAIDEN RATES AND OTHERS AND LOSS LIMITATIONS IN POLICIES APPLICABLE AT YEAR-END 2019 OMITTED										11 Number of Catastrophic Weather Events	12 Number of Catastrophic Weather Events	
	1	2	3	4	5	6	7	8	9	10			
1. Prior.....	001											XXX	XXX
2. 2010.....												XXX	XXX
3. 2011.....	XXX											XXX	XXX
4. 2012.....	XXX	XXX										XXX	XXX
5. 2013.....	XXX	XXX	XXX									XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 3O – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	000											XXX	XXX
2. 2010.....												XXX	XXX
3. 2011.....	XXX											XXX	XXX
4. 2012.....	XXX	XXX										XXX	XXX
5. 2013.....	XXX	XXX	XXX									XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 3P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....	000											XXX	XXX
2. 2010.....												XXX	XXX
3. 2011.....	XXX											XXX	XXX
4. 2012.....	XXX	XXX										XXX	XXX
5. 2013.....	XXX	XXX	XXX									XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 3R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE**

Year in Which Losses Were Incurred	ACCUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (000 OMITTED)										11 Number of Claims Closed With No Demand	12 Number of Claims Closed Without Litigation	
	1	2	3	4	5	6	7	8	9	10			
1. Prior	000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE**

1. Prior	100												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000					
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3L – WARRANTY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000					
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

Not for Distribution

**SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS**

Year in Which Losses Were Incurred	BULK AND INR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (IF OMITTED)									
	1 2012	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4C – COMMERCIAL AUTO TRUCK LIABILITY/MEDICAL**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE**

Year in Which Losses Were Incurred	BULK AND BNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (IF OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4F – SECTION 2 – MEDICAL PROFESSIONAL LIABILITY – CLAIMS-MADE**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4G – SPECIAL LIABILITY (OCEAN MINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4H – SECTION 1 – OTHER LIABILITY – OCCURRENCE**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Year in Which Losses Were Incurred	GROSS AND NET RESERVE FOR UNPAID LOSSES AND EXPENSE AND COST OF SETTLEMENT EXPENSES BY TYPE OF LOSS (IN \$100,000)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 4K – FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 4L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 4M – INTERNATIONAL**

2. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1. 2010	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX



**SCHEDULE P – PART 4N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

Source Which Losses Were Incurred	GROSS AND NET REINSURANCE LOSSES AND DEFENSE AND COSTS OF LITIGATION EXPENSES INCURRED AT YEAR-END OR DURING THE YEAR									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4O – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Not for Distribution

**SCHEDULE P – PART 4R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE**

Year in Which Losses Were Incurred	BULK AND TBNR RESERVES OR NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$00 OMITTED)									
	1 2012	2 2011	3 2010	4 2009	5 2008	6 2007	7 2006	8 2005	9 2004	10 2003
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS MADE**

Year in Which Losses Were Incurred	1 2012	2 2011	3 2010	4 2009	5 2008	6 2007	7 2006	8 2005	9 2004	10 2003
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4S – FINANCIAL GUARANTY/MORTGAGE GUARANTY**

Year in Which Losses Were Incurred	1 2012	2 2011	3 2010	4 2009	5 2008	6 2007	7 2006	8 2005	9 2004	10 2003
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4T – WARRANTY**

Year in Which Losses Were Incurred	1 2012	2 2011	3 2010	4 2009	5 2008	6 2007	7 2006	8 2005	9 2004	10 2003
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Not for Distribution