



Official NAIC Annual Statement Blank

Property/Casualty

For the 2017 reporting year

Not for Distribution



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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2017

PROPERTY AND CASUALTY

2017

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ANNUAL STATEMENT
For the Year Ended December 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code, NAIC Company Code, Employer's ID Number, Organized under the Laws of, State of Domicile or Port of Entry, Country of Domicile, Incorporated/Organized, Commenced Business, Statutory Home Office, Main Administrative Office, Mail Address, Primary Location of Books and Records, Internet Web Site Address, Statutory Statement Contact.

Table with 4 columns: Name, Title, Name, Title. Section: OFFICERS. Includes rows for 1, 2, 3, 4.

Section: DIRECTORS OR TRUSTEES. Includes lines for listing names and titles.

State of
County of ss

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 for the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. Electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature lines for three individuals, including (Signature), (Printed Name), and (Title) fields.

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

Subscribed and sworn to before me
thisday of, 2018



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 Preferred stocks..... | | | | |
| 2.2 Common stocks..... | | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | | | | |
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| 20. Electronic data processing equipment and software..... | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$.....) | | | | |
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LIABILITIES, SURPLUS AND OTHER FUNDS

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|--|-------------------|-----------------|
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| 7.1 Current federal and foreign income taxes (including \$..... on realized capital gains (losses))..... | | |
| 7.2 Net deferred tax liability..... | | |
| 8. Borrowed money \$..... and interest thereon \$..... | | |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$..... and including warranty reserves of \$..... and accrued accident and health experience rating refunds including \$..... for medical loss ratio rebate per the Public Health Service Act)..... | | |
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| 11.1 Stockholders..... | | |
| 11.2 Policyholders..... | | |
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| 20. Derivatives..... | | |
| 21. Payable for securities..... | | |
| 22. Payable for securities lending..... | | |
| 23. Liability for amounts held under uninsured plans..... | | |
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STATEMENT OF INCOME

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|------------------------------------|---|--------------|------------|
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| DEDUCTIONS: | | | |
| 2. | Losses incurred (Part 2, Line 35, Column 7)..... | | |
| 3. | Loss adjustment expenses incurred (Part 3, Line 25, Column 1)..... | | |
| 4. | Other underwriting expenses incurred (Part 3, 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..... | | |
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| 10. | Net realized capital gains (losses) less capital gains tax of \$.....(Exhibit of Capital Gains (Losses))..... | | |
| 11. | Net investment gain (loss) (Lines 9 + 10)..... | | |
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| 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 foreign 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 foreign income taxes (Line 16 minus Line 17)..... | | |
| 19. | Federal and foreign income taxes incurred..... | | |
| 20. | Net income (Line 18 minus Line 19) (to Line 22)..... | | |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. | Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)..... | | |
| 22. | Net income (from Line 20)..... | | |
| 23. | Net transfers (to) from Protected Cell accounts..... | | |
| 24. | Change in net unrealized capital gains or (losses) less capital gains tax of \$..... | | |
| 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 28, Col. 3)..... | | |
| 28. | Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)..... | | |
| 29. | Change in surplus notes..... | | |
| 30. | Surplus (contributed to) withdrawn from protected cell..... | | |
| 31. | Cumulative effect of changes in accounting principles..... | | |
| 32. | Capital changes: | | |
| 32.1 | Paid in..... | | |
| 32.2 | Transferred from surplus (Stock Dividend)..... | | |
| 32.3 | Transferred to surplus..... | | |
| 33. | Surplus adjustments: | | |
| 33.1 | Paid in..... | | |
| 33.2 | Transferred to capital (Stock Dividend)..... | | |
| 33.3 | Transferred from capital..... | | |
| 34. | Net remittances from or (to) Home Office..... | | |
| 35. | Dividends to stockholders..... | | |
| 36. | Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)..... | | |
| 37. | Aggregate write-ins for gains and losses in 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 37) | | |
| DETAILS OF WRITE-INS | | | |
| 0501. | ..... |  |  |
| 0502. | ..... |  |  |
| 0503. | ..... |  |  |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page..... | | |
| 0599. | Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | |
| 1401. | ..... |  |  |
| 1402. | ..... |  |  |
| 1403. | ..... |  |  |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page..... | | |
| 1499. | Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | | |
| 3701. | ..... |  |  |
| 3702. | ..... |  |  |
| 3703. | ..... |  |  |
| 3798. | Summary of remaining write-ins for Line 37 from overflow page..... | | |
| 3799. | Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) | | |

NOT FOR DISTRIBUTION

CASH FLOW

| Cash from Operations | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| 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-ins for deductions..... | | |
| 8. Dividends paid to policyholders..... | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)..... | | |
| 10. Total (Lines 5 through 9)..... | | |
| 11. Net cash from operations (Line 4 minus Line 10)..... | | |
| Cash from Investments | | |
| 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 applications..... | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | | |
| 14. Net increase (decrease) in contract loans and premium notes..... | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)..... | | |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | |
| 16.3 Borrowed funds..... | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | |
| 16.5 Dividends to stockholders..... | | |
| 16.6 Other cash provided (applied)..... | | |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | | |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | | |
| 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-cash transactions | | |
| 20.0001..... | | |
| 20.0002..... | | |
| 20.0003..... | | |
| 20.9996..... | | |

Not for Distribution

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

| Line of Business | 1 Net Premiums Written per Column 6, Part 1B | 2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1 | 3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A | 4 Premiums Earned During Year (Cols. 1 + 2 - 3) |
|---|--|---|---|---|
| 1. Fire | | | | |
| 2. Allied lines | | | | |
| 3. Farmowners multiple peril | | | | |
| 4. Homeowners multiple peril | | | | |
| 5. Commercial multiple peril | | | | |
| 6. Mortgage guaranty | | | | |
| 8. Ocean marine | | | | |
| 9. Inland marine | | | | |
| 10. Financial guaranty | | | | |
| 11.1 Medical professional liability—occurrence | | | | |
| 11.2 Medical professional liability—claims-made | | | | |
| 12. Earthquake | | | | |
| 13. Group accident and health | | | | |
| 14. Credit accident and health (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. Aircraft (all perils) | | | | |
| 23. Fidelity | | | | |
| 24. Surety | | | | |
| 26. Burglary and theft | | | | |
| 27. Boiler and machinery | | | | |
| 28. Credit | | | | |
| 29. International | | | | |
| 30. Warranty | | | | |
| 31. Reinsurance-nonproportional assumed property | | | | |
| 32. Reinsurance-nonproportional assumed liability | | | | |
| 33. Reinsurance-nonproportional assumed financial lines | | | | |
| 34. Aggregate write-ins for other lines of business | | | | |
| 35. TOTALS | | | | |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | |

Not for Distribution

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

| Line of Business | 1 Amount Unearned (Running One Year or Less from Date of Policy) (a) | 2 Amount Unearned (Running More Than One Year from Date of Policy) (a) | 3 Earned but Unbilled Premium | 4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience | 5 Total Reserve for Unearned Premiums Cols. 1+2+3+4 |
|---|--|--|---|---|--|
| 1. Fire | | | | | |
| 2. Allied lines | | | | | |
| 3. Farmowners multiple peril | | | | | |
| 4. Homeowners multiple peril | | | | | |
| 5. Commercial multiple peril | | | | | |
| 6. Mortgage guaranty | | | | | |
| 8. Ocean marine | | | | | |
| 9. Inland marine | | | | | |
| 10. Financial guaranty | | | | | |
| 11.1 Medical professional liability—occurrence | | | | | |
| 11.2 Medical professional liability—claims-made | | | | | |
| 12. Earthquake | | | | | |
| 13. Group accident and health | | | | | |
| 14. Credit accident and health (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. Aircraft (all perils) | | | | | |
| 23. Fidelity | | | | | |
| 24. Surety | | | | | |
| 26. Burglary and theft | | | | | |
| 27. Boiler and machinery | | | | | |
| 28. Credit | | | | | |
| 29. International | | | | | |
| 30. Warranty | | | | | |
| 31. Reinsurance-nonproportional assumed property | | | | | |
| 32. Reinsurance-nonproportional assumed liability | | | | | |
| 33. Reinsurance-nonproportional assumed financial lines | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | |
| 35. TOTALS | | | | | |
| 36. Accrued retrospective premiums based on experience | | | | | |
| 37. Earned but unbilled premiums | | | | | |
| 38. Balance (Sum of Lines 35 through 37) | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 3401. | | | | | |
| 3402. | | | | | |
| 3403. | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | |

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

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

| Line of Business | 1 Direct Business (a) | Reinsurance Assumed | | Reinsurance Ceded | | 6 Net Premiums Written Cols. 1+2+3- 4-5 |
|---|--------------------------------|-------------------------|---------------------------------|-----------------------|-------------------------------|---|
| | | 2 From Affiliates | 3 From Non- Affiliates | 4 To Affiliates | 5 To Non- Affiliates | |
| 1. Fire | | | | | | |
| 2. Allied lines | | | | | | |
| 3. Farmowners multiple peril | | | | | | |
| 4. Homeowners multiple peril | | | | | | |
| 5. Commercial multiple peril | | | | | | |
| 6. Mortgage guaranty | | | | | | |
| 8. Ocean marine | | | | | | |
| 9. Inland marine | | | | | | |
| 10. Financial guaranty | | | | | | |
| 11.1 Medical professional liability—occurrence | | | | | | |
| 11.2 Medical professional liability—claims-made | | | | | | |
| 12. Earthquake | | | | | | |
| 13. Group accident and health | | | | | | |
| 14. Credit accident and health (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. Aircraft (all perils) | | | | | | |
| 23. Fidelity | | | | | | |
| 24. Surety | | | | | | |
| 26. Burglary and theft | | | | | | |
| 27. Boiler and machinery | | | | | | |
| 28. Credit | | | | | | |
| 29. International | | | | | | |
| 30. Warranty | | | | | | |
| 31. Reinsurance-nonproportional assumed property | XXX | | | | | |
| 32. Reinsurance-nonproportional assumed liability | XXX | | | | | |
| 33. Reinsurance-nonproportional assumed financial lines | XXX | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | |
| 35. TOTALS | | | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 3401. | | | | | | |
| 3402. | | | | | | |
| 3403. | | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | | | | | |
| 3499. Totals (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 such installment premiums would have been reported had they been recorded on an annualized basis \$.....

Not for Distribution

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

| Line of Business | Losses Paid Less Salvage | | | Net Losses Unpaid Current Year (Part 2A, Col. 8) | Net Losses Unpaid Prior Year | Losses Incurred Current Year (Cols. 4 + 5 - 6) | Percentage of Losses Incurred to Premiums Earned (Col. 4, Part 1) |
|--|--------------------------|-----------------------|-------------------------|--|------------------------------|--|---|
| | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Recovered |  |  |  |  | 4 Net Payments (Cols. 1 + 2 - 3) |
| Fire | | | | | | | |
| Auto | | | | | | | |
| Water | | | | | | | |
| Aviation | | | | | | | |
| Marine | | | | | | | |
| Other | | | | | | | |
| 9. Other marine and 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-term 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. Aircraft (all perils) | | | | | | | |
| 23. Fidelity | | | | | | | |
| 24. Surety | | | | | | | |
| 26. Burglary and theft | | | | | | | |
| 27. Boiler and machinery | | | | | | | |
| 28. Credit | | | | | | | |
| 29. International | | | | | | | |
| 30. Warranty | | | | | | | |
| 31. Reinsurance-nonproportional assumed property | | | | | | | |
| 32. Reinsurance-nonproportional assumed liability | | | | | | | |
| 33. Reinsurance-nonproportional assumed financial lines | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | |
| 35. TOTALS | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | |
| 3401. | | | | | | | |
| 3402. | | | | | | | |
| 3403. | | | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | | | | | | |
| 3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) | | | | | | | |

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

| Line of Business | Reported Losses | | | Incurred But Not Reported | | | Net Unpaid Loss Adjustment Expenses |
|--|-----------------|--------------------------|-------------------------------------|---|-------------|--------------------------|-------------------------------------|
| | 1 Direct | 2 Reinsurance Assumed | 3 Deduct Reinsurance Recoverable | 4 Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3) | 5 Direct | 6 Reinsurance Assumed |  | 7 Reinsurance Ceded |
| 8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7) | | | | | | | |
| 9 Net Unpaid Loss Adjustment Expenses | | | | | | | |
| 1. Fire | | | | | | | |
| 2. Allied lines | | | | | | | |
| 3. Farnowners multiple peril | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | |
| 5. Commercial multiple peril | | | | | | | |
| 6. Mortgage guaranty | | | | | | | |
| 8. Ocean marine | | | | | | | |
| 9. Inland marine | | | | | | | |
| 10. Financial guaranty | | | | | | | |
| 11.1 Medical professional liability—occurrence | | | | | | | |
| 11.2 Medical professional liability—claims-made | | | | | | | |
| 12. Earthquake | | | | | | | |
| 13. Group accident and health | | | | | | | |
| 14. Credit accident and health (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. Aircraft (all perils) | | | | | | | |
| 23. Fidelity | | | | | | | |
| 24. Surety | | | | | | | |
| 26. Burglary and theft | | | | | | | |
| 27. Boiler and machinery | | | | | | | |
| 28. Credit | | | | | | | |
| 29. International | | | | | | | |
| 30. Warranty | | | | | | | |
| 31. Reinsurance-nonproportional assumed property | | XXX | | | | | |
| 32. Reinsurance-nonproportional assumed liability | | XXX | | | | | |
| 33. Reinsurance-nonproportional assumed financial lines | | XXX | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | |
| 35. TOTALS | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | |
| 3401. | | | | | | | |
| 3402. | | | | | | | |
| 3403. | | | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | | | | | | |
| 3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) | | | | | | | |

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

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – EXPENSES**

| | 1 Loss 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. Commission 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 manager and agents..... | | | | |
| 4. Advertising..... | | | | |
| 5. Boards, bureaus and associations..... | | | | |
| 6. Surveys and underwriting reports..... | | | | |
| 7. Audit of assureds' 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. Cost or depreciation of EDP equipment and software..... | | | | |
| 16. Printing and stationery..... | | | | |
| 17. Postage, telephone and telegraph, exchange and express..... | | | | |
| 18. Legal and auditing..... | | | | |
| 19. Totals (Lines 3 to 18)..... | | | | |
| 20. Taxes, licenses and fees: | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$..... | | | | |
| 20.2 Insurance department licenses and fees..... | | | | |
| 20.3 Gross guaranty association assessments..... | | | | |
| 20.4 All other (excluding federal and foreign income and real estate)..... | | | | |
| 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 uninsured plans..... | | | | |
| 24. Aggregate write-ins for miscellaneous expenses..... | | | | |
| 25. Total expenses incurred..... | | | | (a) |
| 26. Less unpaid expenses—current year..... | | | | |
| 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 (Lines 25 - 26 + 27 - 28 + 29) | | | | |
| DETAILS OF WRITE-INS | | | | |
| 2401..... | | | | |
| 2402..... | | | | |
| 2403..... | | | | |
| 2498. Summary of remaining write-ins for Line 24 from overflow page..... | | | | |
| 2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) | | | | |

(a) Includes management fees of \$..... to affiliates and \$..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | | 1 Collected During Year | 2 Earned During Year |
|-----------------------------|---|-------------------------------|----------------------------|
| 1. | U.S. Government bonds | (a) ..... | ..... |
| 1.1 | Bonds exempt from U.S. tax | (a) ..... | ..... |
| 1.2 | Other bonds (unaffiliated) | (a) ..... | ..... |
| 1.3 | Bonds of affiliates | (a) ..... | ..... |
| 2.1 | Preferred stocks (unaffiliated) | (b) ..... | ..... |
| 2.11 | Preferred stocks of affiliates | (b) ..... | ..... |
| 2.2 | Common stocks (unaffiliated) ..... | ..... | ..... |
| 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 ..... | ..... | ..... |
| 13. | Interest expense ..... | ..... | (h) |
| 14. | Depreciation on real estate and other invested assets ..... | ..... | (i) |
| 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) | ..... | ..... |
| DETAILS OF WRITE-INS | | | |
| 0901. | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... |
| 0903. | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page ..... | ..... | ..... |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | ..... | ..... |
| 1501. | ..... | ..... | ..... |
| 1502. | ..... | ..... | ..... |
| 1503. | ..... | ..... | ..... |
| 1598. | Summary of remaining write-ins for Line 15 from overflow page ..... | ..... | ..... |
| 1599. | Totals (Lines 1501 through 1503 plus 1598) (Line 15 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; and includes \$ _____ 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 segregated 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 (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 1.3 | Bonds of affiliates ..... | ..... | ..... | ..... | ..... | ..... |
| 2.1 | Preferred stocks (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 2.11 | Preferred stocks of affiliates ..... | ..... | ..... | ..... | ..... | ..... |
| 2.2 | Common stocks (unaffiliated) ..... | ..... | ..... | ..... | ..... | ..... |
| 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) | ..... | ..... | ..... | ..... | ..... |
| DETAILS OF WRITE-INS | | | | | | |
| 0901. | ..... | ..... | ..... | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page ..... | ..... | ..... | ..... | ..... | ..... |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (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. 2 – Col. 1) |
|---|--|--|---|
| 1. Bonds (Schedule D) | | | |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks..... | | | |
| 2.2 Common stocks..... | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens..... | | | |
| 3.2 Other than first liens..... | | | |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company..... | | | |
| 4.2 Properties held for the production of income..... | | | |
| 4.3 Properties held for sale..... | | | |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | | | |
| 6. Contract loans..... | | | |
| 7. Derivatives (Schedule DB) | | | |
| 8. Other invested assets (Schedule BA)..... | | | |
| 9. Receivables for securities..... | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | |
| 11. Aggregate write-ins for invested assets..... | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | | | |
| 13. Title plants (for Title insurers only) | | | |
| 14. Investment income due and accrued..... | | | |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | | | |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination..... | | | |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | |
| 17. Amounts receivable relating to uninsured plans..... | | | |
| 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 processing 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. 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) | | | |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | |
| 2501. | | | |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | |

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – 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 is an insurer? Yes [] No []
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary 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 pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? _____
- 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 or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments?.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? 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 control 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 sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control 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 consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two-letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,
 - 7.21 State the percentage of foreign control _____%
 - 7.22 State the nationality of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact, and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |

GENERAL INTERROGATORIES

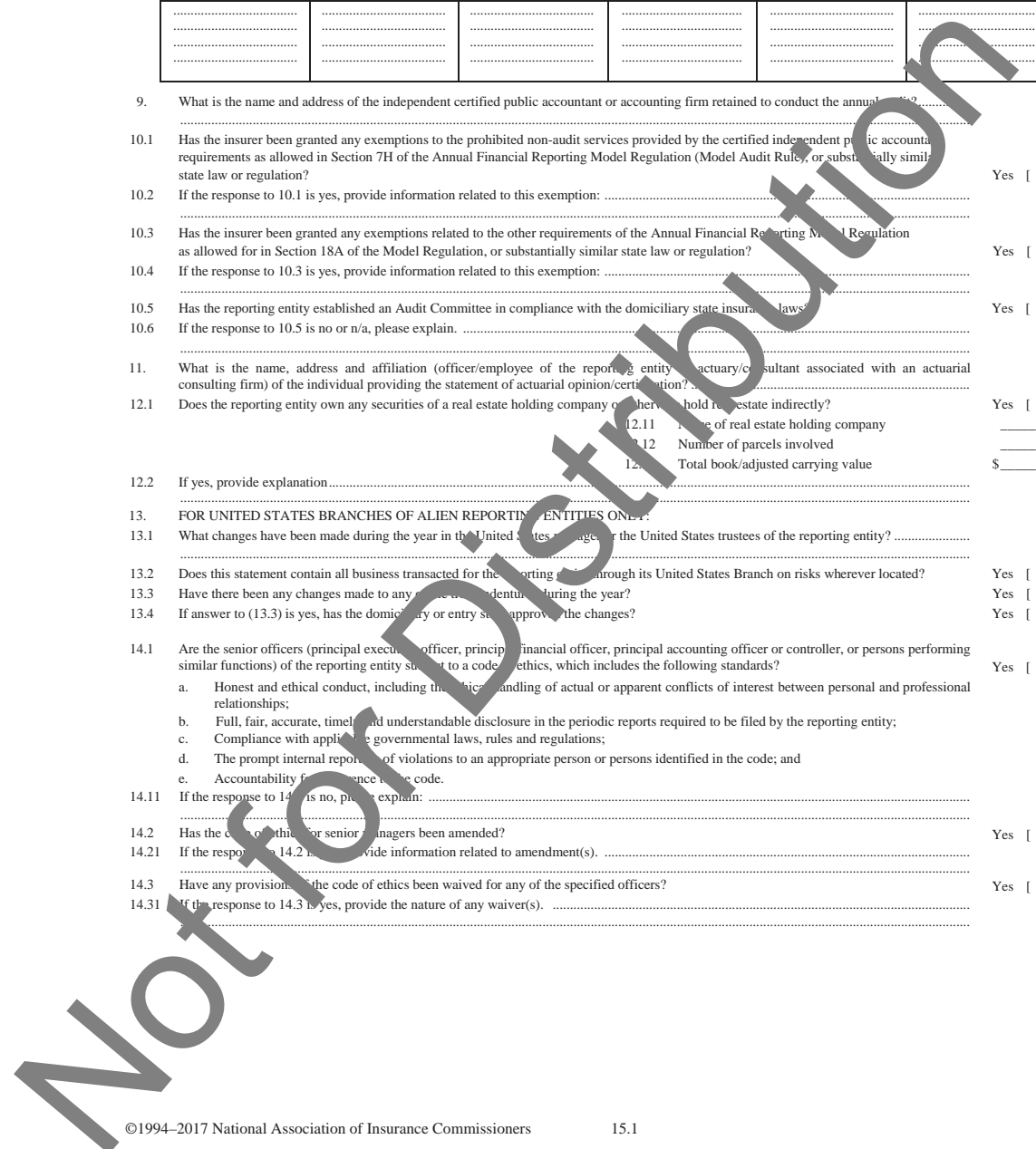
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts 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 services 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 to the prohibited non-audit services provided by the certified independent public accountant as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially 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 in Section 18A of the Model Regulation, or substantially 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 domiciliary state insurance laws? Yes No N/A
- 10.6 If the response to 10.5 is no or n/a, please explain.
11. What is the name, address and affiliation (officer/employee of the reporting entity, actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
- 12.11 Percentage of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$ _____
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States coverage for the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No
- 13.3 Have there been any changes made to any state insurance licenses during the year? Yes No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state 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. Honest and ethical conduct, including the timely handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes No
- 14.21 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
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).



GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank 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.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 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 an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally 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 stockholders not officers \$ _____
 - 20.13 Trustees, supreme or grand (external 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 stockholders not officers \$ _____
 - 20.23 Trustees, supreme or grand (external only) \$ _____
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party with the liability for such obligation being reported in the statement? Yes [] No []
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ _____
 - 21.22 Borrowed from others \$ _____
 - 21.23 Leased from others \$ _____
 - 21.24 Other \$ _____
- 22.1 Does this statement include payments for assessments as described in the *Amendments to Instructions* other than guaranty fund or guaranty association assessments? 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 receivable from parent included in the Page amount: \$ _____

INVESTMENT

- 24.01 Were all the stocks, bonds 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 24.03) Yes [] No []
- 24.02 If no, give full and complete information, relative thereto, on Page _____
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative to reference Note 17 where this information is also provided).....
- 24.04 Does the company's security 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 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A []
- 24.08 Does the reporting entity not audit 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 security lending program, state the amount of the following as of December 31 of the current year:

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 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 at 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 24.03). 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 Placed under option agreements \$ _____
- 25.26 Letter stock or securities restricted as to sale -- excluding FHLB Capital Stock \$ _____
- 25.27 FHLB Capital Stock \$ _____
- 25.28 On deposit with states \$ _____
- 25.29 On deposit with other regulatory bodies \$ _____
- 25.30 Pledged as collateral -- excluding collateral pledged to FHLB \$ _____
- 25.31 Pledged as collateral to FHLB -- including assets backing 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 domiciliary state? Yes No N/A
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year primarily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____
- 28. Excluding items in Schedule E- Part 3 -- Special Deposits, real estate mortgage loans, and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III -- General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

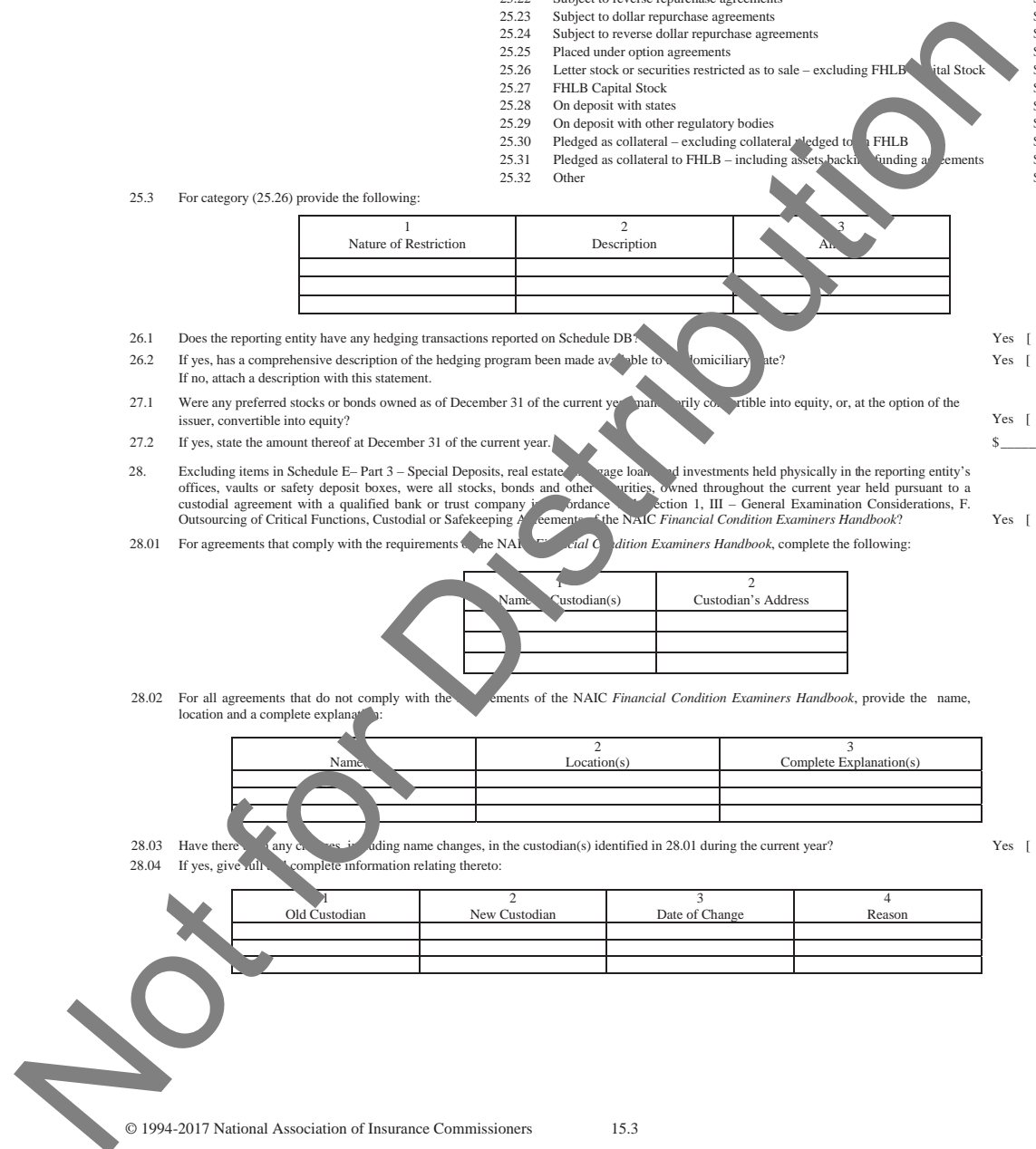
| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|--------------------------|
| | |
| | |
| | |

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

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

- 28.03 Have there been any changes, including name changes, in the custodian(s) 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 |
|--------------------|--------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |



GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| | |
| | |
| | |

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes No

28.0598 For firms/individuals unaffiliated 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 assets? Yes No

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

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

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)])? Yes No

29.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|--------------|--------------------------|-----------------------------------|
| | | |
| | | |
| | | |
| 29.2999 | TOTAL | |

29.3 For each mutual fund listed in the table above, 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 |
|---|---|---|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 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? Yes No

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? Yes No

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 disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5*GI securities? Yes [] No []

OTHER

34.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? \$ _____

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

35.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ _____

36.2 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.

| 1 Name | 2 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 Experience Exhibit? \$ _____

1.31 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 covered lives _____

All years prior to most current three years:

1.64 Total premium earned \$ _____

1.65 Total incurred claims \$ _____

1.66 Number of covered 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:

| | | 1 | | 2 | |
|-----------------------------|----|--------------|--|------------|--|
| | | Current Year | | Prior Year | |
| 2.1 Premium Numerator | \$ | _____ | | _____ | |
| 2.2 Premium Denominator | \$ | _____ | | _____ | |
| 2.3 Premium Ratio (2.1/2.2) | | _____ | | _____ | |
| 2.4 Reserve Numerator | \$ | _____ | | _____ | |
| 2.5 Reserve Denominator | \$ | _____ | | _____ | |
| 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 calendar year premiums written on:

3.21 Participating policies \$ _____

3.22 Non-participating policies \$ _____

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable 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 extent of the contingent liability of the policyholder? _____%

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

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes No

5.2 If yes, is the commission paid:

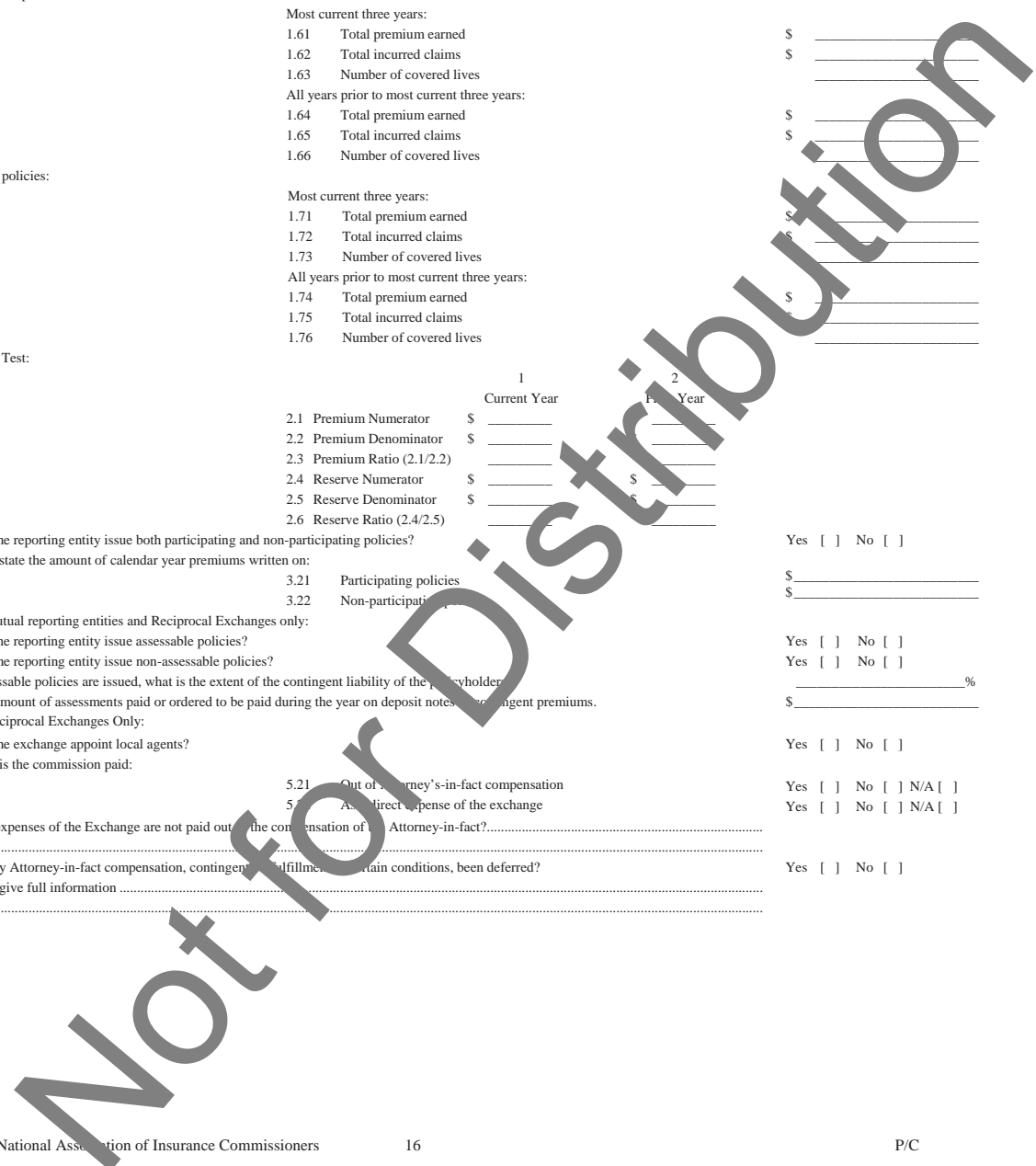
5.21 Out of Attorney's-in-fact compensation Yes No N/A

5.22 As a direct expense of the exchange Yes No N/A

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?..... _____

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes No

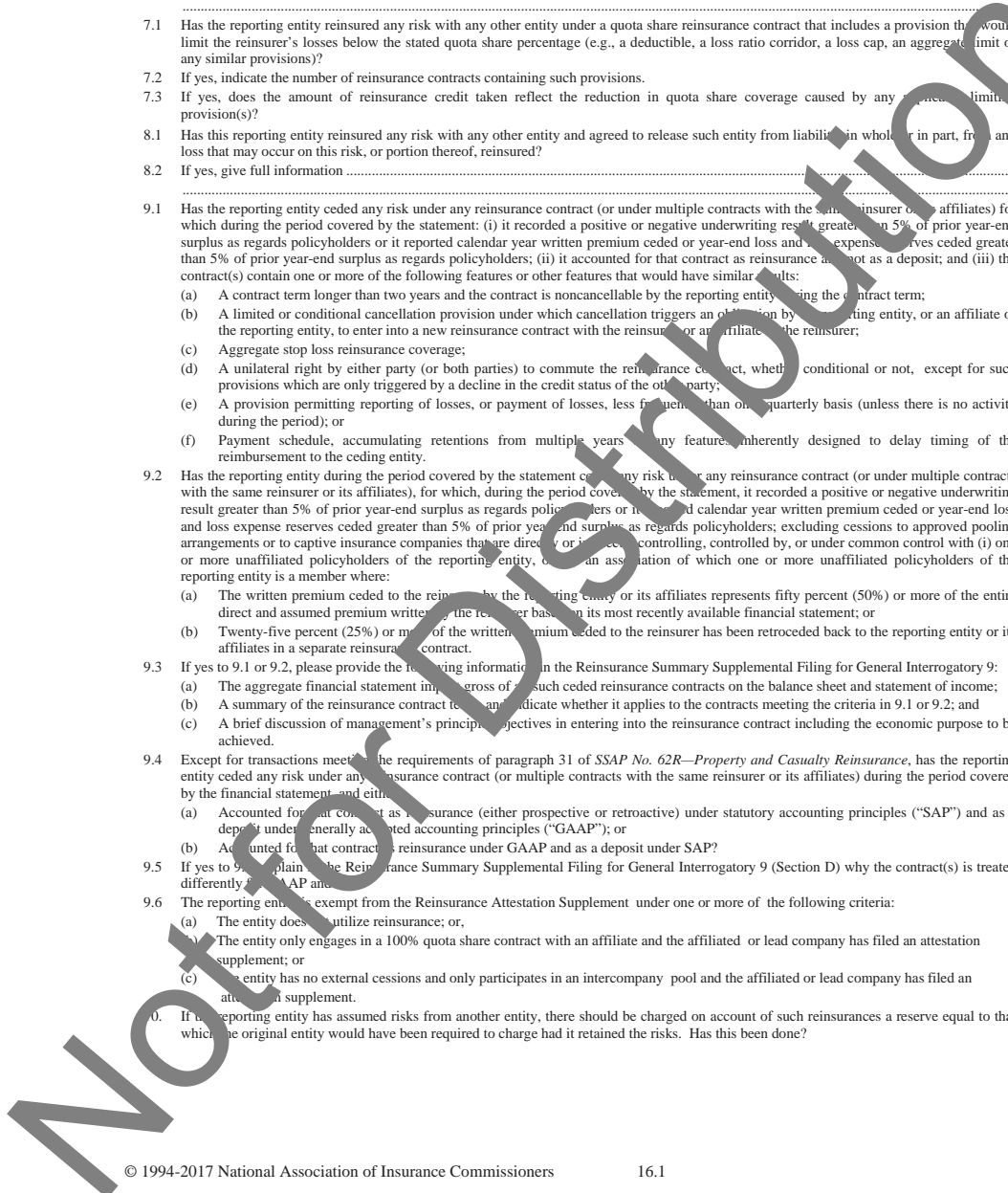
5.5 If yes, give full information _____



GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 6.1 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:
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured 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:
- 6.3 What provision has this reporting entity made (such as a catastrophic 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?
- 6.4 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 []
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss
- 7.1 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 or any similar provisions)? Yes [] No []
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any such limit provision(s)? Yes [] No []
- 8.1 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 []
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or affiliates) for 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 it 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) it accounted for that contract as reinsurance account as 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 noncancellable by the reporting entity during the contract term;
 - (b) A limited or conditional cancellation provision under which cancellation triggers an obligation 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 stop loss reinsurance coverage;
 - (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
 - (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
 - (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.
 Yes [] No []
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or 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 it 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 pooling arrangements or to captive insurance companies that are directly or indirectly controlling, 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 based on its most recently available financial statement; or
 - (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
 Yes [] No []
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
 - (a) The aggregate financial statement impact, gross of tax, of 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 contracts meeting the criteria in 9.1 or 9.2; and
 - (c) A brief discussion of management's principal objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R—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 either:
 - (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 - (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?
 Yes [] No []
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently under GAAP and SAP.
- 9.6 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 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
 - (c) The entity has no external cessions 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, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [] No [] N/A []

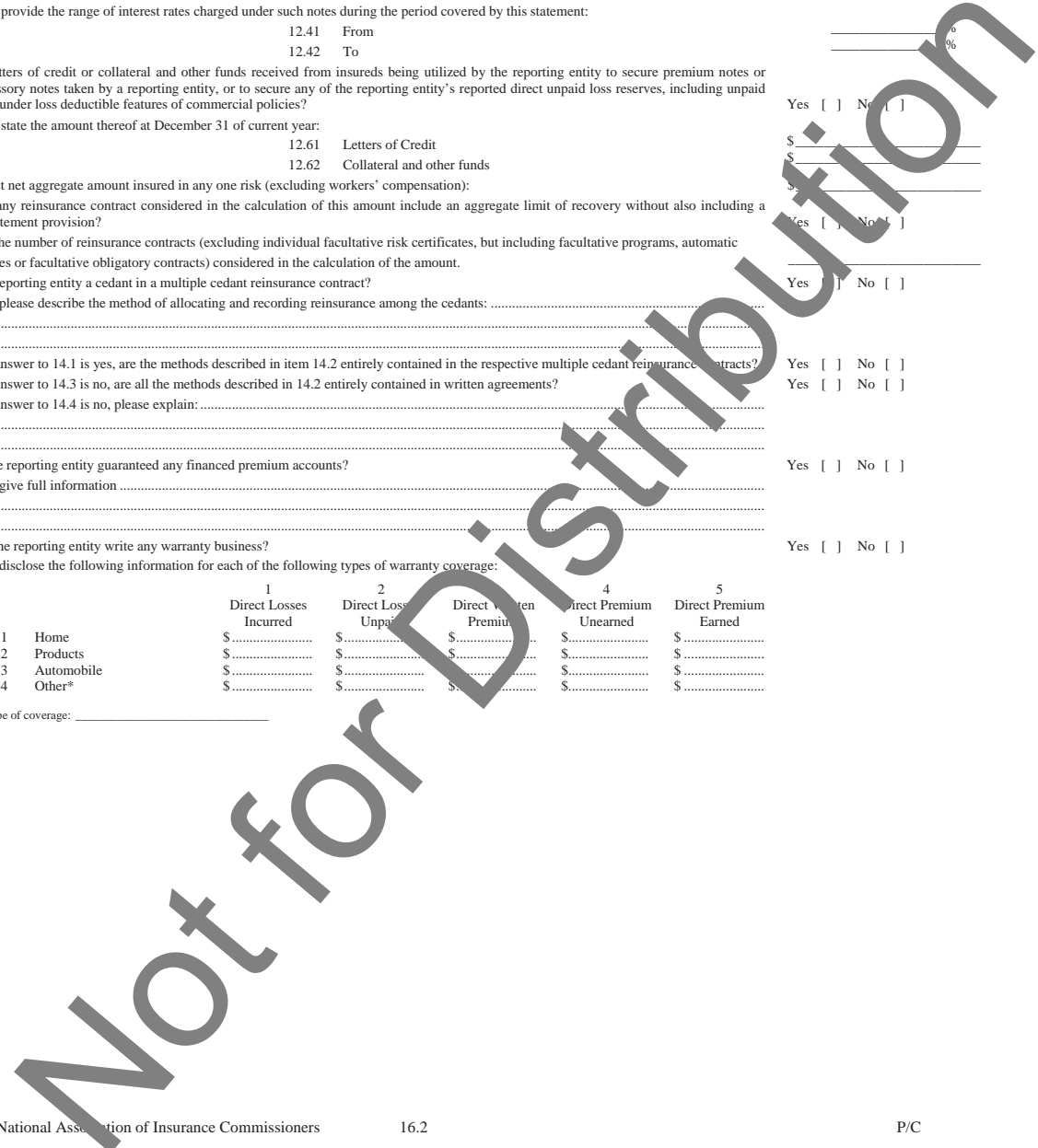


GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now 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, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A []
- 12.4 If yes, provide the range of interest rates charged under such notes 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 premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No []
- 12.6 If yes, state the amount thereof at 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 of recovery without also including a reinstatement provision? Yes [] No []
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. _____
- 14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes [] No []
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:
- 15.1 Has the reporting entity guaranteed any financed premium accounts? 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 | 2 | 3 | 4 | 5 |
|------------------|---------------|---------------|------------------|----------------|----------------|
| | Direct Losses | Direct Losses | Direct Unwritten | Direct Premium | Direct Premium |
| | Incurred | Unpaid | Premium | Unearned | Earned |
| 16.11 Home | \$ | \$ | \$ | \$ | \$ |
| 16.12 Products | \$ | \$ | \$ | \$ | \$ |
| 16.13 Automobile | \$ | \$ | \$ | \$ | \$ |
| 16.14 Other* | \$ | \$ | \$ | \$ | \$ |

* Disclose type of coverage: _____



GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5. Yes [] No []

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 \$
17.12 Unfunded portion of Interrogatory 17.11 \$
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$
17.14 Case reserves 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 \$

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

- 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 \$
17.19 Unfunded portion of Interrogatory 17.18 \$
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 \$
17.21 Case reserves portion of Interrogatory 17.18 \$
17.22 Incurred but not reported portion of Interrogatory 17.18 \$
17.23 Unearned premium portion of Interrogatory 17.18 \$
17.24 Contingent commission portion of Interrogatory 17.18 \$

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

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 [] No []

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

Not for Distribution

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|---|-----------|-----------|-----------|-----------|-----------|
| Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) | | | | | |
| 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | | | | | |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26) | | | | | |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | | | | | |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | | | | | |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 6. Total (Line 35) | | | | | |
| Net Premiums Written (Page 8, Part 1B, Col. 6) | | | | | |
| 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | | | | | |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26) | | | | | |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | | | | | |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | | | | | |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33) | | | | | |
| 12. Total (Line 35) | | | | | |
| Statement of Income (Page 4) | | | | | |
| 13. Net underwriting gain (loss) (Line 8) | | | | | |
| 14. Net investment gain (loss) (Line 11) | | | | | |
| 15. Total other income (Line 15) | | | | | |
| 16. Dividends to policyholders (Line 17) | | | | | |
| 17. Federal and foreign income taxes incurred (Line 19) | | | | | |
| 18. Net income (Line 20) | | | | | |
| Balance Sheet Lines (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 Deferred 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 1) | | | | | |
| 23. Loss adjustment expenses (Page 3, Line 3) | | | | | |
| 24. Unearned premiums (Page 3, Line 9) | | | | | |
| 25. Capital paid up (Page 3, Lines 30 & 31) | | | | | |
| 26. Surplus as regards policyholders (Page 3, Line 37) | | | | | |
| Cash Flow (Page 5) | | | | | |
| 27. Net cash from operations (Line 11) | | | | | |
| Risk-Based Capital Analysis | | | | | |
| 28. Total adjusted capital | | | | | |
| 29. Authorized control level risk-based capital | | | | | |
| Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 30. Bonds (Line 1) | | | | | |
| 31. Stocks (Lines 2.1 & 2.2) | | | | | |
| 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. Contract 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-ins for invested assets (Line 11) | | | | | |
| 41. Cash, cash equivalents and invested assets (Line 12) | 100 | 100.0 | 100.0 | 100.0 | 100.0 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 42. Affiliated bonds, (Sch. D, Summary, Line 12, 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 (subtotals included 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 investment in parent included in Lines 42 to 47 | | | | | |
| 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) | | | | | |

Not for Distribution

FIVE-YEAR HISTORICAL DATA
(Continued)

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|---|-----------|-----------|-----------|-----------|-----------|
| Capital and Surplus Accounts (Page 4) | | | | | |
| 51. Net unrealized capital gains (losses) (Line 24)..... | | | | | |
| 52. Dividends to stockholders (Line 35)..... | | | | | |
| 53. Change in surplus as regards policyholders for the year (Line 38)..... | | | | | |
| Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) | | | | | |
| 54. Liability lines (Lines 11.1, 11.2, 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 35)..... | | | | | |
| Net Losses Paid (Page 9, Part 2, Col. 4) | | | | | |
| 60. Liability lines (Lines 11.1, 11.2, 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)..... | | | | | |
| Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 | | | | | |
| 66. Premiums earned (Line 1)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 67. Losses incurred (Line 2)..... | | | | | |
| 68. Loss expenses incurred (Line 3)..... | | | | | |
| 69. Other underwriting expenses incurred (Line 4)..... | | | | | |
| 70. Net underwriting gain (loss) (Line 8)..... | | | | | |
| Other Percentages | | | | | |
| 71. Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 divided by Page 4, Line 1 x 100.0)..... | | | | | |
| 72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2-3 divided by Page 4, Line 1 x 100.0)..... | | | | | |
| 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 15 divided by Page 3, Line 37, Col. 1 x 100.0)..... | | | | | |
| One-Year Loss Development (\$000 omitted) | | | | | |
| 74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)..... | | | | | |
| 75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)..... | | | | | |
| Two-Year Loss Development (\$000 omitted) | | | | | |
| 76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)..... | | | | | |
| 77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year-end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)..... | | | | | |

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 SSAP No. 3—Accounting Changes and Correction of Errors? If no, please explain.....

Yes [] No []

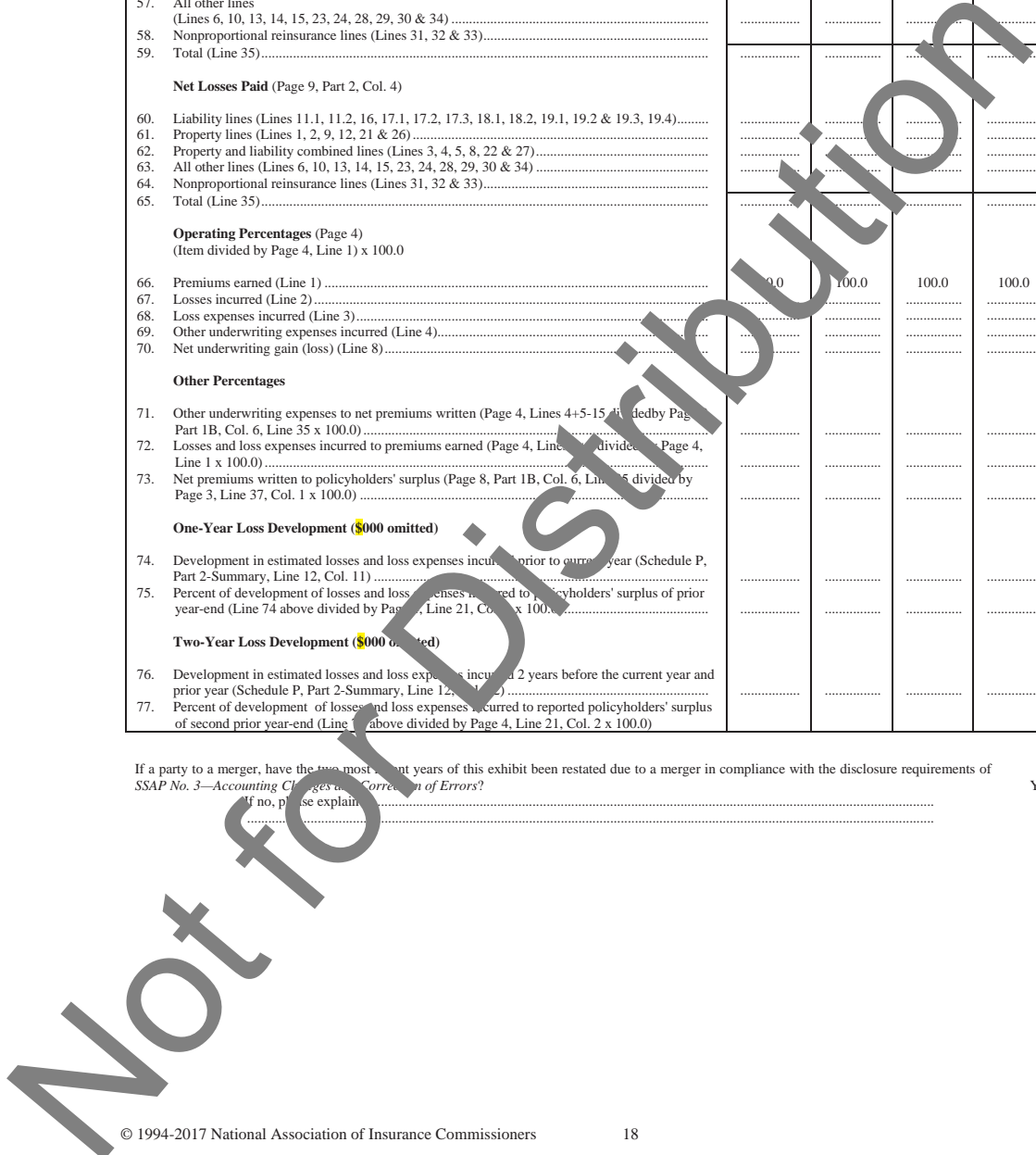


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

| Line of Business | BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ | | | | | | | | | | | |
|------------------|---|------------------------|---|-------------------------|-----------------------------------|------------------------|---|---|---|---|------------------------------------|--------------------------|
| | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | Dividends Paid Policyholders on Direct Business | Direct Premium Reserves | Direct Losses (deducting salvage) | Direct Losses Incurred | Direct Defense and Containment Expense Paid | Direct Defense and Containment Expense Incurred | Direct Defense and Containment Expense Unpaid | Direct Defense and Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| | Direct Premiums Written | Direct Premiums Earned | | | | | | | | | | |
| 1. Life | | | | | | | | | | | | |
| 2. Life | | | | | | | | | | | | |
| 3. Life | | | | | | | | | | | | |
| 4. Life | | | | | | | | | | | | |
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| 92. Life | | | | | | | | | | | | |
| 93. Life | | | | | | | | | | | | |
| 94. Life | | | | | | | | | | | | |
| 95. Life | | | | | | | | | | | | |
| 96. Life | | | | | | | | | | | | |
| 97. Life | | | | | | | | | | | | |
| 98. Life | | | | | | | | | | | | |
| 99. Life | | | | | | | | | | | | |
| 100. Life | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 \$ _____ and number of persons insured under indemnity only products _____

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____

SCHEDULE F – PART 1
 Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---------------|-------------------|-------------------|--------------------------|-----------------|--|--|-------------|--------------------------------|-----------------------------|------------------|---|--------------------------|--|--|
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Assumed Premium | Paid Losses and Loss Adjustment Expenses | Reinsurance On Known Case Losses and LAE | Cols. 6 + 7 | Contingent Commissions Payable | Assumed Premiums Receivable | Unearned Premium | Funds Held By or Deposited With Reinsured Companies | Letters of Credit Posted | Amount of Assets Pledged or Balances to Secure Letters of Credit | Amount of Assets Pledged or Collateral Held in Trust |
| 999999 Totals | | | | | | | | | | | | | | |

Not for Distribution

SCHEDULE F – PART 3
Ceded Reinsurance as of December 31, Current Year (\$'000 Omitted)

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domicile Jurisdiction | 5 Special Code | 6 Reinsurance Premiums Ceded | 7 Reinsurance Recoverable On | | | | | 8 Reinsurance Payable | | | 18 Net Amount Recoverable From Reinsurers Cols. 15 – 17 | 19 Funds Held by Company Under Reinsurance Treaties |
|----------------|------------------------|------------------------|----------------------------|-------------------|---------------------------------|---------------------------------|---------------|-------------------------------|-------------------------------|--------------------------|--------------------------|-------------------------|------------------------------|--|--|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commissions |  |  | 15 Cols. 7 through 14 Totals | 16 Ceded Balances Payable | 17 Other Amounts Due to Reinsurers |
| 9999999 Totals | | | | | | | | | | | | | | | |

NOTE: A. Report the five largest provisional commission rates included in the schedule of 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 Column 15, due from any one reinsurer (based on annual recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

| | 1 Name of Reinsurer | 2 Total Recoverables | 3 Ceded Premiums | 4 Affiliated | |
|----|------------------------|-------------------------|---------------------|------------------------------|-----------------------------|
| 1) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SCHEDULE F – PART 4
Aging of Ceded Reinsurance as of December 31, Current Year (\$'000 Omitted)

| 1 Line Number | 2 MIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses Overdue | | | | | | 11 Total Due Cols. 5 + 10 | 12 Percentage Overdue Col. 10/Col. 11 | 13 Percentage More Than 120 Days Overdue Col. 9/Col. 11 |
|------------------|-----------------------|------------------------|-------------------------------|---|-------------------|--------------------|--------------------|---|--|------------------------------|--|--|
| | | | | 6 1 to 29 Days | 7 30 - 90 Days | 8 91 - 120 Days | 9 Over 120 Days | 10 Total Overdue Cols. 6 + 7 + 8 + 9 | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 9999999 Totals | | | | | | | | | | | | |

Not for Distribution

SCHEDULE F – PART 5
 Provision for Unauthorized Reinsurance as of December 31, Current Year (\$'000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|-----------|------------------|-------------------|-----------------------|--------------|---|--|-------------------|---|-----------------------|-------------------------------|-------------------------------|--|---|---|---|---|--|--|
| ID Number | NAC Company Code | Name of Reinsurer | Domicile Jurisdiction | Special Code | Reinsurable All Items Specified in Col. 5 | Funds Held by Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Ceded Bankers Payable | Miscellaneous Bankers Payable | Trust Funds and Other Offsets | Total Collateral and Offsets Allowed (Cols. 7-8-10-11-12) but Not in Excess of Col. 6) | Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13) | Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute | 20% of Amount of Recoverable in Col. 15 | 20% of Amount in Dispute Included in Column 6 | Provision for Overdue Reinsurance (Col. 17 Plus Col. 18) | Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 Plus Col. 18 Minus Excess of Col. 6) |
| 9999999 | Totals | | | | | | | XXX | | | | | | | | | | |

- Amounts in dispute totaling \$_____ are included in Column 6.
- Amounts in dispute totaling \$_____ are excluded from Column 15.

(a)

| | | | | |
|---|------------------------|---|---------------------------------|--------------------------|
| Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
| | | | | |

SCHEDULE F – PART 6 – SECTION 1
 Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$'000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-----------|--------------|--------------|--------------------------|--|------------------------------------|---|--|--|---|---|----------------------------|--|-------------------|---|----------------------------|--|--|---|--|---|
| ID Number | Company Code | Company Name | Domiciliary Jurisdiction | Certified Reinsurer Rating (1 through 6) | Effective Date of Reinsurer Rating | Percent Collateral Required for Full Credit (0% - 100%) | Net Amount Recoverable From Reinsurers (Sch. F Part 3 Col. 18) | Catastrophe Recoverable Qualifying for Collateral Deferral | Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9) | Dollar Amount of Collateral Required (Col. 10 X Col. 7) | Multiple Beneficiary Trust | Funds Held by Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Other Allowable Collateral | Total Collateral Provided (Col. 12 + 13 + 14 + 16) | Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 18) | Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col. 19) | Amount of Credit Allowed for Net Recoverables (Col. 9 + Col. 10 X Col. 19) | Provision for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20) |
| 9999999 | Totals | | | | | | | | | | | | | XXX | | | XXX | XXX | | |

(a)

| Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|---|------------------------|---|---------------------------------|--------------------------|
| | | | | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE F – PART 6 – SECTION 2
 Provision for Overdue Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Reinsurance Recoverable on Paid LAE More than 90 Days (a) | 5 Total Reinsurance Recoverable Paid Losses and LAE (b) | 6 Amounts Received Prior 90 Days | 7 Percent More Than 90 Days Overdue | 8 20% of Amounts in Col. 5 | 9 20% of Amounts in Dispute Excluded from Col. 5 | 10 Amount of Credit Allowed for Net Receivables (Sch. F Part 6 Section 1 Col. 20) | 11 Total Collateral Provided (Sch. F Part 6 Section 1 Col. 11) Exceed Col. 11 | 12 Net Unsecured Receivable for Which Credit Is Allowed (Col. 11 - Col. 12) | 13 20% of Amount in Col. 13 | 14 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Col. 9 - Col. 10 - Col. 14) not to Exceed Col. 11 |
|-------------------|---------------------------|---------------------------|--|---|---|---|----------------------------------|---|--|--|--|-----------------------------------|--|
| | | | | | | | | | | | | | |

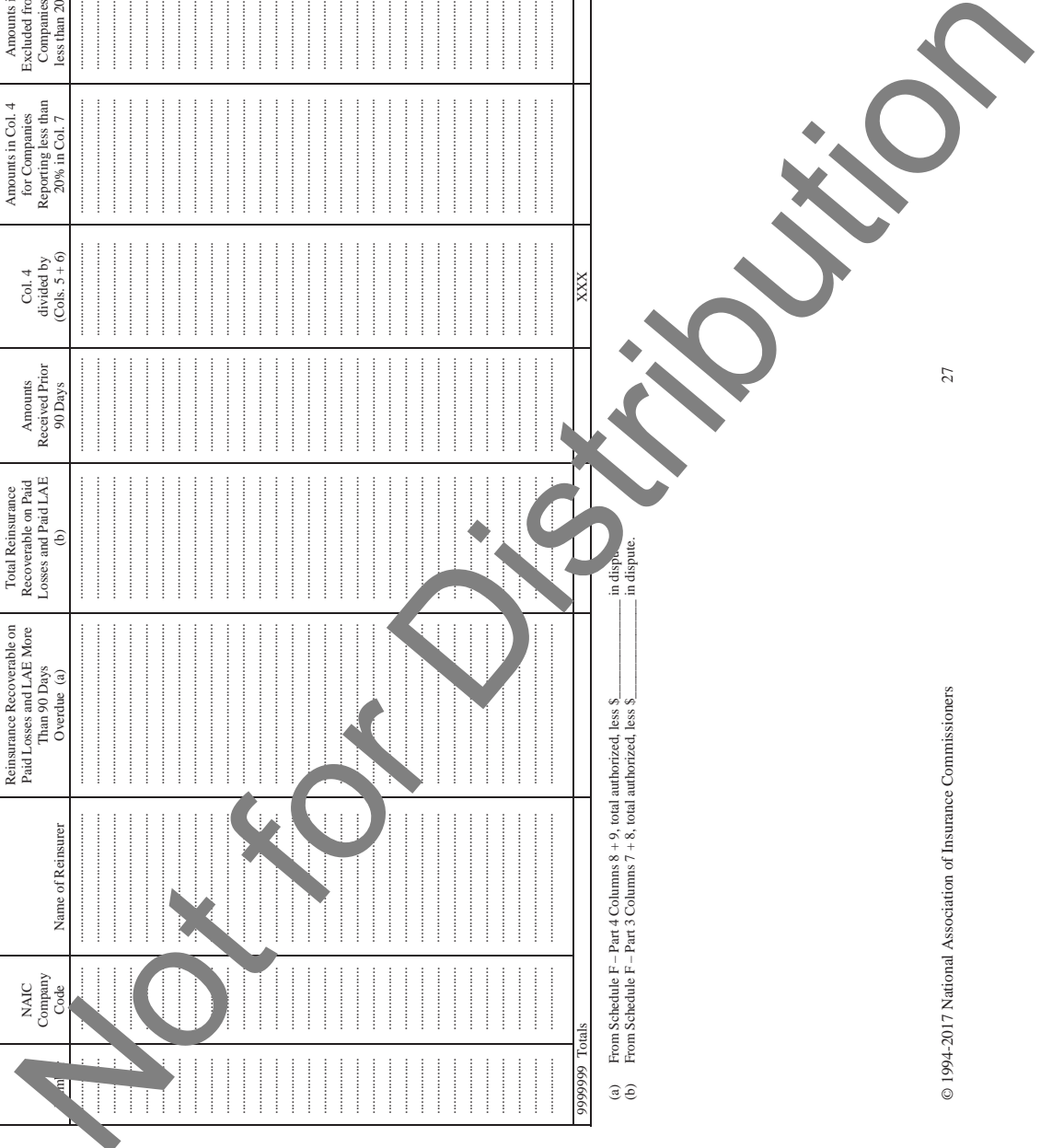
9999999 Totals
 (a) From Schedule F – Part 4 Columns 8 + 9, total certified, less \$ _____ in dispute.
 (b) From Schedule F – Part 3 Columns 7 + 8, total certified, less \$ _____ in dispute.

SCHEDULE F – PART 7
 Provision for Overdue Authorized Reinsurance as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------------|-------------------|--|---|--------------------------------|---------------------------------|---|---|-------------------------|---|----|
| NAIC Company Code | Name of Reinsurer | Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a) | Total Reinsurance Recoverable on Paid Losses and Paid LAE (b) | Amounts Received Prior 90 Days | Col. 4 divided by (Cols. 5 + 6) | Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7 | Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7 | 20% of Amount in Col. 9 | Amount Reported in Col. 8 x 20% = Col. 10 | |
| 99999999 Totals | | | | | | | | | | |
| XXX | | | | | | | | | | |

(a) From Schedule F – Part 4 Columns 8 + 9, total authorized, less \$ _____ in dispute.

(b) From Schedule F – Part 3 Columns 7 + 8, total authorized, less \$ _____ in dispute.



SCHEDULE F – PART 8
Provision for Overdue Reinsurance as of December 31, Current Year

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Reinsurance Recoverable All Items | 5 Funds Held By Company Under Reinsurance Treaties | 6 Letters of Credit | 7 Ceded Balances Payable | 8 Other Miscellaneous Balances | 9 Other Allowed Offset Items | 10 Sum of Cols. 5 through 9 but not in Excess of Col. 4 | 11 Col 4 Minus Col. 10 | 12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9 |
|-------------------|------------------------------|------------------------------|--|--|------------------------------|-----------------------------------|---|---------------------------------------|--|---------------------------------|---|
| Totals | | | | | | | | | | | |
| 9999999 | | | | | | | | | | | |

1. Total
2. Line 1 x 20
3. Schedule F-Part 7 Col. 11
4. Provision for Overdue Authorized Reinsurance (Line 11 x 3)
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F-Part 5, Col. 19 x 1000)
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F-Part 6, Section 1, Col. 21 x 1000)
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 2, Col. 15 x 1000)
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)

SCHEDULE F – PART 9
Restatement of Balance Sheet to Identify Net Credit for Reinsurance

| | 1 As Reported (Net of Ceded) | 2 Restatement Adjustments | 3 Restated (Gross of Ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| <u>ASSETS</u> (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) | | | |
| <u>LIABILITIES</u> (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 37)..... | | XXX | ..... |
| 22. Totals (Line 38) | | | |

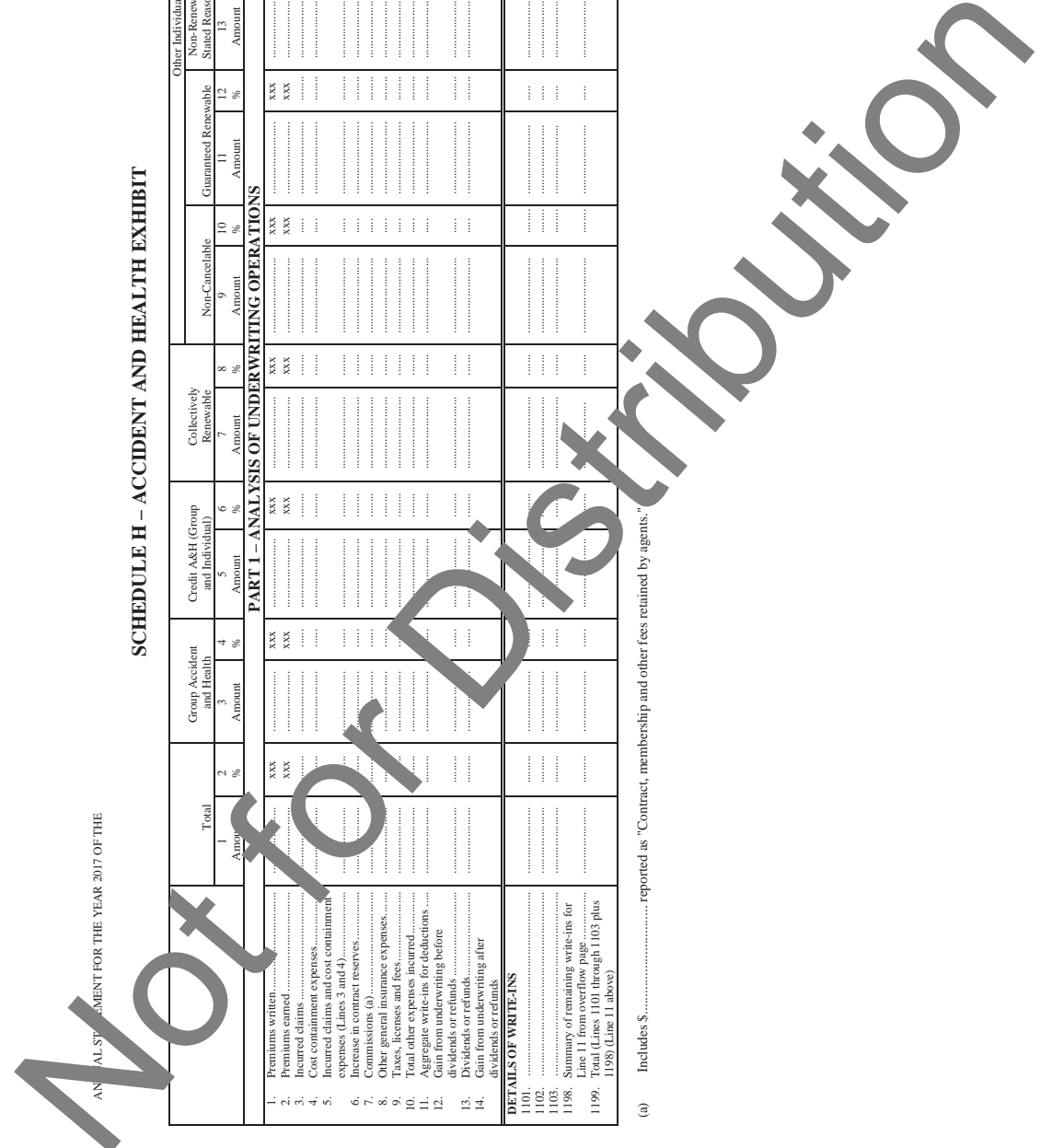
NOTE: Is the restatement of this exhibit the result of growing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No []

If yes, give full explanation: _____

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit A&H (Group and Individual) | | Collectively Renewable | | Non-Cancellable | | | Guaranteed Renewable | | | Other Individual Contracts | | | 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 | % | | |
| PART I – ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | | | | |
| 1. Premiums written..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 2. Premiums earned..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 3. Incurred claims..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 4. Cost containment expenses..... | | | | | | | | | | | | | | | | | | | | |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4)..... | | | | | | | | | | | | | | | | | | | | |
| 6. Increase in contract reserves..... | | | | | | | | | | | | | | | | | | | | |
| 7. Commissions (a)..... | | | | | | | | | | | | | | | | | | | | |
| 8. Other general insurance expenses..... | | | | | | | | | | | | | | | | | | | | |
| 9. Taxes, licenses and fees..... | | | | | | | | | | | | | | | | | | | | |
| 10. Total other expenses incurred..... | | | | | | | | | | | | | | | | | | | | |
| 11. Aggregate write-ins for deductions from underwriting before dividends or refunds..... | | | | | | | | | | | | | | | | | | | | |
| 12. Dividends or refunds..... | | | | | | | | | | | | | | | | | | | | |
| 13. Gain from underwriting after dividends or refunds..... | | | | | | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | | | |
| 1101..... | | | | | | | | | | | | | | | | | | | | |
| 1102..... | | | | | | | | | | | | | | | | | | | | |
| 1103..... | | | | | | | | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | | | | | | | | | | | | | | | | | | | | |
| 1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | | | | | | | | | | | | | | | | | |

(a) Includes \$..... reported as "Contract, membership and other fees retained by agents."



SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1 Total | 2 Group Accident and Health | 3 Credit A&H (Credit and Individual) | 4 Collectively Renewable | Other Individual Contracts | | | |
|---|------------|--------------------------------------|---|--------------------------------|----------------------------|------------------------------|-----------------------------|----------------|
| | | | | | 5 Non-Cancellable | 6 Guaranteed Renewable | 8 Other Accident Only | 9 All Other |
| PART 2 – RESERVES AND LIABILITIES | | | | | | | | |
| A. Premium Reserves: | | | | | | | | |
| 1. Unearned premiums | | | | | | | | |
| 2. Reserve for rate credits | | | | | | | | |
| 3. Total premium reserves, current year | | | | | | | | |
| 4. Total premium reserves, prior year | | | | | | | | |
| 5. Increase in contract reserves | | | | | | | | |
| B. Contract Reserves: | | | | | | | | |
| 1. Additional reserves for contract benefits | | | | | | | | |
| 2. Total contract reserve, current year | | | | | | | | |
| 3. Total contract reserve, prior year | | | | | | | | |
| 4. Increase in contract reserves | | | | | | | | |
| C. Claim Reserves and Liabilities: | | | | | | | | |
| 1. Total current year | | | | | | | | |
| 2. Total prior year | | | | | | | | |
| 3. Increase | | | | | | | | |
| PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES | | | | | | | | |
| 1. Claim paid during the year: | | | | | | | | |
| 1.1 On claims incurred prior to current year | | | | | | | | |
| 1.2 On claims incurred during current year | | | | | | | | |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | |
| 2.1 On claims incurred prior to current year | | | | | | | | |
| 2.2 On claims incurred during current year | | | | | | | | |
| 3. Test: | | | | | | | | |
| 3.1 Line 1.1 and 2.1 | | | | | | | | |
| 3.2 Claim reserves and liabilities, December 31, prior year | | | | | | | | |
| 3.3 Line 3.1 minus Line 3.2 | | | | | | | | |
| PART 4 – REINSURANCE | | | | | | | | |
| A. Reinsurance Assumed: | | | | | | | | |
| 1. Premiums written | | | | | | | | |
| 2. Premiums earned | | | | | | | | |
| 3. Incurred claims | | | | | | | | |
| 4. Commissions | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | |
| 1. Premiums written | | | | | | | | |
| 2. Premiums earned | | | | | | | | |
| 3. Incurred claims | | | | | | | | |
| 4. Commissions | | | | | | | | |

(a) Includes \$ premium deficiency reserve.

SCHEDULE H – PART 5 – HEALTH CLAIMS

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

Not for Distribution

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|----------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1-2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008..... | | | | | | | | | | | | XXX |
| 3. 2009..... | | | | | | | | | | | | XXX |
| 4. 2010..... | | | | | | | | | | | | XXX |
| 5. 2011..... | | | | | | | | | | | | XXX |
| 6. 2012..... | | | | | | | | | | | | XXX |
| 7. 2013..... | | | | | | | | | | | | XXX |
| 8. 2014..... | | | | | | | | | | | | XXX |
| 9. 2015..... | | | | | | | | | | | | XXX |
| 10. 2016..... | | | | | | | | | | | | XXX |
| 11. 2017..... | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses Expected Unpaid | 25 Number of Claims Reported Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | XXX |
| 2. | | | | | | | | | | | | | XXX |
| 3. | | | | | | | | | | | | | XXX |
| 4. | | | | | | | | | | | | | XXX |
| 5. | | | | | | | | | | | | | XXX |
| 6. | | | | | | | | | | | | | XXX |
| 7. | | | | | | | | | | | | | XXX |
| 8. | | | | | | | | | | | | | XXX |
| 9. | | | | | | | | | | | | | XXX |
| 10. | | | | | | | | | | | | | XXX |
| 11. | | | | | | | | | | | | | XXX |
| 12. | | | | | | | | | | | | | XXX |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 In Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------|---|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | Loss Expense | | 35 Losses Unpaid | 36 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 | | |

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P – PART 2 – SUMMARY

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

SCHEDULE P – PART 3 – SUMMARY

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|-----|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | | |
| 1. Prior | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2008 | | | | | | | | | | | | XXX | XXX |
| 3. 2009 | XXX | | | | | | | | | | | XXX | XXX |
| 4. 2010 | XXX | XXX | | | | | | | | | | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |

SCHEDULE P – PART 4 – SUMMARY

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|----------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1-2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting & Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Standing Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|--------------------------|-------------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |
| 11. | | | | | | | | | | | |
| 12. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | ..... | ..... |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|---------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |  |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct And Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Non-Reciprocal Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|-------------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 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 | ..... | ..... |

Not for Distribution

SCHEDULE P – PART 1C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|-------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | |
| 2. 2008..... | | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding at Year End |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 | 33 | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | Loss | Loss Expense | | | |
| 1. | 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)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|--------------------|-------|-------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|--|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | | |
| | Direct and Assumed | Ceded | Net (Cols. 1 – 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX | |
| 2. 2008..... | | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage Subrogation Participated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|--|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | 32 Contingent Liability Discount | 33 Loss Expense | 34 Inter-Company Pooling Participation Percentage | 35 Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|-------------------------------------|--------------------|--|---|----------------------------|
| | 13 Direct and Assumed | 14 Ceded | 15 Net | 17 Direct and Assumed | 18 Ceded | 19 Net | | | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | 1. | 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 1E – COMMERCIAL MULTIPLE PERIL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|---------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. | 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 1F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|--------------------------------|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Salvage and Subrogation Amount | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Non-Reciprocal Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|-------------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 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 | | |

Not for Distribution

SCHEDULE P – PART 1F – SECTION 2 – MEDICAL PROFESSIONAL LIABILITY – CLAIMS-MADE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|---------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. | 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 1G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)
(\$000 OMITTED)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2008..... | | | | | | | | | | | | XXX |
| 3. 2009..... | | | | | | | | | | | | XXX |
| 4. 2010..... | | | | | | | | | | | | XXX |
| 5. 2011..... | | | | | | | | | | | | XXX |
| 6. 2012..... | | | | | | | | | | | | XXX |
| 7. 2013..... | | | | | | | | | | | | XXX |
| 8. 2014..... | | | | | | | | | | | | XXX |
| 9. 2015..... | | | | | | | | | | | | XXX |
| 10. 2016..... | | | | | | | | | | | | XXX |
| 11. 2017..... | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Average Percentage Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|--|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | 32 Contingent Loss | 33 Loss Expense | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|-----------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | | | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |
| 11. | | | | | | | | | | | |
| 12. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | XXX | ..... | ..... |  |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | XXX | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | 35 Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. | 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 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct And Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | | | | | | |
| 6. 2012..... | | | | | | | | | | | | |
| 7. 2013..... | | | | | | | | | | | | |
| 8. 2014..... | | | | | | | | | | | | |
| 9. 2015..... | | | | | | | | | | | | |
| 10. 2016..... | | | | | | | | | | | | |
| 11. 2017..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 24 Salvage And Subrogation Anticipated | 25 Total Net Losses And Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Non-Equal Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|--------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 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 | ..... | ..... |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|---|-------------------------------|------------|---------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|---|---|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2016..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 3. 2017..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 4. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Losses Unpaid |
|---------|--|-------------|-----------|--|-------------|-----------|---------------------|-----------------------|---|------------------------|------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | | |
| | | | | | | | | | | | |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | ..... | ..... |
| 2. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | ..... | ..... |

Not for Distribution

SCHEDULE P – PART 1J – AUTO PHYSICAL DAMAGE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2016..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2017..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | 32 Nontabular Discount Loss | 33 Company Loss Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------|---|-------------|-----------|---|-------------|-----------|--------------------------------|---|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | |
| 2. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | XXX | ..... | ..... |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2016 ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 3. 2017 ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 4. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | 35 Net Balance Sheet Reserves After Discount |
|---------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | |
| | | | | | | | | | | |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | ..... |
| 2. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | |

Not for Distribution

**SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 OMITTED)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2016 | | | | | | | | | | | | XXX |
| 3. 2017 | | | | | | | | | | | | XXX |
| 4. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discounts | | Insurance Company Policy Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------|---|-------------|-----------|---|-------------|-----------|----------------------|---------------|---|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Expense | | 35 Losses Unpaid | 36 Loss Expenses 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 1M – INTERNATIONAL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | XXX | |
| 2. 2008 | | | | | | | | | | | XXX | |
| 3. 2009 | | | | | | | | | | | XXX | |
| 4. 2010 | | | | | | | | | | | XXX | |
| 5. 2011 | | | | | | | | | | | XXX | |
| 6. 2012 | | | | | | | | | | | XXX | |
| 7. 2013 | | | | | | | | | | | XXX | |
| 8. 2014 | | | | | | | | | | | XXX | |
| 9. 2015 | | | | | | | | | | | XXX | |
| 10. 2016 | | | | | | | | | | | XXX | |
| 11. 2017 | | | | | | | | | | | XXX | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|----------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Expenses | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. | 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 1N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY
(\$000 OMITTED)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 + 7 + 8 + 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008 | | | | | | | | | | | | XXX |
| 3. 2009 | | | | | | | | | | | | XXX |
| 4. 2010 | | | | | | | | | | | | XXX |
| 5. 2011 | | | | | | | | | | | | XXX |
| 6. 2012 | | | | | | | | | | | | XXX |
| 7. 2013 | | | | | | | | | | | | XXX |
| 8. 2014 | | | | | | | | | | | | XXX |
| 9. 2015 | | | | | | | | | | | | XXX |
| 10. 2016 | | | | | | | | | | | | XXX |
| 11. 2017 | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 25 Number of Claims Outstanding Direct and Assumed | | |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 Ceded | | 23 Salvage Subrogation Participated | 24 Total Net Losses and Expenses Unpaid |
| | 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. | | | | | | | | | | | | XXX | |
| 2. | | | | | | | | | | | | XXX | |
| 3. | | | | | | | | | | | | XXX | |
| 4. | | | | | | | | | | | | XXX | |
| 5. | | | | | | | | | | | | XXX | |
| 6. | | | | | | | | | | | | XXX | |
| 7. | | | | | | | | | | | | XXX | |
| 8. | | | | | | | | | | | | XXX | |
| 9. | | | | | | | | | | | | XXX | |
| 10. | | | | | | | | | | | | XXX | |
| 11. | | | | | | | | | | | | XXX | |
| 12. | | | | | | | | | | | | XXX | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Tabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 XXX | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 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 | | |

Not for Distribution

**SCHEDULE P – PART 10 – REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY
(\$000 OMITTED)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 12 Number of Claims Reported Direct and Assumed | | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008 | | | | | | | | | | | | XXX |
| 3. 2009 | | | | | | | | | | | | XXX |
| 4. 2010 | | | | | | | | | | | | XXX |
| 5. 2011 | | | | | | | | | | | | XXX |
| 6. 2012 | | | | | | | | | | | | XXX |
| 7. 2013 | | | | | | | | | | | | XXX |
| 8. 2014 | | | | | | | | | | | | XXX |
| 9. 2015 | | | | | | | | | | | | XXX |
| 10. 2016 | | | | | | | | | | | | XXX |
| 11. 2017 | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Reported Direct |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | XXX |
| 2. | | | | | | | | | | | | | XXX |
| 3. | | | | | | | | | | | | | XXX |
| 4. | | | | | | | | | | | | | XXX |
| 5. | | | | | | | | | | | | | XXX |
| 6. | | | | | | | | | | | | | XXX |
| 7. | | | | | | | | | | | | | XXX |
| 8. | | | | | | | | | | | | | XXX |
| 9. | | | | | | | | | | | | | XXX |
| 10. | | | | | | | | | | | | | XXX |
| 11. | | | | | | | | | | | | | XXX |
| 12. | | | | | | | | | | | | | XXX |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Allocating Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|---|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 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 | | |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008 | | | | | | | | | | | | XXX |
| 3. 2009 | | | | | | | | | | | | XXX |
| 4. 2010 | | | | | | | | | | | | XXX |
| 5. 2011 | | | | | | | | | | | | XXX |
| 6. 2012 | | | | | | | | | | | | XXX |
| 7. 2013 | | | | | | | | | | | | XXX |
| 8. 2014 | | | | | | | | | | | | XXX |
| 9. 2015 | | | | | | | | | | | | XXX |
| 10. 2016 | | | | | | | | | | | | XXX |
| 11. 2017 | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|--|---|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 Ceded | | | 23 Salvage Subrogation Participated |
| | 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. | | | | | | | | | | | | XXX | |
| 2. | | | | | | | | | | | | XXX | |
| 3. | | | | | | | | | | | | XXX | |
| 4. | | | | | | | | | | | | XXX | |
| 5. | | | | | | | | | | | | XXX | |
| 6. | | | | | | | | | | | | XXX | |
| 7. | | | | | | | | | | | | XXX | |
| 8. | | | | | | | | | | | | XXX | |
| 9. | | | | | | | | | | | | XXX | |
| 10. | | | | | | | | | | | | XXX | |
| 11. | | | | | | | | | | | | XXX | |
| 12. | | | | | | | | | | | | XXX | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | | Catastrophic Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|----------|---|-------------|-----------|---|-------------|-----------|------------|-----------------------|---------------------|--|---|--|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | 35 Losses Unpaid | | 36 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 | | | |

Not for Distribution

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | XXX | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | | | | | | | | | | | | |
| 4. 2010 | | | | | | | | | | | | |
| 5. 2011 | | | | | | | | | | | | |
| 6. 2012 | | | | | | | | | | | | |
| 7. 2013 | | | | | | | | | | | | |
| 8. 2014 | | | | | | | | | | | | |
| 9. 2015 | | | | | | | | | | | | |
| 10. 2016 | | | | | | | | | | | | |
| 11. 2017 | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontabular Discount | | Net Balance Sheet Reserves After Discount | | |
|----------|---|-------------|-----------|---|-------------|-----------|---------------------|----------------|--|---------------------|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Expenses | 34 Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. | 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 Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | XXX | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | | | | | | | | | | | | |
| 4. 2010 | | | | | | | | | | | | |
| 5. 2011 | | | | | | | | | | | | |
| 6. 2012 | | | | | | | | | | | | |
| 7. 2013 | | | | | | | | | | | | |
| 8. 2014 | | | | | | | | | | | | |
| 9. 2015 | | | | | | | | | | | | |
| 10. 2016 | | | | | | | | | | | | |
| 11. 2017 | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 24 Salvage and Subrogation Anticipated | 25 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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 (Incurred/Premiums Earned) | | | Nontaxable Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 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)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2016 ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 3. 2017 ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 4. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | 35 Net Balance Sheet Reserves After Discount | |
|---------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Incurred |
| | | | | | | | | | | | |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | ..... | ..... |
| 2. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

Not for Distribution

SCHEDULE P – PART 1T - WARRANTY
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|---------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 – 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 2. 2016..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2017..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. Totals | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Reserves and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 Direct and Assumed | 22 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. | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | | 32 Nontabular Discount Loss | 33 Company Rating Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------|---|-------------|-----------|---|-------------|-----------|--------------------|--------------------------------|---|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 34 Loss Expense | | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 2. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |  |
| 3. .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |  |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX | ..... | XXX | ..... | ..... |  |

Not for Distribution

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

SCHEDULE P – PART 2F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (S000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 12. Totals | | | | | | | | | | | XXX | XXX |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 12. Totals | | | | | | | | | | | XXX | XXX |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12. Totals | | | | | | | | | | | XXX | XXX |

SCHEDULE P – PART 2H – SECTION 1 – OTHER LIABILITY – OCCURRENCE

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12. Totals | | | | | | | | | | | XXX | XXX |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| 1. Prior | | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12. Totals | | | | | | | | | | | XXX | XXX |

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

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|------|------|------|------|------|------|------|------|------|-------------------|-------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 One Year | 12 Two Year |
| 1. Prior..... | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 4. Totals | | | | | | | | | | | | |

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 4. Totals | | | | | | | | | | | | |

SCHEDULE P – PART 2K – FIDELITY, SURETY

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 4. Totals | | | | | | | | | | | | |

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

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX |
| Totals | | | | | | | | | | | | |

SCHEDULE P – PART 2M – INTERNATIONAL

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 12. Totals | | | | | | | | | | | XXX | XXX |

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

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| | Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| | 12. Totals | | | | | | | | | | 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 (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| | 12. Totals | | | | | | | | | | XXX | XXX |

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

| | | | | | | | | | | | | |
|---------------|--------|-----|-----|-----|-----|-----|-----|-----|--|--|-----|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| | Totals | | | | | | | | | | XXX | XXX |

SCHEDULE P – PART 2T – WARRANTIES

| | | | | | | | | | | | | |
|---------------|-----------|-----|-----|-----|-----|-----|-----|-----|--|--|-----|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| | 4. Totals | | | | | | | | | | XXX | XXX |

Not for Distribution

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | | |
| 1. Prior..... | 000 | | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| 1. Prior..... | 000 | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | XXX | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| 1. Prior..... | 000 | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | XXX | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |

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

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| 1. Prior..... | 000 | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | XXX | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

| Years in Which Losses Were Incurred | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| 1. Prior..... | 000 | | | | | | | | | | | |
| 2. 2008..... | XXX | | | | | | | | | | | |
| 3. 2009..... | XXX | XXX | | | | | | | | | | |
| 4. 2010..... | XXX | XXX | XXX | | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | | |
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2008 | XXX | | | | | | | | | | | XXX | XXX |
| 3. 2009 | XXX | XXX | | | | | | | | | | XXX | XXX |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

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

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | ..... | ..... | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-------|-------|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | ..... | ..... | ..... | ..... |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |

SCHEDULE P – PART 3K – FIDELITY/SURETY

| | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-----|-----|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | ..... | ..... | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-------|-----|-----|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | ..... | ..... | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P – PART 3M – INTERNATIONAL

| | | | | | | | | | | | | |
|----------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|
| 1. Prior | 000 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 2. 2008 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 3. 2009 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 4. 2010 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | XXX | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Not for Distribution

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | |
| 1. Prior | 000 | | | | | | | | | | XXX | XXX |
| 2. 2008 | | | | | | | | | | | XXX | XXX |
| 3. 2009 | XXX | | | | | | | | | | XXX | XXX |
| 4. 2010 | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 11. 2017 | 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. 2008 | | | | | | | | | | | XXX | XXX |
| 3. 2009 | XXX | | | | | | | | | | XXX | XXX |
| 4. 2010 | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 11. 2017 | 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. 2008 | | | | | | | | | | | XXX | XXX |
| 3. 2009 | XXX | | | | | | | | | | XXX | XXX |
| 4. 2010 | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

Not for Distribution

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | | |
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | 000 | | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2017 | XXX | 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 | | | | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

SCHEDULE P – PART 3I – WARRANTY

| | | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | | | | | |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

Not for Distribution

SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P – PART 5 – COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | 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. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | 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. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | 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. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P – PART 4M – INTERNATIONAL

| | | | | | | | | | | |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. Prior ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2008 ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2009 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2010 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. 2011 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. 2012 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Not for Distribution

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

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Not for Distribution

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

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P – PART 4T - WARRANTY

| | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

**SCHEDULE P – PART 5D – WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5E – COMMERCIAL MULTIPLE PERIL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – CLAIMS–MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5H – OTHER LIABILITY – OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5H – OTHER LIABILITY – CLAIMS–MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 5T – WARRANTY

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Not for Distribution

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

**SCHEDULE P – PART 6D – WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6E – COMMERCIAL MULTIPLE PERIL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6H – OTHER LIABILITY – OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6H – OTHER LIABILITY – CLAIMS–MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6M – INTERNATIONAL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

**SCHEDULE P – PART 6N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

**SCHEDULE P – PART 6O – REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | | | | | | | | | | | |
| 3. 2009 | XXX | | | | | | | | | | |
| 4. 2010 | XXX | XXX | | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2008 | XXX | | | | | | | | | | |
| 3. 2009 | XXX | XXX | | | | | | | | | |
| 4. 2010 | XXX | XXX | XXX | | | | | | | | |
| 5. 2011 | XXX | XXX | XXX | XXX | | | | | | | |
| 6. 2012 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sc P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS
(\$000 OMITTED)

SECTION 1

| Schedule P—Part 1 | 1 Total Net Losses and Expenses Unpaid | 2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3 Loss Sensitive as Percentage of Total | 4 Total Net Premiums Written | 5 Net Premiums Written on Loss Sensitive Contracts | 6 Loss Sensitive as Percentage of Total |
|--|---|---|--|---------------------------------|---|--|
| 1. Homeowners/Farmowners..... | | | | | | |
| 2. Private Passenger Auto Liability/Medical..... | | | | | | |
| 3. Commercial Auto/Truck Liability/Medical..... | | | | | | |
| 4. Workers' Compensation..... | | | | | | |
| 5. Commercial Multiple Peril..... | | | | | | |
| 6. Medical Professional Liability—Occurrence..... | | | | | | |
| 7. Medical Professional Liability—Claims-made..... | | | | | | |
| 8. Special Liability..... | | | | | | |
| 9. Other Liability—Occurrence..... | | | | | | |
| 10. Other Liabilities—Claims-made..... | | | | | | |
| 11. Special Property..... | | | | | | |
| 12. Auto Physical Damage..... | | | | | | |
| 13. Fidelity/ Surety..... | | | | | | |
| 14. Other..... | | | | | | |
| 15. International..... | | | | | | |
| 16. Reinsurance-Nonproportional Assumed Property..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 17. Reinsurance-Nonproportional Assumed Liability..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 18. Reinsurance-Nonproportional Assumed Financial Lines..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 19. Products Liability—Occurrence..... | | | | | | |
| 20. Products Liability—Claims-made..... | | | | | | |
| 21. Financial Guaranty/Mortgage Guaranty..... | | | | | | |
| 22. Warranty..... | | | | | | |
| 23. Totals..... | | | | | | |

SECTION 2

| Years in Which Policies Were Issued | INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Policies Were Issued | BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

| Years in Which Policies Were Issued | NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 5

| Years in Which Policies Were Issued | NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

Not for Distribution

SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS
 (\$000 OMITTED)

SECTION 1

| Schedule P—Part 1 | 1 Total Net Losses and Expenses Unpaid | 2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3 Loss Sensitive as Percentage of Total | 4 Total Net Premiums Written | 5 Net Premiums Written on Loss Sensitive Contracts | 6 Loss Sensitive as Percentage of Total |
|--|---|---|--|---------------------------------|---|--|
| 1. Homeowners/Farmowners..... | | | | | | |
| 2. Private Passenger Auto Liability/Medical..... | | | | | | |
| 3. Commercial Auto/Truck Liability/Medical..... | | | | | | |
| 4. Workers' Compensation..... | | | | | | |
| 5. Commercial Multiple Peril..... | | | | | | |
| 6. Medical Professional Liability—Occurrence..... | | | | | | |
| 7. Medical Professional Liability—Claims-made..... | | | | | | |
| 8. Special Liability..... | | | | | | |
| 9. Other Liability—Occurrence..... | | | | | | |
| 10. Other Liability—Claims-made..... | | | | | | |
| 11. Special Property..... | | | | | | |
| 12. Auto Physical Damage..... | | | | | | |
| 13. Fidelity/ Surety..... | | | | | | |
| 14. Other..... | | | | | | |
| 15. International..... | | | | | | |
| 16. Reinsurance-Nonproportional Assumed Property..... | | | | | | |
| 17. Reinsurance-Nonproportional Assumed Liability..... | | | | | | |
| 18. Reinsurance-Nonproportional Assumed Financial Lines..... | | | | | | |
| 19. Products Liability—Occurrence..... | | | | | | |
| 20. Products Liability—Claims-made..... | | | | | | |
| 21. Financial Guaranty/Mortgage Guaranty..... | | | | | | |
| 22. Warranty..... | | | | | | |
| 23. Totals..... | | | | | | |

SECTION 2

| Years in Which Policies Were Issued | INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Policies Were Issued | BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)
SECTION 4

| Years in Which Policies Were Issued | NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 5

| Years in Which Policies Were Issued | NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 6

| Years in Which Policies Were Issued | INCURRED ADJUSTABLE COMMISSION REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 7

| Years in Which Policies Were Issued | RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR-END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

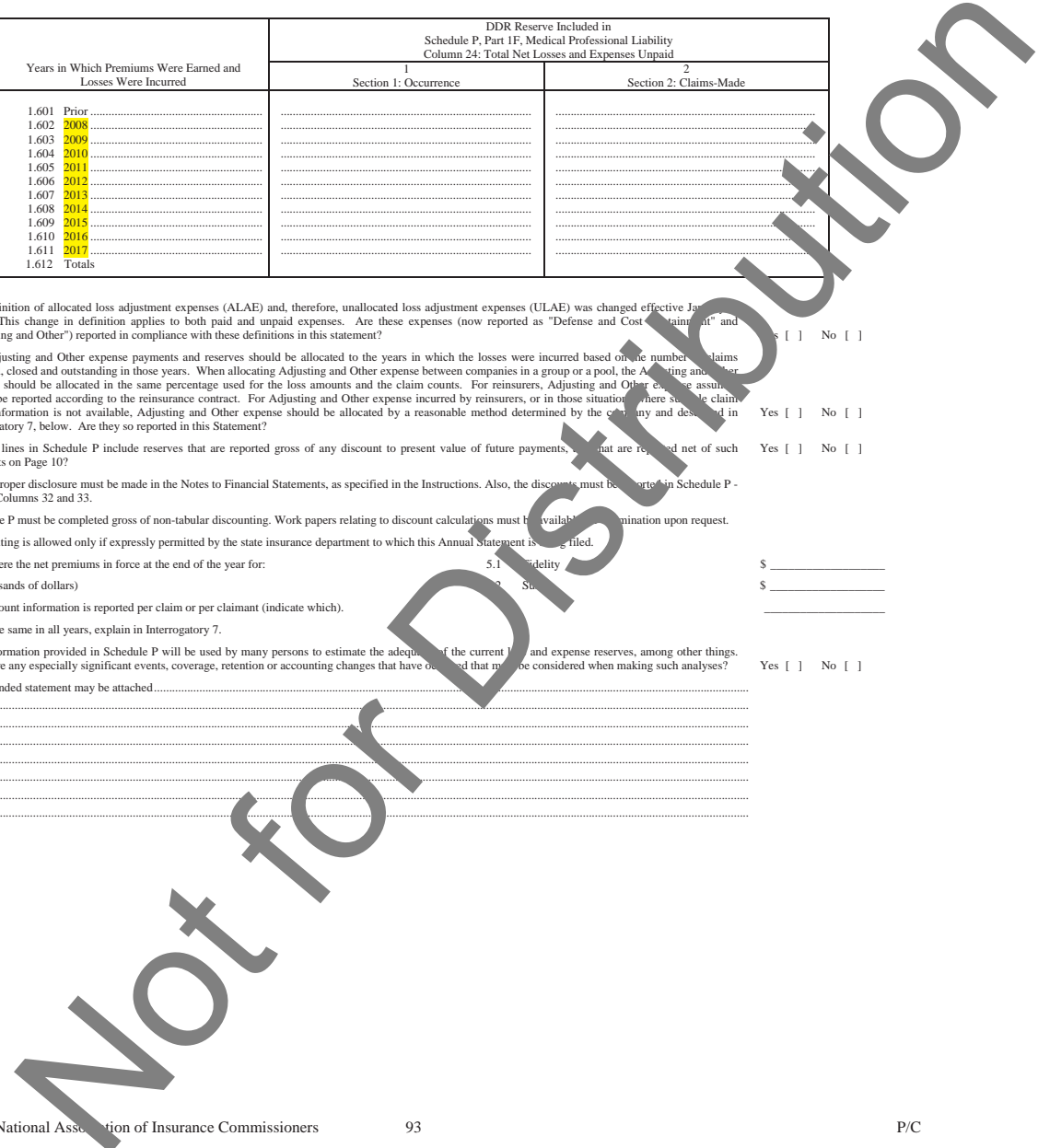
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SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
 - 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes No
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: \$ _____
 - 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?
 - 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes No
 - 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes No
 - 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes No N/A
 - 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

| Years in Which Premiums Were Earned and Losses Were Incurred | DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid | |
|--|---|-----------------------------|
| | 1 Section 1: Occurrence | 2 Section 2: Claims-Made |
| 1.601 Prior | | |
| 1.602 2008 | | |
| 1.603 2009 | | |
| 1.604 2010 | | |
| 1.605 2011 | | |
| 1.606 2012 | | |
| 1.607 2013 | | |
| 1.608 2014 | | |
| 1.609 2015 | | |
| 1.610 2016 | | |
| 1.611 2017 | | |
| 1.612 Totals | | |

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes No
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where the claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes No
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, but that are reported net of such discounts on Page 10? Yes No
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request. Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
 - 5.1 Fidelity \$ _____
 - 5.2 Surety \$ _____
 (in thousands of dollars)
6. Claim count information is reported per claim or per claimant (indicate which).
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes No
- 7.2 An extended statement may be attached.....
.....
.....
.....
.....



**SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories**

| States, Etc. | 1 Active Status | Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken | | 4 Dividends Paid or Credited to Policyholders on Direct Business | 5 Direct Losses Paid (Deducting Salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Finance and Service Charges Not Included in Premiums | 9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2) |
|--|--------------------|--|-----------------------------|---|---|-----------------------------|---------------------------|---|--|
| | | 2 Direct Premiums Written | 3 Direct Premiums Earned | | | | | | |
| 1. Alabama.....AL | | | | | | | | | |
| 2. Alaska.....AK | | | | | | | | | |
| 3. Arizona.....AZ | | | | | | | | | |
| 4. Arkansas.....AR | | | | | | | | | |
| 5. California.....CA | | | | | | | | | |
| 6. Colorado.....CO | | | | | | | | | |
| 7. Connecticut.....CT | | | | | | | | | |
| 8. Delaware.....DE | | | | | | | | | |
| 9. Dist. Columbia.....DC | | | | | | | | | |
| 10. Florida.....FL | | | | | | | | | |
| 11. Georgia.....GA | | | | | | | | | |
| 12. Hawaii.....HI | | | | | | | | | |
| 13. Idaho.....ID | | | | | | | | | |
| 14. Illinois.....IL | | | | | | | | | |
| 15. Indiana.....IN | | | | | | | | | |
| 16. Iowa.....IA | | | | | | | | | |
| 17. Kansas.....KS | | | | | | | | | |
| 18. Kentucky.....KY | | | | | | | | | |
| 19. Louisiana.....LA | | | | | | | | | |
| 20. Maine.....ME | | | | | | | | | |
| 21. Maryland.....MD | | | | | | | | | |
| 22. Massachusetts.....MA | | | | | | | | | |
| 23. Michigan.....MI | | | | | | | | | |
| 24. Minnesota.....MN | | | | | | | | | |
| 25. Mississippi.....MS | | | | | | | | | |
| 26. Missouri.....MO | | | | | | | | | |
| 27. Montana.....MT | | | | | | | | | |
| 28. Nebraska.....NE | | | | | | | | | |
| 29. Nevada.....NV | | | | | | | | | |
| 30. New Hampshire.....NH | | | | | | | | | |
| 31. New Jersey.....NJ | | | | | | | | | |
| 32. New Mexico.....NM | | | | | | | | | |
| 33. New York.....NY | | | | | | | | | |
| 34. No. Carolina.....NC | | | | | | | | | |
| 35. No. Dakota.....ND | | | | | | | | | |
| 36. Ohio.....OH | | | | | | | | | |
| 37. Oklahoma.....OK | | | | | | | | | |
| 38. Oregon.....OR | | | | | | | | | |
| 39. Pennsylvania.....PA | | | | | | | | | |
| 40. Rhode Island.....RI | | | | | | | | | |
| 41. So. Carolina.....SC | | | | | | | | | |
| 42. So. Dakota.....SD | | | | | | | | | |
| 43. Tennessee.....TN | | | | | | | | | |
| 44. Texas.....TX | | | | | | | | | |
| 45. Utah.....UT | | | | | | | | | |
| 46. Vermont.....VT | | | | | | | | | |
| 47. Virginia.....VA | | | | | | | | | |
| 48. Washington.....WA | | | | | | | | | |
| 49. West Virginia.....WV | | | | | | | | | |
| 50. Wisconsin.....WI | | | | | | | | | |
| 51. Wyoming.....WY | | | | | | | | | |
| 52. American Samoa.....AS | | | | | | | | | |
| 53. Guam.....GU | | | | | | | | | |
| 54. Puerto Rico.....PR | | | | | | | | | |
| 55. U.S. Virgin Islands.....VI | | | | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | | | | |
| 57. Canada.....CAN | | | | | | | | | |
| 58. Aggregate other alien.....OT | | | | | | | | | |
| 59. Totals | (a) | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 58001..... | XXX | | | | | | | | |
| 58002..... | XXX | | | | | | | | |
| 58003..... | XXX | | | | | | | | |
| 58998. Sum. of remaining write-ins for Line 58 from above page..... | XXX | | | | | | | | |
| 58999. Totals (Lines 58001 through 58003+58998) (Line 59 above)..... | XXX | | | | | | | | |
| (L) Licensed or Chartered - Licensed Insurer; (C) Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state other than their state of domicile - see DSLI; (D) DSLI - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state. | | | | | | | | | |
| Explanation of basis of allocation of premiums by states, etc. | | | | | | | | | |

(a) Includes numbers 58001 through 58999 and L responses except for Canada and Other Alien

SCHEDULE T – PART 2

**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories**

| States, Etc. | Direct Business Only | | | | | Totals |
|-------------------------------------|-------------------------------------|--|--|---|--------------------------------|--------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | |
| 1. Alabama.....AL | | | | | | |
| 2. Alaska.....AK | | | | | | |
| 3. Arizona.....AZ | | | | | | |
| 4. Arkansas.....AR | | | | | | |
| 5. California.....CA | | | | | | |
| 6. Colorado.....CO | | | | | | |
| 7. Connecticut.....CT | | | | | | |
| 8. Delaware.....DE | | | | | | |
| 9. District of Columbia.....DC | | | | | | |
| 10. Florida.....FL | | | | | | |
| 11. Georgia.....GA | | | | | | |
| 12. Hawaii.....HI | | | | | | |
| 13. Idaho.....ID | | | | | | |
| 14. Illinois.....IL | | | | | | |
| 15. Indiana.....IN | | | | | | |
| 16. Iowa.....IA | | | | | | |
| 17. Kansas.....KS | | | | | | |
| 18. Kentucky.....KY | | | | | | |
| 19. Louisiana.....LA | | | | | | |
| 20. Maine.....ME | | | | | | |
| 21. Maryland.....MD | | | | | | |
| 22. Massachusetts.....MA | | | | | | |
| 23. Michigan.....MI | | | | | | |
| 24. Minnesota.....MN | | | | | | |
| 25. Mississippi.....MS | | | | | | |
| 26. Missouri.....MO | | | | | | |
| 27. Montana.....MT | | | | | | |
| 28. Nebraska.....NE | | | | | | |
| 29. Nevada.....NV | | | | | | |
| 30. New Hampshire.....NH | | | | | | |
| 31. New Jersey.....NJ | | | | | | |
| 32. New Mexico.....NM | | | | | | |
| 33. New York.....NY | | | | | | |
| 34. North Carolina.....NC | | | | | | |
| 35. North Dakota.....ND | | | | | | |
| 36. Ohio.....OH | | | | | | |
| 37. Oklahoma.....OK | | | | | | |
| 38. Oregon.....OR | | | | | | |
| 39. Pennsylvania.....PA | | | | | | |
| 40. Rhode Island.....RI | | | | | | |
| 41. South Carolina.....SC | | | | | | |
| 42. South Dakota.....SD | | | | | | |
| 43. Tennessee.....TN | | | | | | |
| 44. Texas.....TX | | | | | | |
| 45. Utah.....UT | | | | | | |
| 46. Vermont.....VT | | | | | | |
| 47. Virginia.....VA | | | | | | |
| 48. Washington.....WA | | | | | | |
| 49. West Virginia.....WV | | | | | | |
| 50. Wisconsin.....WI | | | | | | |
| 51. Wyoming.....WY | | | | | | |
| 52. American Samoa.....AS | | | | | | |
| 53. Guam.....GU | | | | | | |
| 54. Puerto Rico.....PR | | | | | | |
| 55. US Virgin Islands.....VI | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | |
| 57. Canada.....CAN | | | | | | |
| 58. Aggregate Other Alien.....OT | | | | | | |
| 59. Totals | | | | | | |

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y
PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------|----------------|---|-----------------------|-----------------------|--|---|---|---|-----|--|--------|---|
| NAC Company Code | ID Number | Names of Insurer and Parent, Subsidiary or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliates) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 9999999 | Control Totals | | | | | | | | XXX | | | |

Not for Distribution

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

RESPONSES

- 1. Will an actuarial opinion be filed by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?

APRIL FILING

- 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?
6. Will Management's Discussion and Analysis be filed by April 1?
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

MAY FILING

- 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?

JUNE FILING

- 9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

AUGUST FILING

- 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

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

MARCH FILING

- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirements for lead audit partner be filed electronically with the NAIC by March 1?
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling-off period for independent CPA be filed electronically with the NAIC by March 1?
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exceptions for Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

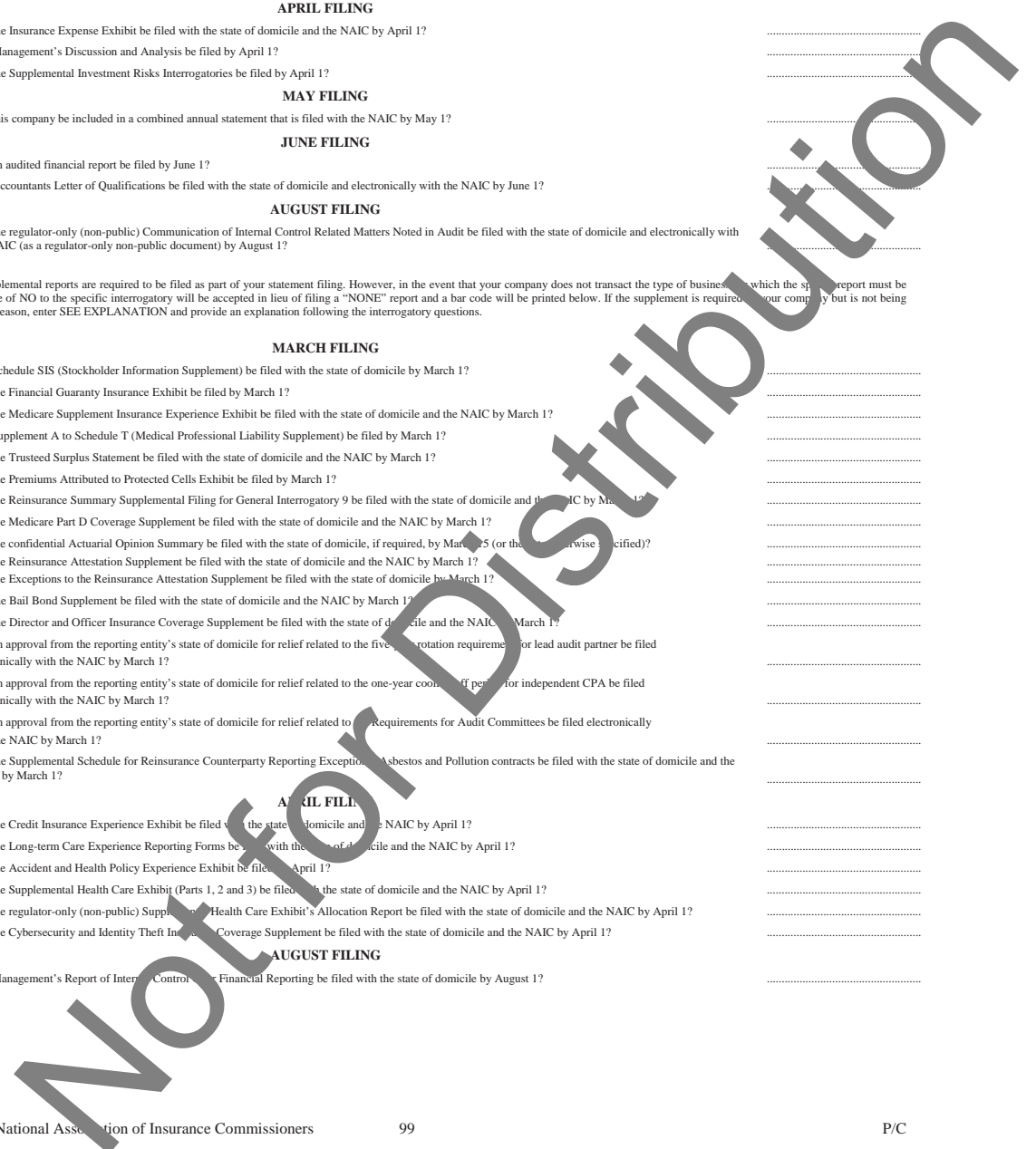
- 29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
34. Will the Cybersecurity and Identity Theft Incident Response Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

- 35. Will Management's Report of Internal Control over Financial Reporting be filed with the state of domicile by August 1?

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

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SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|---|---------------------------|-----------------|---|--|---------------------------------|-----------------|
| | 1 Amount | 2 Percentage | 3 Amount | 4 Securities Lending Reinvested Collateral Amount | 5 Total (Col. 3+4) Amount | 6 Percentage |
| 1. Bonds: | | | | | | |
| 1.1 U.S. treasury securities | | | | | | |
| 1.2 U.S. government agency obligations (excluding mortgage-backed securities): | | | | | | |
| 1.21 Issued by U.S. government agencies | | | | | | |
| 1.22 Issued by U.S. government sponsored agencies | | | | | | |
| 1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) | | | | | | |
| 1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.: | | | | | | |
| 1.41 States, territories and possessions general obligations | | | | | | |
| 1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations | | | | | | |
| 1.43 Revenue and assessment obligations | | | | | | |
| 1.44 Industrial development and similar obligations | | | | | | |
| 1.5 Mortgage-backed securities (includes residential and commercial MBS): | | | | | | |
| 1.51 Pass-through securities: | | | | | | |
| 1.511 Issued or guaranteed by GNMA | | | | | | |
| 1.512 Issued or guaranteed by FNMA and FHLMC | | | | | | |
| 1.513 All other | | | | | | |
| 1.52 CMOs and REMICs: | | | | | | |
| 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA | | | | | | |
| 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 | | | | | | |
| 1.523 All other | | | | | | |
| 2. Other debt and other fixed income securities (excluding short term): | | | | | | |
| 2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) | | | | | | |
| 2.2 Unaffiliated non-U.S. securities (including Canada) | | | | | | |
| 2.3 Affiliated securities | | | | | | |
| 3. Equity interests: | | | | | | |
| 3.1 Investments in mutual funds | | | | | | |
| 3.2 Preferred stocks: | | | | | | |
| 3.21 Affiliated | | | | | | |
| 3.22 Unaffiliated | | | | | | |
| 3.3 Publicly traded equity securities (excluding preferred stocks): | | | | | | |
| 3.31 Affiliated | | | | | | |
| 3.32 Unaffiliated | | | | | | |
| 3.4 Other equity securities: | | | | | | |
| 3.41 Affiliated | | | | | | |
| 3.42 Unaffiliated | | | | | | |
| 3.5 Other equity interests including tangible personal property under lease: | | | | | | |
| 3.51 Affiliated | | | | | | |
| 3.52 Unaffiliated | | | | | | |
| 4. Mortgage loans: | | | | | | |
| 4.1 Construction and land development | | | | | | |
| 4.2 Agricultural | | | | | | |
| 4.3 Single family residential properties | | | | | | |
| 4.4 Multifamily residential properties | | | | | | |
| 4.5 Commercial loans | | | | | | |
| 4.6 Mezzanine real estate loans | | | | | | |
| 5. Real estate investments: | | | | | | |
| 5.1 Property occupied by company | | | | | | |
| 5.2 Property held for production of income (including property acquired in satisfaction of debt) | | | | | | |
| 5.3 Property held for sale (including property acquired in satisfaction of debt) | | | | | | |
| 6. Contract loans | | | | | | |
| 7. Derivatives | | | | | | |
| 8. Receivables for securities | | | | | | |
| 9. Securities Lending (Line 10, Asset Page) (reinvested collateral) | | | | XXX | XXX | XXX |
| 10. Cash, cash equivalents and short-term investments | | | | | | |
| 11. Other invested assets | | | | | | |
| 12. Total invested assets | | | | | | |

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SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

| | | |
|-----|--|-------|
| 1. | Book/adjusted carrying value, December 31 of prior year..... | _____ |
| 2. | Cost of acquired: | |
| 2.1 | Actual cost at time of acquisition (Part 2, Column 6) | _____ |
| 2.2 | Additional investment made after acquisition (Part 2, Column 9)..... | _____ |
| 3. | Current year change in encumbrances: | |
| 3.1 | Totals, Part 1, Column 13..... | _____ |
| 3.2 | Totals, Part 3, Column 11..... | _____ |
| 4. | Total gain (loss) on disposals, Part 3, Column 18..... | _____ |
| 5. | Deduct amounts received on disposals, Part 3, Column 15 | _____ |
| 6. | Total foreign exchange change in book/adjusted carrying value: | |
| 6.1 | Totals, Part 1, Column 15 | _____ |
| 6.2 | Totals, Part 3, Column 13 | _____ |
| 7. | Deduct current year's other-than-temporary impairment recognized: | |
| 7.1 | Totals, Part 1, Column 12..... | _____ |
| 7.2 | Totals, Part 3, Column 10..... | _____ |
| 8. | Deduct current year's depreciation: | |
| 8.1 | Totals, Part 1, Column 11..... | _____ |
| 8.2 | Totals, Part 3, Column 9..... | _____ |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)..... | _____ |
| 10. | Deduct total nonadmitted amounts | _____ |
| 11. | Statement value at end of current period (Line 9 minus Line 10)..... | _____ |

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

| | | |
|------|--|-------|
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | _____ |
| 2. | Cost of acquired: | |
| 2.1 | Actual cost at time of acquisition (Part 2, Column 7) | _____ |
| 2.2 | Additional investment made after acquisition (Part 2, Column 8) | _____ |
| 3. | Capitalized deferred interest and other: | |
| 3.1 | Totals, Part 1, Column 12 | _____ |
| 3.2 | Totals, Part 3, Column 11 | _____ |
| 4. | Accrual of discount..... | _____ |
| 5. | Unrealized valuation increase (decrease): | |
| 5.1 | Totals, Part 1, Column 9 | _____ |
| 5.2 | Totals, Part 3, Column 8 | _____ |
| 6. | Total gain (loss) on disposals, Part 3, Column 18..... | _____ |
| 7. | Deduct amounts received on disposals, Part 3, Column 15 | _____ |
| 8. | Deduct amortization of premium and mortgage interest points and commitment fees | _____ |
| 9. | Total foreign exchange change in book value/recorded investment excluding accrued interest: | |
| 9.1 | Totals, Part 1, Column 13 | _____ |
| 9.2 | Totals, Part 3, Column 13 | _____ |
| 10. | Deduct current year's other-than-temporary impairment recognized: | |
| 10.1 | Totals, Part 1, Column 11 | _____ |
| 10.2 | Totals, Part 3, Column 10..... | _____ |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | _____ |
| 12. | Total value of mortgages owned | _____ |
| 13. | Subtotal (Line 11 plus Line 12)..... | _____ |
| 14. | Deduct total nonadmitted amounts | _____ |
| 15. | Statement value of mortgages owned at end of current period (Line 13 minus Line 14)..... | _____ |

Not for Distribution

SCHEDULE BA – VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

| | | | |
|------|--|-------|-------|
| 1. | Book /adjusted carrying value, December 31 of prior year | _____ | _____ |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition (Part 2, Column 8) | _____ | _____ |
| 2.2 | Additional investment made after acquisition (Part 2, Column 9) | _____ | _____ |
| 3. | Capitalized deferred interest and other: | | |
| 3.1 | Totals, Part 1, Column 16 | _____ | _____ |
| 3.2 | Totals, Part 3, Column 12 | _____ | _____ |
| 4. | Accrual of discount | _____ | _____ |
| 5. | Unrealized valuation increase (decrease): | | |
| 5.1 | Totals, Part 1, Column 13 | _____ | _____ |
| 5.2 | Totals, Part 3, Column 9 | _____ | _____ |
| 6. | Total gain (loss) on disposals, Part 3, Column 19 | _____ | _____ |
| 7. | Deduct amounts received on disposals, Part 3, Column 16 | _____ | _____ |
| 8. | Deduct amortization of premium and depreciation | _____ | _____ |
| 9. | Total foreign exchange change in book/adjusted carrying value: | | |
| 9.1 | Totals, Part 1, Column 17 | _____ | _____ |
| 9.2 | Totals, Part 3, Column 14 | _____ | _____ |
| 10. | Deduct current year's other-than-temporary impairment recognized: | | |
| 10.1 | Totals, Part 1, Column 15 | _____ | _____ |
| 10.2 | Totals, Part 3, Column 11 | _____ | _____ |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | _____ | _____ |
| 12. | Deduct total nonadmitted amounts | _____ | _____ |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | _____ | _____ |

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

| | | | |
|-----|---|-------|-------|
| 1. | Book/adjusted carrying value, December 31 of prior year | _____ | _____ |
| 2. | Cost of bonds and stocks acquired, Part 3, Column 7 | _____ | _____ |
| 3. | Accrual of discount | _____ | _____ |
| 4. | Unrealized valuation increase (decrease): | | |
| 4.1 | Part 1, Column 12 | _____ | _____ |
| 4.2 | Part 2, Section 1, Column 15 | _____ | _____ |
| 4.3 | Part 2, Section 2, Column 13 | _____ | _____ |
| 4.4 | Part 4, Column 11 | _____ | _____ |
| 5. | Total gain (loss) on disposals, Part 4, Column 19 | _____ | _____ |
| 6. | Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 | _____ | _____ |
| 7. | Deduct amortization of premium | _____ | _____ |
| 8. | Total foreign exchange change in book/adjusted carrying value: | | |
| 8.1 | Part 1, Column 15 | _____ | _____ |
| 8.2 | Part 2, Section 1, Column 19 | _____ | _____ |
| 8.3 | Part 2, Section 2, Column 16 | _____ | _____ |
| 8.4 | Part 4, Column 15 | _____ | _____ |
| 9. | Deduct current year's other-than-temporary impairment recognized: | | |
| 9.1 | Part 1, Column 14 | _____ | _____ |
| 9.2 | Part 2, Section 1, Column 17 | _____ | _____ |
| 9.3 | Part 2, Section 2, Column 14 | _____ | _____ |
| 9.4 | Part 4, Column 13 | _____ | _____ |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9) | _____ | _____ |
| 11. | Deduct total nonadmitted amounts | _____ | _____ |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | _____ | _____ |

Not for Distribution

SCHEDULE D – SUMMARY BY COUNTRY
 Long-Term Bonds and Stocks OWNED December 31 of Current Year

| Description | | 1 Book/Adjusted Carrying Value | 2 Fair Value | 3 Actual Cost | 4 Par Value of Bonds |
|--|---------------------------|--------------------------------------|--------------------|---------------------|----------------------------|
| BONDS | | | | | |
| Governments (including all obligations guaranteed by governments) | 1. United States..... | ..... | ..... | ..... | ..... |
| | 2. Canada ..... | ..... | ..... | ..... | ..... |
| | 3. Other Countries ..... | ..... | ..... | ..... | ..... |
| | 4. Totals | | | | |
| U.S. States, Territories and Possessions (direct and guaranteed) | 5. Totals | | | | |
| U.S. Political Subdivisions of States, Territories and Possessions (direct and guaranteed) | 6. Totals | | | | |
| U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions | 7. Totals | | | | |
| Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated) | 8. United States..... | ..... | ..... | ..... | ..... |
| | 9. Canada ..... | ..... | ..... | ..... | ..... |
| | 10. Other Countries ..... | ..... | ..... | ..... | ..... |
| Parent, Subsidiaries and Affiliates | 11. Totals | | | | |
| | 12. Totals | | | | |
| | | 13. Total Bonds | | | |
| PREFERRED STOCKS | | | | | |
| Industrial and Miscellaneous (unaffiliated) | 14. United States..... | ..... | ..... | ..... | ..... |
| | 15. Canada ..... | ..... | ..... | ..... | ..... |
| | 16. Other Countries ..... | ..... | ..... | ..... | ..... |
| Parent, Subsidiaries and Affiliates | 17. Totals | | | | |
| | 18. Totals | | | | |
| | | 19. Total Preferred Stocks | | | |
| COMMON STOCKS | | | | | |
| Industrial and Miscellaneous (unaffiliated) | 20. United States..... | ..... | ..... | ..... | ..... |
| | 21. Canada ..... | ..... | ..... | ..... | ..... |
| | 22. Other Countries ..... | ..... | ..... | ..... | ..... |
| Parent, Subsidiaries and Affiliates | 23. Totals | | | | |
| | 24. Totals | | | | |
| | | 25. Total Common Stocks | | | |
| | | 26. Total Stocks | | | |
| | | 27. Total Bonds and Stocks | | | |

Not for Distribution

SCHEDULE D – PART 1A – SECTION 1
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|----------------|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|------------------------------|--------------------------|-----------------------|----------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 10.7 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) |
| U.S. Government Bonds | | | | | | | | | | | | |
| 1.1 NAIC 1 | | | | | | XXX | | | | | | |
| 1.2 NAIC 2 | | | | | | XXX | | | | | | |
| 1.3 NAIC 3 | | | | | | XXX | | | | | | |
| 1.4 NAIC 4 | | | | | | XXX | | | | | | |
| 1.5 NAIC 5 | | | | | | XXX | | | | | | |
| 1.6 NAIC 6 | | | | | | XXX | | | | | | |
| 1.7 Totals | | | | | | XXX | | | | | | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 NAIC 1 | | | | | | XXX | | | | | | |
| 2.2 NAIC 2 | | | | | | XXX | | | | | | |
| 2.3 NAIC 3 | | | | | | XXX | | | | | | |
| 2.4 NAIC 4 | | | | | | XXX | | | | | | |
| 2.5 NAIC 5 | | | | | | XXX | | | | | | |
| 2.6 NAIC 6 | | | | | | XXX | | | | | | |
| 2.7 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, etc., Guaranteed | | | | | | | | | | | | |
| 3.1 NAIC 1 | | | | | | XXX | | | | | | |
| 3.2 NAIC 2 | | | | | | XXX | | | | | | |
| 3.3 NAIC 3 | | | | | | XXX | | | | | | |
| 3.4 NAIC 4 | | | | | | XXX | | | | | | |
| 3.5 NAIC 5 | | | | | | XXX | | | | | | |
| 3.6 NAIC 6 | | | | | | XXX | | | | | | |
| 3.7 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | XXX | | | | | | |
| 4.2 NAIC 2 | | | | | | XXX | | | | | | |
| 4.3 NAIC 3 | | | | | | XXX | | | | | | |
| 4.4 NAIC 4 | | | | | | XXX | | | | | | |
| 4.5 NAIC 5 | | | | | | XXX | | | | | | |
| 4.6 NAIC 6 | | | | | | XXX | | | | | | |
| 4.7 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 NAIC 1 | | | | | | XXX | | | | | | |
| 5.2 NAIC 2 | | | | | | XXX | | | | | | |
| 5.3 NAIC 3 | | | | | | XXX | | | | | | |
| 5.4 NAIC 4 | | | | | | XXX | | | | | | |
| 5.5 NAIC 5 | | | | | | XXX | | | | | | |
| 5.6 NAIC 6 | | | | | | XXX | | | | | | |
| 5.7 Totals | | | | | | XXX | | | | | | |

SCHEDULE D – PART 1A - SECTION I (Continued)
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 Year or Less | 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 10.7 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) |
|---|----------------|------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|------------------------------|--------------------------|-----------------------|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 6. Industrial and Miscellaneous (unaffiliated) | | | | | | | | | | | | |
| 6.1 NAIC 1 | | | | | | XXX | | | | | | |
| 6.2 NAIC 2 | | | | | | XXX | | | | | | |
| 6.3 NAIC 3 | | | | | | XXX | | | | | | |
| 6.4 NAIC 4 | | | | | | XXX | | | | | | |
| 6.5 NAIC 5 | | | | | | XXX | | | | | | |
| 6.6 NAIC 6 | | | | | | XXX | | | | | | |
| 6.7 Totals | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 NAIC 1 | | | | | | XXX | | | | | | |
| 7.2 NAIC 2 | | | | | | XXX | | | | | | |
| 7.3 NAIC 3 | | | | | | XXX | | | | | | |
| 7.4 NAIC 4 | | | | | | XXX | | | | | | |
| 7.5 NAIC 5 | | | | | | XXX | | | | | | |
| 7.6 NAIC 6 | | | | | | XXX | | | | | | |
| 7.7 Totals | | | | | | XXX | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 NAIC 1 | | | | | | XXX | | | | | | |
| 8.2 NAIC 2 | | | | | | XXX | | | | | | |
| 8.3 NAIC 3 | | | | | | XXX | | | | | | |
| 8.4 NAIC 4 | | | | | | XXX | | | | | | |
| 8.5 NAIC 5 | | | | | | XXX | | | | | | |
| 8.6 NAIC 6 | | | | | | XXX | | | | | | |
| 8.7 Totals | | | | | | XXX | | | | | | |
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 NAIC 1 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.2 NAIC 2 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.3 NAIC 3 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.4 NAIC 4 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.5 NAIC 5 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.6 NAIC 6 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.7 Totals | XXX | XXX | XXX | XXX | XXX | | | | | | | |

Not for Distribution

SCHEDULE D – PART 1A – SECTION 1 (Continued)
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|----------------|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|-----------------------|--------------------------|-----------------------|----------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 10.7 | Total from Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) |
| 10. Total Bonds Current Year | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.1 NAIC 1..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.2 NAIC 2..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.3 NAIC 3..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.4 NAIC 4..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.5 NAIC 5..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.6 NAIC 6..... | (d)..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10.7 Totals..... | | | | | | | | | XXX | XXX | ..... | ..... |
| 10.8 Line 10.7 as a % of Col. 7..... | | | | | | | | | XXX | XXX | ..... | ..... |
| 11. Total Bonds Prior Year | | | | | | | | | | | | |
| 11.1 NAIC 1..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.2 NAIC 2..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.3 NAIC 3..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.4 NAIC 4..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.5 NAIC 5..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.6 NAIC 6..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.7 Totals..... | | | | | | | XXX | XXX | ..... | ..... | ..... | ..... |
| 11.8 Line 11.7 as a % of Col. 9..... | | | | | | | XXX | XXX | ..... | XXX | ..... | ..... |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 NAIC 1..... | | | | | | | | | | | | XXX |
| 12.2 NAIC 2..... | | | | | | | | | | | | XXX |
| 12.3 NAIC 3..... | | | | | | | | | | | | XXX |
| 12.4 NAIC 4..... | | | | | | | | | | | | XXX |
| 12.5 NAIC 5..... | | | | | | | | | | | | XXX |
| 12.6 NAIC 6..... | | | | | | | | | | | | XXX |
| 12.7 Totals..... | | | | | | | | | | | | XXX |
| 12.8 Line 12.7 as a % of Col. 7..... | | | | | | | | | | | | XXX |
| 12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10..... | | | | | | | | | | | | XXX |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 NAIC 1..... | | | | | | | | | | | XXX | ..... |
| 13.2 NAIC 2..... | | | | | | | | | | | XXX | ..... |
| 13.3 NAIC 3..... | | | | | | | | | | | XXX | ..... |
| 13.4 NAIC 4..... | | | | | | | | | | | XXX | ..... |
| 13.5 NAIC 5..... | | | | | | | | | | | XXX | ..... |
| 13.6 NAIC 6..... | | | | | | | | | | | XXX | ..... |
| 13.7 Totals..... | | | | | | | | | | | XXX | ..... |
| 13.8 Line 13.7 as a % of Col. 7..... | | | | | | | | | | | XXX | ..... |
| 13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10..... | | | | | | | | | | | XXX | ..... |

(a) Includes \$_____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A, _____ prior year of bonds with Z⁺ designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z⁺" means the issuer is not evaluating the obligation because valuation procedures for the security class is under regulatory review.
 (b) Includes \$_____ current year, \$_____ prior year of bonds with Z⁺ designations and \$_____ current year, \$_____ prior year of bonds with Z⁺ designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z⁺" means the issuer is not evaluating the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$_____ current year, \$_____ prior year of bonds with 5⁺ designations and \$_____ current year, \$_____ prior year of bonds with 6⁺ designations. "5⁺" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6⁺" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$_____; NAIC 2 \$_____; NAIC 3 \$_____; NAIC 4 \$_____; NAIC 5 \$_____; NAIC 6 \$_____.

SCHEDULE D – PART 1A – SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|--|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|------------------------------|--------------------------|-----------------------|------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 10.6 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed |
| 1. U.S. Governments | | | | | | | | | | | | |
| Distribution by Type | | | | | | | | | | | | |
| 1.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 1.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 1.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 1.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 1.5 | Totals..... | | | | | XXX | | | | | | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 2.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 2.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 2.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 2.5 | Totals..... | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 3.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 3.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 3.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 3.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 3.5 | Totals..... | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 4.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 4.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 4.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 4.5 | Totals..... | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 5.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 5.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 5.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 5.5 | Totals..... | | | | | XXX | | | | | | |
| 6. Industrial and Miscellaneous | | | | | | | | | | | | |
| 6.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 6.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 6.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 6.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 6.5 | Totals..... | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 7.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 7.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 7.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 7.5 | Totals..... | | | | | XXX | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 | Issuer Obligations..... | | | | | XXX | | | | | | |
| 8.2 | Residential Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 8.3 | Commercial Mortgage-Backed Securities..... | | | | | XXX | | | | | | |
| 8.4 | Other Loan-Backed and Structured Securities..... | | | | | XXX | | | | | | |
| 8.5 | Totals..... | | | | | XXX | | | | | | |

SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|----------------|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|------------------------------|--------------------------|-----------------------|------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 10.6 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed |
| 9. Identified Funds | | | | | | | | | | | | |
| 9.1 Exchange Traded Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.2 Bond Mutual Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.3 Totals | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 10. Other Bonds | | | | | | | | | | | | |
| 10.1 Issuer Obligations | | | | | | | | | | | | |
| 10.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 10.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10.6 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10.7 Line 10.6 as a % of Col. 9 | | | | | | | | | | | | |
| 11. Total Bonds | | | | | | | | | | | | |
| 11.1 Residential Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | |
| 11.2 Commercial Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | |
| 11.3 Other Loan-Backed and Structured Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | |
| 11.4 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 11.5 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 11.6 Line 11.6 as a % of Col. 9 | | | | | | | | | | | | |
| 12. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 12.1 Issuer Obligations | | | | | | | | | | | | |
| 12.2 Residential Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12.3 Commercial Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12.4 Other Loan-Backed and Structured Securities | | | | | | XXX | XXX | XXX | XXX | XXX | | XXX |
| 12.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | XXX |
| 12.6 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | XXX |
| 12.7 Line 12.6 as a % of Col. 7 | | | | | | | | | | | | |
| 12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10 | | | | | | | | | | | | |
| 13. Total Privately Placed Bonds | | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | | | | | | | |
| 13.2 Residential Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13.3 Commercial Mortgage-Backed Securities | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13.4 Other Loan-Backed and Structured Securities | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 13.5 SVO Identified Funds | | | | | | | | | | | | |
| 13.6 Totals | | | | | | | | | | | | |
| 13.7 Line 13.6 as a % of Col. 7 | | | | | | | | | | | | |
| 13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10 | | | | | | | | | | | | |

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|--|-------|-------|----------------|--|--|
| | Total | Bonds | Mortgage Loans | Other Short-term Investment Assets (a) | Investments in Parent, Subsidiaries and Affiliates |
| 1. Book/adjusted carrying value, December 31 of prior year..... | | | | | |
| 2. Cost of short-term investments acquired..... | | | | | |
| 3. Accrual of discount..... | | | | | |
| 4. Unrealized valuation increase (decrease)..... | | | | | |
| 5. Total gain (loss) on disposals..... | | | | | |
| 6. Deduct consideration received on disposals..... | | | | | |
| 7. Deduct amortization of premium..... | | | | | |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | | | | |
| 9. Deduct current year's other-than-temporary impairment realized..... | | | | | |
| 10. Book adjusted carrying value at end of current period (Lines 1-9)..... | | | | | |
| 11. Deduct total nonadmitted amounts..... | | | | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | | | | |

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.

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SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

| | | |
|-----|--|-------|
| 1. | Book/adjusted carrying value, December 31, prior year (Line 9, prior year) | _____ |
| 2. | Cost paid/(consideration received) on additions: | |
| 2.1 | Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12 | _____ |
| 2.2 | Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14 | _____ |
| 3. | Unrealized valuation increase/(decrease): | |
| 3.1 | Section 1, Column 17 | _____ |
| 3.2 | Section 2, Column 19 | _____ |
| 4. | Total gain (loss) on termination recognized, Section 2, Column 22 | _____ |
| 5. | Considerations received/(paid) on terminations, Section 2, Column 15 | _____ |
| 6. | Amortization: | |
| 6.1 | Section 1, Column 19 | _____ |
| 6.2 | Section 2, Column 21 | _____ |
| 7. | Adjustment to the book/adjusted carrying value of hedged item: | |
| 7.1 | Section 1, Column 20 | _____ |
| 7.2 | Section 2, Column 23 | _____ |
| 8. | Total foreign exchange change in book/adjusted carrying value: | |
| 8.1 | Section 1, Column 18 | _____ |
| 8.2 | Section 2, Column 20 | _____ |
| 9. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8) | _____ |
| 10. | Deduct nonadmitted assets | _____ |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | _____ |

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

| | | |
|------|---|-------|
| 1. | Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)..... | _____ |
| 2. | Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)..... | _____ |
| 3.1 | Add: | |
| | Change in variation margin on open contracts – Highly effective hedges: | |
| 3.11 | Section 1, Column 15, current year minus | _____ |
| 3.12 | Section 1, Column 15, prior year | _____ |
| | Change in the variation margin on open contracts – All other: | |
| 3.13 | Section 1, Column 18, current year minus | _____ |
| 3.14 | Section 1, Column 18, prior year | _____ |
| 3.2 | Add: | |
| | Change in adjustment to basis of hedged item: | |
| 3.21 | Section 1, Column 17, current year to date minus | _____ |
| 3.22 | Section 1, Column 17, prior year | _____ |
| | Change in amount recognized | |
| 3.23 | Section 1, Column 19, current year to date minus | _____ |
| 3.24 | Section 1, Column 19, prior year | _____ |
| 3.3 | Subtotal (Line 3.1 minus Line 3.2) | _____ |
| 4.1 | Cumulative variation margin on terminated contracts during the year (Section 2, Column 15) | _____ |
| 4.2 | Less: | |
| 4.21 | Amount used to adjust basis of hedged item (Section 2, Column 17)..... | _____ |
| 4.22 | Amount recognized (Section 2, Column 16) | _____ |
| 4.3 | Subtotal (Line 4.1 minus Line 4.2) | _____ |
| 5. | Dispositions gains (losses) on contracts terminated in prior year: | |
| 5.1 | Total gain (loss) recognized for terminations in prior year | _____ |
| 5.2 | Total gain (loss) adjusted into the hedge item(s) for terminations in prior year | _____ |
| 6. | Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2) | _____ |
| 7. | Deduct total nonadmitted amount | _____ |
| 8. | Statement value at end of current period (Line 6 minus Line 7) | _____ |

SCHEDULE DB – PART C – SECTION 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

| Replication (Synthetic Asset) Transactions | | | | Components of the Replication (Synthetic Asset) Transactions | | | | | | | | | | | |
|--|-------------|--------------------------------------|-----------------|--|------------|----------------|---------------|-------------|------------------------------|------------|-------|-------------|--------------------------------------|------------------------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Number | Description | NAC Designation or Other Description | Notional Amount | Book/Adjusted Carrying Value | Fair Value | Effective Date | Maturity Date | Description | Book/Adjusted Carrying Value | Fair Value | CUSIP | Description | NAC Designation or Other Description | Book/Adjusted Carrying Value | Fair Value |
| 9999999 | Totals | | | | | | XXX | XXX | | | XXX | XXX | XXX | | |

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SCHEDULE DB – PART C – SECTION 2
 Replication (Synthetic Asset) Transactions Open

| | First Quarter | | Second Quarter | | Third Quarter | | Fourth Quarter | | Year To Date | |
|--|---------------|---|----------------|---|---------------|---|----------------|---|--------------|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Beginning Inventory | | | | | | | | | | |
| 2. Add: Open Transactions Acquired | | | | | | | | | | |
| 3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value | XXX | | | | | | | | | |
| 4. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value | | | XXX | | | | | | XXX | |
| 5. Less: Positions Disposed or Failing Effectiveness Criteria | | | | | | | | | | |
| 6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value | | | XXX | | | | | | XXX | |
| 7. Ending Inventory | | | | | | | | | | |

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SCHEDULE DB – VERIFICATION

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

| | | Book/Adjusted Carrying Value Check |
|-----|--|------------------------------------|
| 1. | Part A, Section 1, Column 14 | _____ |
| 2. | Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance | _____ |
| 3. | Total (Line 1 plus Line 2) | _____ |
| 4. | Part D, Section 1, Column 5 | _____ |
| 5. | Part D, Section 1, Column 6 | _____ |
| 6. | Total (Line 3 minus Line 4 minus Line 5) | _____ |
| | | Fair Value Check |
| 7. | Part A, Section 1, Column 16 | _____ |
| 8. | Part B, Section 1, Column 13 | _____ |
| 9. | Total (Line 7 plus Line 8) | _____ |
| 10. | Part D, Section 1, Column 8 | _____ |
| 11. | Part D, Section 1, Column 9 | _____ |
| 12. | Total (Line 9 minus Line 10 minus Line 11) | _____ |
| | | Potential Exposure Check |
| 13. | Part A, Section 1, Column 21 | _____ |
| 14. | Part B, Section 1, Column 20 | _____ |
| 15. | Part D, Section 1, Column 11 | _____ |
| 16. | Total (Lines 13 plus Line 14 minus Line 15) | _____ |

Not for Distribution

SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS
(Cash Equivalents)

| | 1 | 2 | 3 | 4 |
|--|-------|-------|------------------------------|-----------|
| | Total | Bonds | Money Market Mutual Funds | Other (a) |
| 1. Book/adjusted carrying value, December 31 of prior year..... | | | | |
| 2. Cost of cash equivalents acquired..... | | | | |
| 3. Accrual of discount..... | | | | |
| 4. Unrealized valuation increase (decrease)..... | | | | |
| 5. Total gain (loss) on disposals..... | | | | |
| 6. Deduct consideration received on disposals..... | | | | |
| 7. Deduct amortization of premium..... | | | | |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | | | | |
| 11. Deduct total nonadmitted amounts..... | | | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | | | |

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.....

Not for Distribution

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SCHEDULE A – PART 1
 Showing All Real Estate OWNED December 31 of Current Year

| 1 Description of Property | 2 Code | 3 Location | | 4 State | 5 Date Acquired | 6 Date of Last Appraisal | 7 Actual Cost | 8 Amount of Encumbrances | 9 Book/Adjusted Carrying Value Less Encumbrances | 10 Fair Value Less Encumbrances | Change in Book/Adjusted Carrying Value Less Encumbrances | | | 15 Total Foreign Exchange Change B./A.C.V. | 16 Gross Income Earned Less Interest Incurred on Encumbrances | 17 Taxes, Repairs, Expenses Incurred |
|------------------------------------|-----------|--------------------------------------|--|------------|-----------------------|--------------------------------|---------------------|-----------------------------------|--|--|--|---|--|--|--|--|
| | | 11 Current Year's Depreciation | 12 Current Year's Other Than Depreciation Impairment Recognized | | | | | | | | 13 Current Year's Change in Encumbrances | 14 Total Change in B./A.C.V. (13-11-12) | | | | |
| Not for Distribution | | | | | | | | | | | | | | | | |
| 0699999 Totals | | | | | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE A – PART 2
Showing All Real Estate ACQUIRED and Additions Made During the Year

| Description of Property | Location | | Date Acquired | Name of Vendor | Actual Cost at Time of Acquisition | Amount of Encumbrances | Book/Adjusted Carrying Value Less Encumbrances | Additional Investment Made After Acquisition |
|--|----------|---------|---------------|----------------|------------------------------------|------------------------|--|--|
| | 2 City | 3 State | | | | | | |
| <div style="position: absolute; opacity: 0.2; font-size: 4em; transform: rotate(-45deg); pointer-events: none;"> Not for Distribution </div> | | | | | | | | |
| 0309999 Trunk | | | | | | | | |

SCHEDULE A – PART 3
 Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

| 1 Description of Property | 2 Location | | 4 Disposal Date | 5 Name of Purchaser | 6 Actual Cost | 7 Expended for Additions, Improvements and Changes in Encumbrances | 8 Book/ Adjusted Value Less Encumbrances Prior Year | 9 Change in Book/Adjusted Carrying Value Less Encumbrances | | | 14 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 15 Amounts Received During Year | 16 Foreign Exchange Gain (Loss) on Disposal | 17 Realized Gain (Loss) on Disposal | 18 Total Gain (Loss) on Disposal | 19 Gross Income Earned Less Interest Incurred on Encumbrances | 20 Taxes, Refrains Paid and Expenses Incurred |
|---|---------------|-------|-----------------------|------------------------------|---------------------|---|--|---|--|---|--|--|---|--|---|--|--|
| | City | State | | | | | | 9 Current Year's Depreciation | 10 Current Year's Temporary Impairment Recognized | 11 Current Year's Change in Encumbrances |  |  |  |  |  |  |  | 12 Total Change in B/A/C/V (11-9-10) | 13 Total Foreign Exchange Change in B/A/C/V |
| <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">NOT FOR DISTRIBUTION</p> | | | | | | | | | | | | | | | | | |
| <p>0399999 Totals</p> | | | | | | | | | | | | | | | | | |

SCHEDULE B – PART 3
 Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|----------------------|------|-------|-----------|---------------|---------------|--|--|--|---|---|--|---|---|---------------|--|----------------------------------|-------------------------------|----|----|----|
| Loan Number | City | State | Loan Type | Disposal Date | Disposal Date | Book Value/Recorded Investment Excluding Accrued Interest Prior Year | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | | |
| | | | | | | | Unrealized Valuation Increase (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Capitalized Deferred Interest and Other | Total Change in Book Value (8-9-10+11) | Total Foreign Exchange Change in Book Value | Book Value/Recorded Investment Excluding Accrued Interest on Disposal | Consideration | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | | | |
| Not for Distribution | | | | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | | | | |
| 0599999 | | | | | | | | | | | | | | | | | | | | |

SCHEDULE BA – PART 1
 Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

| 1 Line Item | 2 Name or Description | 3 Location | | 6 Name of Vendor or General Partner | 7 NAIC Designation | 8 Date Originally Acquired | 9 Type and Status | 10 Actual Cost | 11 Fair Value | 12 Book/Advised Carrying Value Less Encumbrances | Change in Book/Advised Carrying Value | | | | 18 Investment Income | 19 Commitment for Additional Investment | 20 Percentage of Ownership | |
|----------------|--------------------------|---------------|------------|--|-----------------------|-------------------------------|----------------------|-------------------|------------------|---|--|--|---|---|-------------------------|--|-------------------------------|--|
| | | 4 City | 5 State | | | | | | | | 13 Unrealized Valuation Increase (Decrease) | 14 Current Year's (Amortization) or Accretion | 15 Current Year's Other-Than-Temporary Impairment Recognized | 16 Capitalized Deferred Interest and Other | | | | 17 Total Foreign Exchange Change in B/C/V |
| 469999 | Totals | | | | | | | | | | | | | | | | | XXX |

Not for Distribution

SCHEDULE BA – PART 2
 Showing Other Long-Term Invested Assets Acquired and Additions Made December 31 of Current Year

| 1 CUSIP Identification | 3 Location | | 4 State | 5 Name of Vendor or General Partner | 6 Date Originally Acquired | 7 Type and Strategy | 8 Actual Cost at Time of Acquisition | 9 Additional Investment Made After Acquisition | 10 Amount of Encumbrances | 11 Percentage of Ownership |
|------------------------------|--------------------------|------|------------|--|----------------------------------|------------------------|---|--|---------------------------------|----------------------------------|
| | 2 Name or Description | City | | | | | | | | |
| Not for Distribution | | | | | | | | | | |
| 4699999 | Totals | | | | | | | | | XXX |

SCHEDULE BA – PART 3
 Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---------|---------------------|------|-------|---------------------------------------|--------------------------|---------------|---|---|--|---|--------------------------------|---------------------------------------|----------------------------------|---|---------------|---------------------------------|----------------------------------|-------------------------------|-------------------|
| Item | Name or Description | City | State | Name of Insurer or Nature of Disposal | Date Originally Acquired | Disposal Date | Book/Adjusted Carrying Value, Less Encumbrances, Prior Year | Unrealized Gain or Loss (Increase/Decrease) | Current Year's (Depreciation) (Amortization) (Accretion) | Current Year's Other Than Impairment Recognized | Capitalized Interest and Other | Total Change in B.A.C.V. (9+10-11+12) | Total Foreign Change in B.A.C.V. | Book/Adjusted Carrying Value, Less Encumbrances on Disposal | Consideration | Foreign Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Investment Income |
| 4099999 | Total | | | | | | | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE D – PART 1

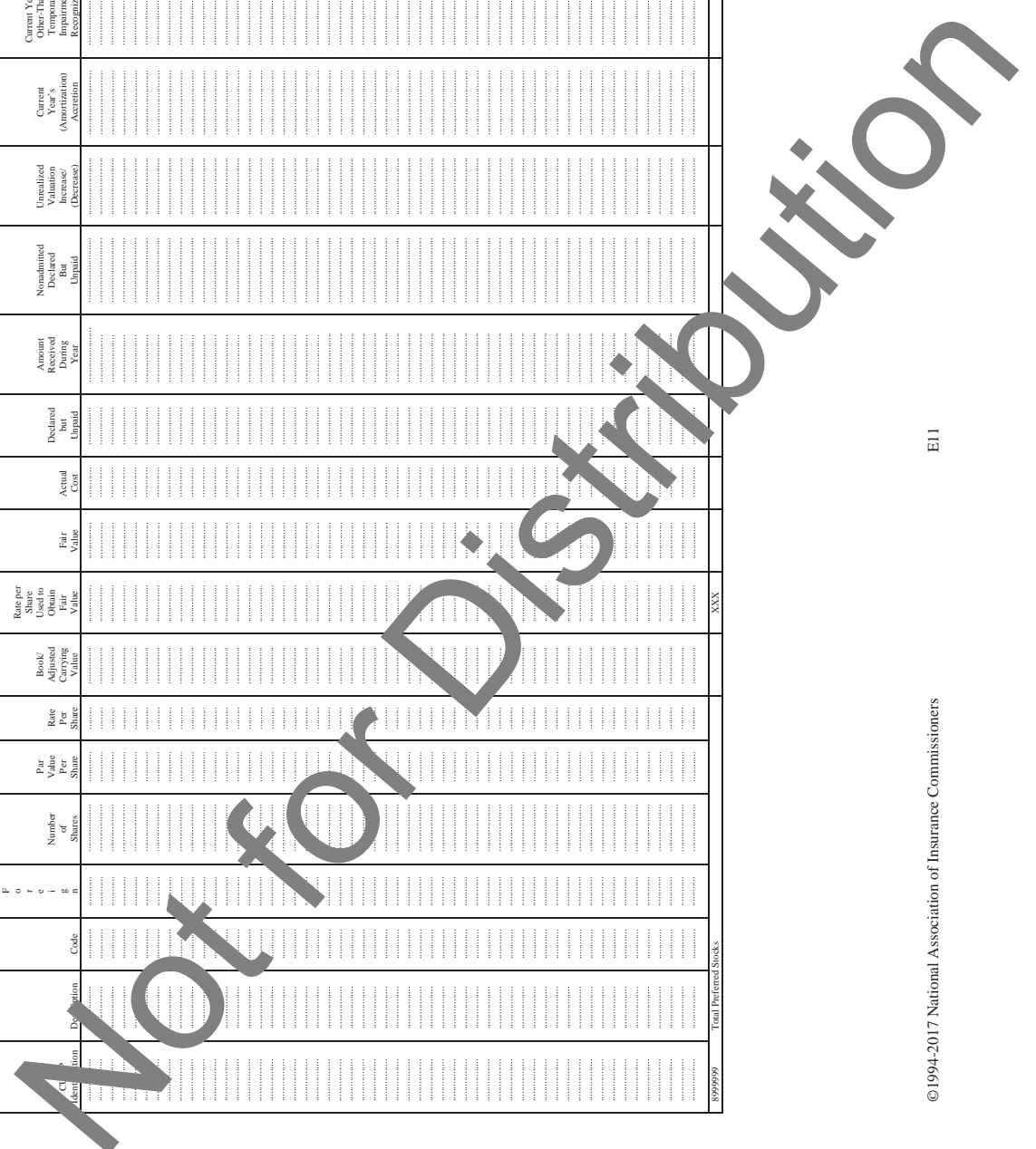
Showing All Long-Term BONDS Owned December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|----------------------|-------------|------|----------------|--------------|------------------|-------------|--------------------------------|------------|-----------|--------------------------------|---|--|--|--|---------|-------------------|-----------|-------------------------------|-------------------------|----------|----------------------------------|
| CUSIP Identification | Description | Code | Code of Issuer | Code of Bond | NAIC Designation | Actual Cost | Rate Used To Obtain Fair Value | Fair Value | Par Value | Book / Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Change in Book/Adjusted Carrying Value | Current Year's Other Temporary Impairment Recognized | Total Foreign Exchange Change in B/A/C/V | Rate of | Effective Rate of | When Paid | Admitted Amount Due & Accrued | Amount Rec. During Year | Acquired | Stated Contractual Maturity Date |
| 839999 | Total Bonds | | | | | | | | | | | | | | | | | | | | |

Not for Distribution

SCHEDULE D – PART 2 – SECTION 1
 Showing All PREFERRED STOCKS Owned December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|------------------------|--------|------|--------|------------------|---------------------|----------------|-------------------------------|-------------------------------------|------------|-------------|---------------------|-----------------------------|---------------------------------|---|--|--|--------------------------------------|-----------------------------------|-----------------|---------------|-----|
| Identif | Clasif | Code | Shares | Number of Shares | Par Value Per Share | Rate Per Share | Book/ Adjusted Carrying Value | Rate per Share to Obtain Fair Value | Fair Value | Actual Cost | Declared but Unpaid | Amount Received During Year | Nonadmitted Declared But Unpaid | Unassigned Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Temporary Impairment Recognized | Total Change in B./A.C.V. (15+16+17) | Total Foreign Change in B./A.C.V. | NAC Designation | Date Acquired | |
| | | | | | | | | | | | | | | | | | | | | | |
| Total Preferred Stocks | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | XXX | XXX | XXX |



SCHEDULE D – PART 2 – SECTION 2
 Showing all COMMON STOCKS Owned December 31 of Current Year

| 1 CUSIP Identification | 2 Description | 3 Codes | | 4 F i g | 5 Number of Shares | 6 Book/Adjusted Carrying Value | 7 Rate per Share Used to Obtain Fair Value | 8 Fair Value | 9 Actual Cost | 10 Declared but Unpaid | 11 Amount Received During Year | 12 Nonadmitted Declared But Unpaid | 13 Unspecified Valuation Increase/ (Decrease) | 14 Current Year's Other Temporary Impairment Recognized | 15 Total Change in B./A.C.V. (13-14) | 16 Total Exchange Change in B./A.C.V. | 17 NAC Market Indicator (a) | 18 Date Acquired | | |
|------------------------------|-----------------------------------|------------|--|------------------|-----------------------------|---|--|-----------------|---------------------|---------------------------------|--|---|---|---|--|---|---|------------------------|-----|-----|
| | | | | | | | | | | | | | | | | | | | | |
| 9799999 | Total Common Stocks | | | | | | XXX | | | | | | | | | | | XXX | XXX | |
| 9809999 | Total Preferred and Common Stocks | | | | | | XXX | | | | | | | | | | | | XXX | XXX |

(a) For all common stocks bearing the NAC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____.

SCHEDULE D – PART 4
Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|----------------------|-------------|----------------|---------------|-------------------|---------------------------|---------------|-----------|-------------|------------------------------------|---|--|--------------------------------------|-------------------------------------|---|---------------------------------------|--|----------------------------------|-------------------------------|--|---------------------|-----|
| CUSIP Identification | Description | Classification | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Adjusted Carrying Value | Unrealized Valuation Increase/ (decrease) | Current Year's (Amortization/ Accretion) | Current Year's Impairment Recognized | Total Change in B/A/C.V. (11+12-13) | Total Foreign Exchange Change in B/A/C.V. | Book/ Adjusted Value on Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividend Received During Year | Stock Maturity Date | |
| 9999999 | Totals | | | | | | | | | | | | | | | | | | | | XXX |

Not for Distribution

SCHEDULE D – PART 5
Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Change in Book/Adjusted Carrying Value | | | | 19 | 20 | 21 | | |
|----------------------|-----------------|---------|---------------|----------------|---------------|-------------------|---|-------------|---------------|--|--|--|---|--------------------------------------|--|----------------------------------|-------------------------------|---|---------------------------------|
| | | | | | | | | | | | 12 | 13 | 14 | 15 | | | | 16 | 17 | 18 |
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Disposal Date | Name of Purchaser | Par Value (Bonds) / Number of Shares (Stocks) | Actual Cost | Consideration | Book/Adjusted Carrying Value at Disposal | Unrealized Valuation Increase/Decrease | Current Year (Amortization)/Acceptance | Current Year's Other-than-Temporary Impairment Recognized | Total Change in B./A.C.V. (12-13-14) | Total Foreign Exchange Change in B./A.C.V. | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Interest and Dividends Received During Year | Paid for Interest and Dividends |
| | BONDS | | | | | | | | | | | | | | | | | | |
| 8399998 | Subtotal Bonds | | | | | | | | | | | | | | | | | | |
| | STOCKS | | | | | | | | | | | | | | | | | | |
| 9899999 | Subtotal Stocks | | | | | | | | | | | | | | | | | | |
| 9999999 | Total | | | | | | | | | | | | | | | | | | |

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SCHEDULE D – PART 6 – SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

| 1 CUSIP Identification | 2 Description Name of Subsidiary, Controlled or Affiliated Company | 3 NAIC Company Code | 4 NAIC Company Code | 5 ID Number | 6 NAIC Valuation Method (See Prioraxes and Procedures Manual of the NAIC Investment Analysts Office) | 7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock? | 8 Total Amount of Such Intangible Assets | 9 Book / Adjusted Carrying Value | 10 Nonadmitted Amount | Stock of Such Company Owned by Insurer on Statement Date | |
|---------------------------|---|------------------------|------------------------|----------------|---|--|---|-------------------------------------|--------------------------|--|------------------------|
| | | | | | | | | | | 11 Number of Shares | 12 % of Outstanding |
| 1999999 | Totals | | | | | | | | | XXX | XXX |

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any amount for goodwill and deferred tax assets included therein \$.....

2. Total amount of intangible assets nonadmitted \$.....

SCHEDULE D – PART 6 – SECTION 2

| 1 CUSIP Identification | 2 Name of Lower-Tier Company | 3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company | 4 Total Amount of Intangible Assets Included in Insurer's Statement in Column 8, Section 1 | 5 Owned Indirectly by Insurer on Statement Date | |
|---------------------------|---------------------------------|--|---|--|-----------------------|
| | | | | 6 Number of Shares | 6 % of Outstanding |
| 0999999 | Total | | | XXX | XXX |

SCHEDULE DA – PART I
 Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

| 1 | 2 | | 3 | 4 | | | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | |
|---------------------|------------|------|---|---------------------------|--|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|-----------|-------------|
| | Securities | Cash | | Unadjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amortization)/Accretion | | | | | Current Year's Other-than-Temporary Impairment Recognized | Total Foreign Exchange Change in B.A.C.V. | | | | | | | | | | | | Par Value | Actual Cost |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 919999 Total | | | | | | | | | | | | | | | | | | | | | | | | | |

Not for Distribution

SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|-------------|--|------------------------------|-----------------|-------------------------------|------------|--------------------------------|---------------------|-----------------|---|--------------------------------------|-----------------------------------|---------------------|-------------------------------|------|------------|---|--|--|---|--------------------|---------------------------------|--|-----|
| Description | Description of Items Hedged, Income Generation or Replicated | Schedule/ Exhibit Identifier | Type(s) of Risk | Counterparty or Clearinghouse | Trade Date | Date of Maturity or Expiration | Number of Contracts | Notional Amount | Strike Price, Rate or Index Received (Paid) | Cumulative Premium (Received) (Paid) | Current Premium (Received) (Paid) | Current Year Income | Book/ Adjusted Carrying Value | Code | Fair Value | Unrealized Valuation Increase/ (Decrease) | Total Foreign Exchange Change in B/A/C/V | Current Year's (Amortization)/ Accretion | Adjustment to Carrying Value of Hedged Item | Potential Exposure | Credit Quality Reference Entity | Hedge Effectiveness at Inception and at Year-end (b) | |
| L39999 | Subtotal - Hedging Effective | | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| L40999 | Subtotal - Hedging Other | | | | | | | | | | | | | XXX | | | | | | | | | XXX |
| L41999 | Subtotal - Replication | | | | | | | | | | | | | XXX | | | | | | | | | XXX |
| L42999 | Subtotal - Income Generation | | | | | | | | | | | | | XXX | | | | | | | | | XXX |
| L43999 | Subtotal - Other | | | | | | | | | | | | | XXX | | | | | | | | | XXX |
| L45999 | Totals | | | | | | | | | | | | | XXX | | | | | | | | | XXX |

(a)

| Code | Type of Hedged Risk(s) |
|-------|------------------------|
| | |
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| | |

(b)

| Code | Financial or Economic Impact of the Hedge at the End of Reporting Period |
|-------|--|
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SCHEDULE DB – PART A – SECTION 2
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|--|-----------------------------|--------------------|--|------------|--------------------------------|------------------|-------------------------------------|---------------------|-----------------|------------------------------------|---|--|------------------------------------|---------------------|-----------------------|------|---------------------------------|-----------------------------------|--|------------------------------------|--|--|----------|----------------------------------|
| Description of Instrument Hedged, Income Generated or Replicated | Schedule Exhibit Identifier | Type(s) of Risk(s) | Exchanges, Clearinghouse or Central Counterparty | Trade Date | Minority or Date of Expiration | Termination Date | Indicate Exercise, Maturity or Sale | Number of Contracts | Notional Amount | Strike Price, Rate Received (Paid) | Cumulative Prior Year(s) Initial Cost (Received) Paid | Current Year Initial Cost of (Received) Paid | Consideration Received Termination | Current Year Income | Book's Carrying Value | Code | Unrealized Increase/ (Decrease) | Total Foreign Changes in B.A.C.V. | Current Year's (Gain/Loss) (Accretion) | (Gain/Loss) (Accretion) Recognized | Adjustment to Carrying Amount of Hedged Item | Adjustment to Carrying Amount of Hedged Item | Deferred | Hedge Effectiveness at Inception |
| 1399999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1409999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1419999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1429999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1439999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1449999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 1449999 | | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |

(a)

| Code | Description of Hedged Risk(s) |
|-------|-------------------------------|
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| | |

(b)

| Code | Final or Intermediate Market Value of the Hedge at the End of the Reporting Period |
|-------|--|
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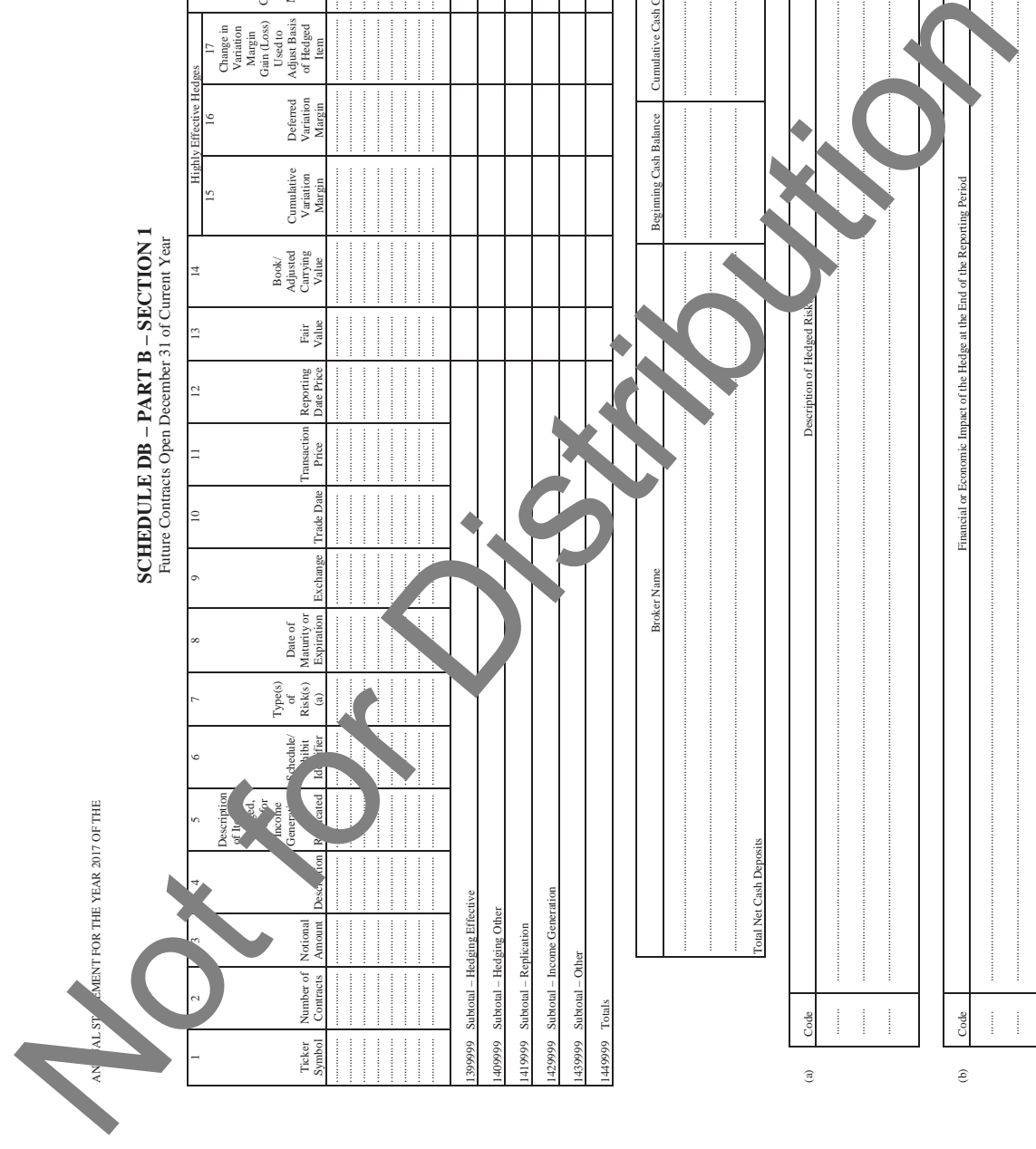
SCHEDULE DB – PART B – SECTION 1
Future Contracts Open December 31 of Current Year

Table with 22 columns: 1-5 (Contract Info), 6-14 (Highly Effective Hedges), 15-17 (Hedge Metrics), 18 (Cumulative Variation Margin), 19 (Change in Variation Margin), 20 (Potential Exposure), 21 (Hedge Effectiveness), 22 (Value of One Point).

Summary table with columns: Broker Name, Beginning Cash Balance, Cumulative Cash Change, Ending Cash Balance.

Table (a) with columns: Code, Description of Hedged Risk.

Table (b) with columns: Code, Financial or Economic Impact of the Hedge at the End of the Reporting Period.

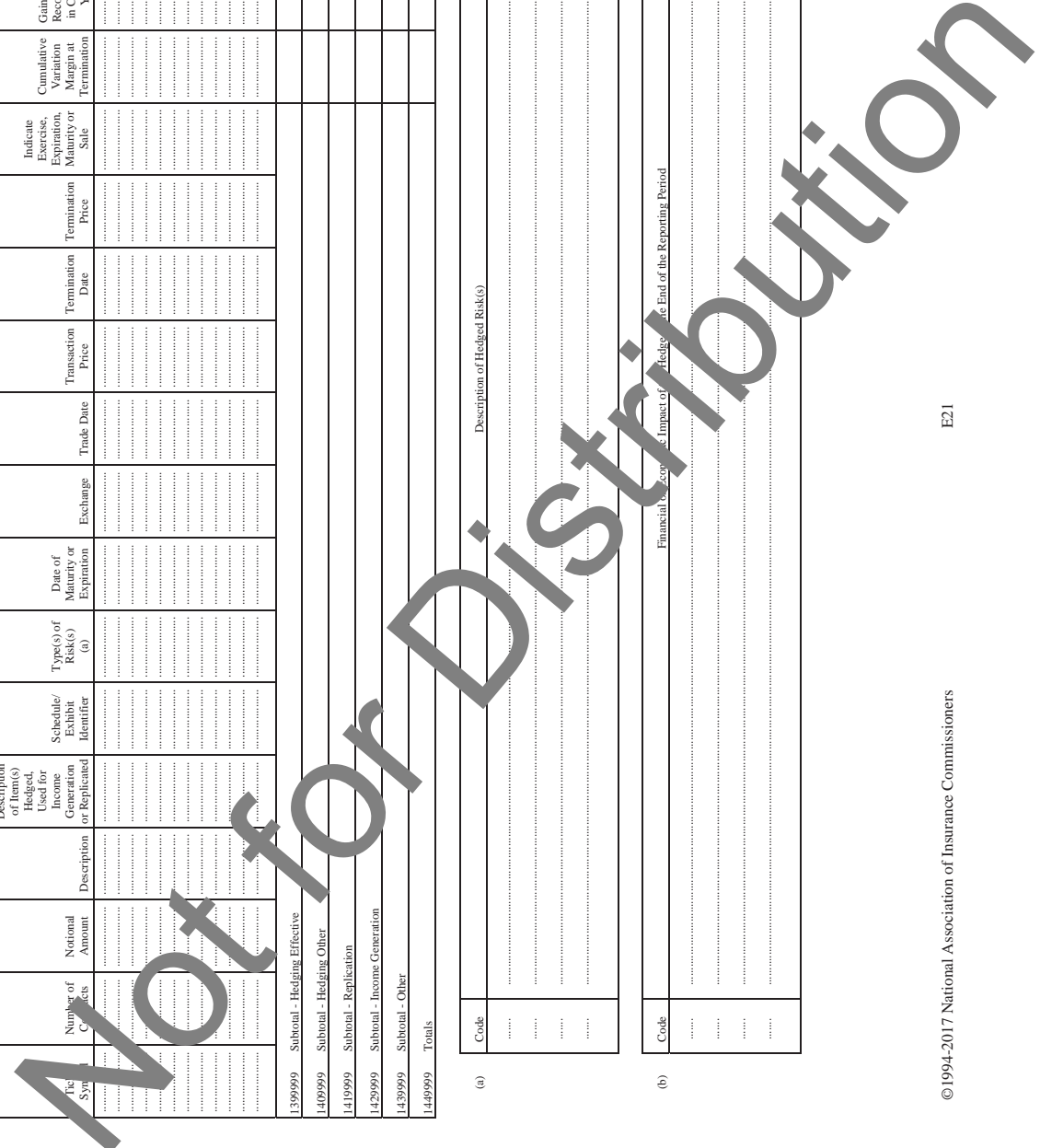


SCHEDULE DB – PART B – SECTION 2
 Future Contracts Terminated December 31 of Current Year

| 1 The System | 2 Number of Contracts | 3 Notional Amount | 4 Description | 5 Description of Item(s) Hedged, Income Generation or Replicated | 6 Schedule/ Exhibit Identifier | 7 Type(s) of Risk(s) (a) | 8 Date of Maturity or Expiration | 9 Exchange | 10 Trade Date | 11 Transaction Price | 12 Termination Date | 13 Termination Price | 14 Indicate Exercise, Expiration, Maturity or Settlement Date | 15 Cumulative Variation Margin at Termination | 16 Change in Variation Margin | | 19 Hedge Effectiveness at Inception/ and at Termination (b) | 20 Value of One (1) Point |
|-----------------|------------------------------|----------------------|------------------|---|-----------------------------------|-----------------------------|-------------------------------------|---------------|------------------|-------------------------|------------------------|-------------------------|--|--|--|---|--|------------------------------|
| | | | | | | | | | | | | | | | 16 Gain (Loss) Recognized in Current Year | 17 Gain (Loss) Used to Adjust Basis of Hedged Item | | |
| I39999 | Subtotal - Hedging Effective | | | | | | | | | | | | | | | | XXX | XXX |
| I40999 | Subtotal - Hedging Other | | | | | | | | | | | | | | | | XXX | XXX |
| I41999 | Subtotal - Replication | | | | | | | | | | | | | | | | XXX | XXX |
| I42999 | Subtotal - Income Generation | | | | | | | | | | | | | | | | XXX | XXX |
| I43999 | Subtotal - Other | | | | | | | | | | | | | | | | XXX | XXX |
| I44999 | Totals | | | | | | | | | | | | | | | | XXX | XXX |

| (a) | Description of Hedged Risk(s) |
|-------|-------------------------------|
| | |
| | |
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| | |

| (b) | Financial Statement Impact of Hedge at the End of the Reporting Period |
|-------|--|
| | |
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Not for Distribution

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | | 7 | Fair Value | | | 11 | 12 |
|--|---------------------------|-------------------------------|-------------------------------------|--|--|----------------------------|------------------------------|------------------------------|----------------------------|--------------------|----------------------------|
| | | | | Contracts With Book/Adjusted Carrying Value >0 | Contracts With Book/Adjusted Carrying Value <0 | | 8 | 9 | 10 | | |
| Description of Exchange, Counterparty or Central Clearinghouse | Master Agreement (Y or N) | Credit Support Annex (Y or N) | Fair Value of Acceptable Collateral | Contracts With Book/Adjusted Carrying Value >0 | Contracts With Book/Adjusted Carrying Value <0 | Exposure Net of Collateral | Contracts With Fair Value >0 | Contracts With Fair Value <0 | Exposure Net of Collateral | Potential Exposure | Off-Balance Sheet Exposure |
| | | | | | | | | | | | |
| 0999999 Gross Totals | | | | | | | | | | | |
| 1. Offset per SSAP No. 64 | | | | | | | | | | | |
| 2. Net after right of offset per SSAP No. 64 | | | | | | | | | | | |

SCHEDULE DB – PART D – SECTION 2
 Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|-----------------------|----------------------|-------------|------------|-----------|------------------------------|---------------|-----------------------------|
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book/Adjusted Carrying Value | Maturity Date | Type of Margin (I, V or IV) |
| 0199999 | Total | | | | | | XXX | XXX |

Collateral Pledged to Reporting Entity

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|-----------------------|----------------------|-------------|------------|-----------|------------------------------|---------------|-----------------------------|
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book/Adjusted Carrying Value | Maturity Date | Type of Margin (I, V or IV) |
| 0299999 | Total | | | | | XXX | XXX | XXX |

SCHEDULE E – PART 1 – CASH

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------------------|---|------------------|---|--|---------|-------|
| Depository | Code | Rate of Interest | Amount of Interest Received During Year | Amount of Interest Accrued December 31 of Current Year | Balance | * |
| OPEN DEPOSITORIES | | | | | | |
| | | | | | | XXX |
| | | | | | | XXX |
| | | | | | | XXX |
| | | | | | | XXX |
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| | | | | | | XXX |
| | | | | | | XXX |
| 0199998 | Deposits in.....depositories that do not exceed the allowable limit in any one depository (See Instructions)-open depositories | XXX | XXX | | | XXX |
| 0199999 | Totals – Open Depositories | XXX | XXX | ..... | ..... | XXX |
| SUSPENDED DEPOSITORIES | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0299998 | Deposits in.....depositories that do not exceed the allowable limit in any one depository (See Instructions)-suspended depositories | XXX | XXX | ..... | ..... | XXX |
| 0299999 | Totals – Suspended Depositories | XXX | XXX | ..... | ..... | XXX |
| 0399999 | Total Cash on Deposit | XXX | XXX | ..... | ..... | XXX |
| 0499999 | Cash in Company’s Office | XXX | XXX | XXX | XXX | XXX |
| 0599999 | Total | XXX | XXX | ..... | ..... | XXX |

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

| | | | | | | | |
|------------------|-------|---------------|-------|-------------------|-------|-------------------|-------|
| 1. January..... | ..... | 4. April..... | ..... | 7. July..... | ..... | 10. October..... | ..... |
| 2. February..... | ..... | 5. May..... | ..... | 8. August..... | ..... | 11. November..... | ..... |
| 3. March..... | ..... | 6. June..... | ..... | 9. September..... | ..... | 12. December..... | ..... |

Not for Distribution

SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|--------------------------------|------------------|-----------|-----------------------|--------------------------|-----------------------|--------------------------------------|--|-------------------------------------|
| Not for Distribution | | | | | | | | |
| 8899999 Total Cash Equivalents | | | | | | | | |

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

| States, etc. | 1 Type of Deposit | 2 Purpose of Deposit | Deposits For the Benefit of All Policyholders | | All Other Special Deposits | |
|---|----------------------|-------------------------|---|-----------------|-----------------------------------|-----------------|
| | | | 3 Book/Adjusted Carrying Value | 4 Fair Value | 5 Book/Adjusted Carrying Value | 6 Fair Value |
| | | | 1. Alabama.....AL | | | |
| 2. Alaska.....AK | | | | | | |
| 3. Arizona.....AZ | | | | | | |
| 4. Arkansas.....AR | | | | | | |
| 5. California.....CA | | | | | | |
| 6. Colorado.....CO | | | | | | |
| 7. Connecticut.....CT | | | | | | |
| 8. Delaware.....DE | | | | | | |
| 9. District of Columbia.....DC | | | | | | |
| 10. Florida.....FL | | | | | | |
| 11. Georgia.....GA | | | | | | |
| 12. Hawaii.....HI | | | | | | |
| 13. Idaho.....ID | | | | | | |
| 14. Illinois.....IL | | | | | | |
| 15. Indiana.....IN | | | | | | |
| 16. Iowa.....IA | | | | | | |
| 17. Kansas.....KS | | | | | | |
| 18. Kentucky.....KY | | | | | | |
| 19. Louisiana.....LA | | | | | | |
| 20. Maine.....ME | | | | | | |
| 21. Maryland.....MD | | | | | | |
| 22. Massachusetts.....MA | | | | | | |
| 23. Michigan.....MI | | | | | | |
| 24. Minnesota.....MN | | | | | | |
| 25. Mississippi.....MS | | | | | | |
| 26. Missouri.....MO | | | | | | |
| 27. Montana.....MT | | | | | | |
| 28. Nebraska.....NE | | | | | | |
| 29. Nevada.....NV | | | | | | |
| 30. New Hampshire.....NH | | | | | | |
| 31. New Jersey.....NJ | | | | | | |
| 32. New Mexico.....NM | | | | | | |
| 33. New York.....NY | | | | | | |
| 34. North Carolina.....NC | | | | | | |
| 35. North Dakota.....ND | | | | | | |
| 36. Ohio.....OH | | | | | | |
| 37. Oklahoma.....OK | | | | | | |
| 38. Oregon.....OR | | | | | | |
| 39. Pennsylvania.....PA | | | | | | |
| 40. Rhode Island.....RI | | | | | | |
| 41. South Carolina.....SC | | | | | | |
| 42. South Dakota.....SD | | | | | | |
| 43. Tennessee.....TN | | | | | | |
| 44. Texas.....TX | | | | | | |
| 45. Utah.....UT | | | | | | |
| 46. Vermont.....VT | | | | | | |
| 47. Virginia.....VA | | | | | | |
| 48. Washington.....WA | | | | | | |
| 49. West Virginia.....WV | | | | | | |
| 50. Wisconsin.....WI | | | | | | |
| 51. Wyoming.....WY | | | | | | |
| 52. American Samoa.....AS | | | | | | |
| 53. Guam.....GU | | | | | | |
| 54. Puerto Rico.....PR | | | | | | |
| 55. US Virgin Islands.....VI | | | | | | |
| 56. Northern Mariana Island.....MP | | | | | | |
| 57. Canada.....CAN | | | | | | |
| 58. Aggregate All Other.....OT | XXX | XXX | | | | |
| 59. Total | XXX | XXX | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 5801..... | | | | | | |
| 5802..... | | | | | | |
| 5803..... | | | | | | |
| 5898. Sum of remaining write-ins for Line 58 from above page..... | XXX | XXX | | | | |
| 5899. Total (Lines 5803 + 5898) (Line 58 above)..... | XXX | XXX | | | | |

Not for Distribution

Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT
 For The Year Ended December 31, 2017
 (To Be Filed by March 1)

PART 1 – INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system.
 If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [] ;
 or 2) allocation to each insurer: Yes [] . Yes [] No []
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [] No []
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [] No []

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

| 1 Name and Principal Position | 2 Year | 3 Salary | 4 Bonus | 5 Stock Awards | 6 Option Awards | 7 Sign-on Payments | 8 Severance Payments | 9 All Other Compensation | 10 Total |
|--|----------------------|-------------|------------|-------------------|--------------------|-----------------------|-------------------------|-----------------------------|-------------|
| Current: 1. Principal Executive Officer | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Current: 2. Principal Financial Officer | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 10. | 2017 2016 2015 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

PART 3 – DIRECTOR COMPENSATION

| 1 Name and Principal Position or Occupation and Company (if Outside Director) | Paid or Deferred for Services as Director | | | | 6 All Other Compensation Paid or Deferred | 7 Totals |
|--|---|-------------------|--------------------|------------|--|-------------|
| | 2 Director Compensation | 3 Stock Awards | 4 Option Awards | 5 Other | | |
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PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

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Not for Distribution

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Affix Bar Code Above

INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2017
(To Be Filed by April 1)

OF THE (Name)
ADDRESS (City, State and Zip Code)
NAIC Group Code NAIC Company Code Employer's Identification Number (FEIN)
Contact Person Title Telephone (.....)

Not for Distribution

INTERROGATORIES

- 1. Change in reserve for deferred maternity and other similar benefits are reflected in:
 - 1.1 Premiums Earned..... []
 - 1.2 Losses Incurred..... []
 - 1.3 Not Applicable..... []
- 2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:
 - 2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2..... \$.....
 - 2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2..... \$.....
 - 2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2..... \$.....
 - 2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2..... \$.....
 - 2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2..... \$.....
- 3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:
 - 3.1 Net Investment Income, Page 4, Line 9, Column 1 \$.....
 - 3.2 Net realized Capital Gain or (Loss), Page 4, Line 10, Column 1 \$.....
- 4.1 The information provided in the Insurance Expense Exhibit will be used by any persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [] No []
- 4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached. Yes [] No []
- 4.3 If yes, explain:

Not for Distribution

PART I – ALLOCATION TO EXPENSE GROUPS
 (\$000 OMITTED)

| Operating Expense Classifications | 1 Loss Adjustment Expense | Other Underwriting Expenses | | | 5 Investment Expenses | 6 Total Expenses |
|--|------------------------------|---|-----------------------|-------------------------------|--------------------------|---------------------|
| | | 2 Acquisition, Field Supervision and Collection Expenses | 3 General Expenses | 4 Taxes, Licenses and Fees | | |
| 1. Claim adjustment services: | | | | | | |
| 1.1 Direct..... | | | | | | |
| 1.2 Reinsurance assumed..... | | | | | | |
| 1.3 Reinsurance ceded..... | | | | | | |
| 1.4 Net claim adjustment services (Lines 1.1+1.2-1.3).. | | | | | | |
| 2. Commission 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 (Lines 2.1+2.2-2.3+2.4+2.5-2.6+2.7)..... | | | | | | |
| 3. Allowances to managers and agents..... | | | | | | |
| 4. Advertising..... | | | | | | |
| 5. Boards, bureaus and associations..... | | | | | | |
| 6. Surveys and underwriting reports..... | | | | | | |
| 7. Audit of assureds' records..... | | | | | | |
| 8. Salary 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. Cost or depreciation of EDP equipment and software..... | | | | | | |
| 16. Printing and stationery..... | | | | | | |
| 17. Postage, telephone and telegraph, exchange and express..... | | | | | | |
| 18. Legal and auditing..... | | | | | | |
| 19. Totals (Lines 3 to 18)..... | | | | | | |
| 20. Taxes, licenses and fees: | | | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$..... | | | | | | |
| 20.2 Insurance department licenses and fees..... | | | | | | |
| 20.3 Gross guaranty association assessments..... | | | | | | |
| 20.4 All other (excl. Fed. and foreign income and real estate)..... | | | | | | |
| 20.5 Total taxes, licenses and fees (Lines 20.1+20.2+20.3+20.4)..... | | | | | | |
| 21. Real estate expenses..... | | | | | | |
| 22. Real estate taxes..... | | | | | | |
| 23. Reimbursements by uninsured plans..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 24. Aggregate write-ins for miscellaneous operating expenses..... | | | | | | |
| 25. TOTAL EXPENSES INCURRED | | | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 2401. | | | | | | |
| 2402. | | | | | | |
| 2403. | | | | | | |
| 2498. Summary of remaining write-ins for Lines from overflow page..... | | | | | | |
| 2499. TOTAL (Lines 2401 through 2403 plus 2498) (Line 24 above) | | | | | | |

Not for Distribution

PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE
(\$1000 OMITTED)

| Line | Premiums Written (Pg. 8, Pt. Col. 1) | | Premiums Earned (Pg. 6, Pt. I, Col. 4) | | Dividends to Policyholders (Pg. 4, Line 17) | | Incurred Loss (Pg. 9, Pt. 2, Col. 7) | | Loss Adjustment Expense (Pg. 6, Pt. Col. 1) | | | Unpaid Losses (Pg. 10, Pt. 2A, Col. 8) | | | Loss Adjustment Expense (Pg. 6, Pt. Col. 1) | | | Unearned Premium Reserves (Pg. 7, Pt. 1A, Col. 5) | | | Agents' Balances | | |
|--|--------------------------------------|-------|--|-------|---|-------|--------------------------------------|-------|---|-------|--------|--|--------|-------|---|-------|--------|---|--------|-------|------------------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | |
| 1. Fire..... | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Allied Lines..... | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 Multiple Peril Crop..... | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Federal Flood..... | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 Private Crop..... | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Private Flood..... | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Homeowners Multiple Peril..... | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Homeowners Multiple Peril (Non-Liability Portion)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 Commercial Multiple Peril (Liability Portion)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 Commercial Multiple Peril (Liability Portion)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Mortgage Guaranty..... | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Ocean Marine..... | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Inland Marine..... | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Financial Guaranty..... | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Medical Professional Liability..... | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | | | | | | | | | | | | |
| 13. GroupA&H (See Interrogatory 1)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Credit A&H..... | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Other A&H (See Interrogatory 1)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Workers' Compensation..... | | | | | | | | | | | | | | | | | | | | | | | |
| 17.1 Other Liability—Occurrence..... | | | | | | | | | | | | | | | | | | | | | | | |
| 17.2 Other Liability—Claims/Male..... | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Excess Workers' Compensation..... | | | | | | | | | | | | | | | | | | | | | | | |
| 19.1, 19.2, Private Passenger Auto Liability..... | | | | | | | | | | | | | | | | | | | | | | | |
| 19.3, 19.4, Commercial Auto Liability..... | | | | | | | | | | | | | | | | | | | | | | | |
| 21.1, Private Passenger Auto Physical Damage..... | | | | | | | | | | | | | | | | | | | | | | | |
| 21.2, Commercial Auto Physical Damage..... | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Burglary and Theft..... | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Boiler and Machinery..... | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | | | | | | | | | | | | |
| 29. International..... | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | | | | | | | | | | | | |
| 31, 32, 33, Reinsurance-Nonproportional Assumed..... | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Aggregate Write-ins for Other Lines of Business..... | | | | | | | | | | | | | | | | | | | | | | | |
| 35. TOTAL (Lines 1 through 34)..... | | | | | | | | | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | | | | | | | | | | | | |
| 3403. Summary of outstanding write-ins for | | | | | | | | | | | | | | | | | | | | | | | |
| 3498. Line 34 from overflow page..... | | | | | | | | | | | | | | | | | | | | | | | |
| 3499. TOTAL (Lines 3401 through 3403 plus 3498 (Line 34 above))..... | | | | | | | | | | | | | | | | | | | | | | | |

PART II—ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (Continued)
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE
(\$'000 OMITTED)

| | Other Underwriting Expenses | | | | | | Investment Gain Attributable to Insurance Transactions | Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus | Investment Gain Attributable to Capital and Surplus | Total Profit or Loss | | | | | | | | | | | |
|--|--|--|---|--|---|--|---|--|---|-------------------------|--------------|---------|--------------|---------|--------------|---------|--------------|---------|--------------|---------|--|
| | Commission and Brokerage Expenses Incurred (EE Pt. 1, Line 23, Col. 2) | Taxes, Licenses & Fees Incurred (EE Pt. 1, Line 20.5, Col. 2) | Other Acquisitions, Field Supervision, and Collection Expenses Incurred (EE Pt. 2, 8, Col. 2) | General Expenses Incurred (EE Pt. 1, Line 25, Col. 3) | Other Income Less Other Expenses (Pt. 4, Line 15 minus Line 5) | Pre-Tax Profit or Loss, Excluding All Investment Gain | | | | | | | | | | | | | | | |
| | 23 Amount | 24 % | 25 Amount | 26 % | 27 Amount | 28 % | 29 Amount | 30 % | 31 Amount | 32 % | 33 Amount | 34 % | 35 Amount | 36 % | 37 Amount | 38 % | 39 Amount | 40 % | 41 Amount | 42 % | |
| 1. Fire..... | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Allied Lines..... | | | | | | | | | | | | | | | | | | | | | |
| 2.2 Multiple..... | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Federal..... | | | | | | | | | | | | | | | | | | | | | |
| 2.4 Private Crop..... | | | | | | | | | | | | | | | | | | | | | |
| 2.5 Private Flood..... | | | | | | | | | | | | | | | | | | | | | |
| 3. Fannowners Multi..... | | | | | | | | | | | | | | | | | | | | | |
| 4. Homeowners Multiple Peril (Non-Residential Portion)..... | | | | | | | | | | | | | | | | | | | | | |
| 5.1 Commercial Multiple Peril (Non-Residential Portion)..... | | | | | | | | | | | | | | | | | | | | | |
| 5.2 Commercial Multiple Peril (Residential Portion)..... | | | | | | | | | | | | | | | | | | | | | |
| 6. Mortgage Guaranty..... | | | | | | | | | | | | | | | | | | | | | |
| 8. Ocean Marine..... | | | | | | | | | | | | | | | | | | | | | |
| 9. Inland Marine..... | | | | | | | | | | | | | | | | | | | | | |
| 10. Financial Guaranty..... | | | | | | | | | | | | | | | | | | | | | |
| 11. Medical Professional Liability..... | | | | | | | | | | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | | | | | | | | | | |
| 13. Group ACH (See Interrogatory 1)..... | | | | | | | | | | | | | | | | | | | | | |
| 14. Credit (See Interrogatory 1)..... | | | | | | | | | | | | | | | | | | | | | |
| 15. Other ACH (See Interrogatory 1)..... | | | | | | | | | | | | | | | | | | | | | |
| 16. Workers' Compensation..... | | | | | | | | | | | | | | | | | | | | | |
| 17.1 Other Liability—Occurrence..... | | | | | | | | | | | | | | | | | | | | | |
| 17.2 Other Liability—Claims-Made..... | | | | | | | | | | | | | | | | | | | | | |
| 17.3 Excess Worker's Compensation..... | | | | | | | | | | | | | | | | | | | | | |
| 18. Products Liability..... | | | | | | | | | | | | | | | | | | | | | |
| 19.1, 19.2. Private Passenger Auto Liability..... | | | | | | | | | | | | | | | | | | | | | |
| 19.3, 19.4. Commercial Auto Liability..... | | | | | | | | | | | | | | | | | | | | | |
| 21.1 Private Passenger Auto Physical Damage..... | | | | | | | | | | | | | | | | | | | | | |
| 21.2 Commercial Auto Physical Damage..... | | | | | | | | | | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | | | | | | | | | | |
| 26. Burglary and Theft..... | | | | | | | | | | | | | | | | | | | | | |
| 27. Boiler and Machinery..... | | | | | | | | | | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | | | | | | | | | | |
| 29. International..... | | | | | | | | | | | | | | | | | | | | | |
| 30. Voluntary..... | | | | | | | | | | | | | | | | | | | | | |
| 31, 32. Reinsurance Nonproportional Assumed..... | | | | | | | | | | | | | | | | | | | | | |
| 33. Reinsurance Proportional Assumed..... | | | | | | | | | | | | | | | | | | | | | |
| 34. Aggregate Write-Ins for Other Lines of Business..... | | | | | | | | | | | | | | | | | | | | | |
| 35. TOTAL (Lines 1 through 34)..... | | | | | | | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | | | | |
| 3401..... | | | | | | | | | | | | | | | | | | | | | |
| 3402..... | | | | | | | | | | | | | | | | | | | | | |
| 3403..... | | | | | | | | | | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page 3401 through 3498 (Line 34 above)..... | | | | | | | | | | | | | | | | | | | | | |

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.

**PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN
(\$'000 OMITTED)**

| Line | Premiums Written (Fig. 8, Line 2, Col. 1) | | Premiums Earned (Sch. 1, Line 5, Col. 3) | | Dividends to Policyholders | | Incurred Loss (Sch. 1, Line 5, Col. 6) | | Loss Adjustment Expense Defense and Cost Containment Expenses Incurred | | Loss Adjustment Expense Adjusting and Other Expenses Incurred | | Unpaid Losses (Sch. 1, Line 5, Col. 7) | | Loss Adjustment Expense Defense and Cost Containment Expenses Unpaid | | Loss Adjustment Expense Adjusting and Other Expenses Unpaid | | Unearned Premium Reserves | | Agents' Balances | |
|--|--|---|---|---|----------------------------|---|---|---|---|----|--|----|---|----|---|----|--|----|---------------------------|----|------------------|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| 1. Fire..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 2.1 Allied Lines..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 2.2 Multiple Peril Crop..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 2.3 Estate Fire..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 2.4 Private Crop..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 2.5 Private Flood..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 3. Farmowners Multiple Peril..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 4. Homeowners Multiple Peril..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 5.2 Commercial Multiple Peril (Liability Portion)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 6. Mortgage Guaranty..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 8. Ocean Marine..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 9. Inland Marine..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 10. Financial Guaranty..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 11. Medical Professional Liability..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 12. Earthquake..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 13. Group A&H (See Interrogatory 1)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 14. Health A&H (See Interrogatory 1)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 15. Other A&H (See Interrogatory 1)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 16. Workers' Compensation..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 17.1 Other Liability—Occupation..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 17.2 Other Liability—Claims-Made..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 18. Products Liability..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 19.1, 19.2. Private Passenger Auto Liability..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 19.3, 19.4. Commercial Auto Liability..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 21.1 Private Passenger Auto Physical Damage..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 21.2 Commercial Auto Physical Damage..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 23. Fidelity..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 24. Surety..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 26. Burglary and Theft..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 27. Boiler and Machinery..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 28. Credit..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 29. International..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 30. Workers' Compensation..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 34. Aggregate Write-Ins for Other Lines of Business..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 35. TOTAL (Lines 1 through 34)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | | | | | |
| 3401. | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 3402. | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 3403. | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |
| 3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)..... | XXX | | 100.0 | | | | | | | | | | | | | | | | | | | |



PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (Continued)
PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN
(\$'000 OMITTED)

| | Other Underwriting Expenses | | | | | General Expenses Incurred | | Other Income Less Other Expenses | | Pre-Tax Profit or Loss Excluding All Investment | | |
|---|-----------------------------|---------|--------------|---------|--------------|---------------------------|--------------|----------------------------------|--------------|---|--------------|---------|
| | 23 Amount | 24 % | 25 Amount | 26 % | 27 Amount | 28 % | 29 Amount | 30 % | 31 Amount | 32 % | 33 Amount | 34 % |
| 1. Fire | | | | | | | | | | | | |
| 2. Multiple Peril Crop | | | | | | | | | | | | |
| 3. Fire, Multiple Peril Crop | | | | | | | | | | | | |
| 4. Homeowners Multiple Peril (All Risk) | | | | | | | | | | | | |
| 5.1 Commercial Multiple Peril (All Risk) | | | | | | | | | | | | |
| 5.2 Commercial Multiple Peril (Liability Portion) | | | | | | | | | | | | |
| 6. Commercial Multiple Peril (Liability Portion) | | | | | | | | | | | | |
| 7. Commercial Multiple Peril (Liability Portion) | | | | | | | | | | | | |
| 8. Ocean Marine | | | | | | | | | | | | |
| 9. Inland Marine | | | | | | | | | | | | |
| 10. Financial Guaranty | | | | | | | | | | | | |
| 11. Medical Professional Liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group A&H (See Interrogatory 1) | | | | | | | | | | | | |
| 14. Credit A&H | | | | | | | | | | | | |
| 15. Other A&H (See Interrogatory 1) | | | | | | | | | | | | |
| 16. Workers Compensation | | | | | | | | | | | | |
| 17.1 Other Liability—Occupational | | | | | | | | | | | | |
| 17.2 Other Liability—Claims-Made | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18. Products Liability | | | | | | | | | | | | |
| 19.1, 19.2. Private Passenger Auto Liability | | | | | | | | | | | | |
| 19.3, 19.4. Commercial Auto Liability | | | | | | | | | | | | |
| 20.1 Private Passenger Auto Physical Damage | | | | | | | | | | | | |
| 21.1 Private Passenger Auto Physical Damage | | | | | | | | | | | | |
| 21.2 Commercial Auto Physical Damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 25. Burglary and Theft | | | | | | | | | | | | |
| 26. Boiler and Machinery | | | | | | | | | | | | |
| 27. Credit | | | | | | | | | | | | |
| 28. International | | | | | | | | | | | | |
| 29. Warranty | | | | | | | | | | | | |
| 30. Aggregate Write-Ins for Other Lines of Business | | | | | | | | | | | | |
| 31. TOTAL (Lines 1 through 30) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. | | | | | | | | | | | | |
| 3499. | | | | | | | | | | | | |
| Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| TOTAL (Lines 3401 through 3405 plus 3498) (Line 34 above) | | | | | | | | | | | | |



OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2017
(To Be Filed by April 1)

Of The Insurance Company
Address (City, State, Zip Code)
NAIC Group Code NAIC Company Code Employer's ID Number

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$
2. Ten largest exposures to a single issuer/borrower/investment.

| | <u>1</u> <u>Issuer</u> | <u>2</u> <u>Description of Exposure</u> | <u>3</u> <u>Amount</u> | <u>4</u> <u>Percentage of Total Admitted Assets</u> |
|------|---------------------------|--|---------------------------|--|
| 2.01 | | | \$ |% |
| 2.02 | | | \$ |% |
| 2.03 | | | \$ |% |
| 2.04 | | | \$ |% |
| 2.05 | | | \$ |% |
| 2.06 | | | \$ |% |
| 2.07 | | | \$ |% |
| 2.08 | | | \$ |% |
| 2.09 | | | \$ |% |
| 2.10 | | | \$ |% |

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

| | <u>Bonds</u> | | <u>Preferred Stocks</u> | | <u>3</u> | <u>4</u> |
|------|--------------|-----------|-------------------------|---------------|----------|----------|
| | <u>1</u> | <u>2</u> | <u>3.07</u> | <u>P/RP-1</u> | <u>3</u> | <u>4</u> |
| 3.01 | NAIC 1 | \$..... % | 3.07 | P/RP-1 | \$..... |% |
| 3.02 | NAIC 2 | \$..... % | 3.08 | P/RP-2 | \$..... |% |
| 3.03 | NAIC 3 | \$..... % | 3.09 | P/RP-3 | \$..... |% |
| 3.04 | NAIC 4 | \$..... % | 3.10 | P/RP-4 | \$..... |% |
| 3.05 | NAIC 5 | \$..... % | 3.11 | P/RP-5 | \$..... |% |
| 3.06 | NAIC 6 | \$..... % | 3.12 | P/RP-6 | \$..... |% |

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02 Total admitted assets held in foreign investments \$ %
4.03 Foreign-currency-denominated investments \$ %
4.04 Insurance liabilities denominated in that same foreign currency \$ %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

| | | <u>1</u> | <u>2</u> | |
|------|--------------------------------------|----------|----------|---|
| 5.01 | Countries designated NAIC 1 | \$..... | ..... | % |
| 5.02 | Countries designated NAIC 2 | \$..... | ..... | % |
| 5.03 | Countries designated NAIC 3 or below | \$..... | ..... | % |

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

| | | <u>1</u> | <u>2</u> | |
|------|---------------------------------------|----------|----------|---|
| | Countries designated NAIC 1: | | | |
| 6.01 | Country 1: | \$..... | ..... | % |
| 6.02 | Country 2: | \$..... | ..... | % |
| | Countries designated NAIC 2: | | | |
| 6.03 | Country 1: | \$..... | ..... | % |
| 6.04 | Country 2: | \$..... | ..... | % |
| | Countries designated NAIC 3 or below: | | | |
| 6.05 | Country 1: | \$..... | ..... | % |
| 6.06 | Country 2: | \$..... | ..... | % |

7. Aggregate unhedged foreign currency exposure \$.....¹.....².....%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

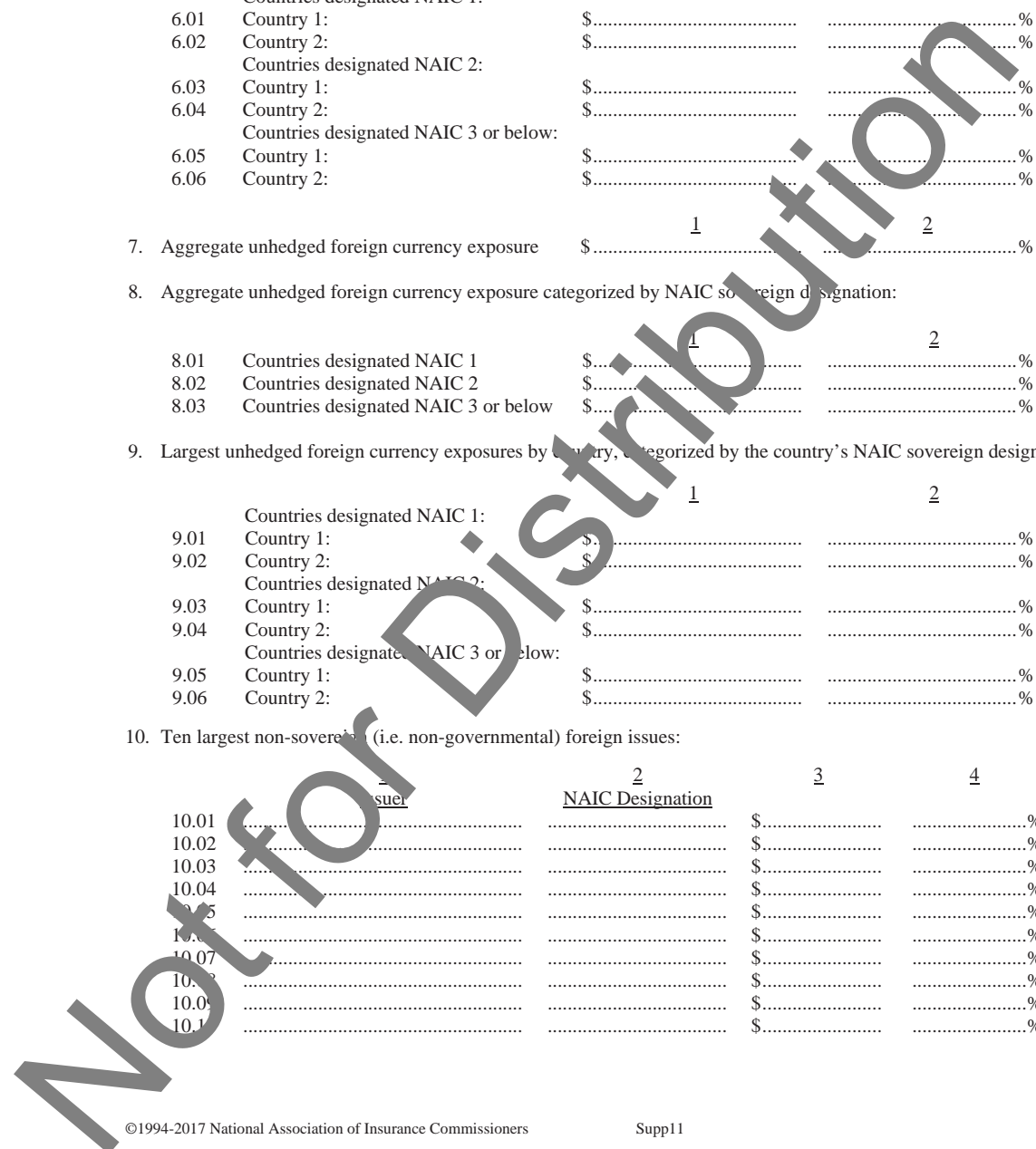
| | | <u>1</u> | <u>2</u> | |
|------|--------------------------------------|----------|----------|---|
| 8.01 | Countries designated NAIC 1 | \$..... | ..... | % |
| 8.02 | Countries designated NAIC 2 | \$..... | ..... | % |
| 8.03 | Countries designated NAIC 3 or below | \$..... | ..... | % |

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

| | | <u>1</u> | <u>2</u> | |
|------|---------------------------------------|----------|----------|---|
| | Countries designated NAIC 1: | | | |
| 9.01 | Country 1: | \$..... | ..... | % |
| 9.02 | Country 2: | \$..... | ..... | % |
| | Countries designated NAIC 2: | | | |
| 9.03 | Country 1: | \$..... | ..... | % |
| 9.04 | Country 2: | \$..... | ..... | % |
| | Countries designated NAIC 3 or below: | | | |
| 9.05 | Country 1: | \$..... | ..... | % |
| 9.06 | Country 2: | \$..... | ..... | % |

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | |
|-------|-------------------------|----------|----------|----------|---|
| | <u>NAIC Designation</u> | | | | |
| 10.01 | | \$..... | | | % |
| 10.02 | | \$..... | | | % |
| 10.03 | | \$..... | | | % |
| 10.04 | | \$..... | | | % |
| 10.05 | | \$..... | | | % |
| 10.06 | | \$..... | | | % |
| 10.07 | | \$..... | | | % |
| 10.08 | | \$..... | | | % |
| 10.09 | | \$..... | | | % |
| 10.10 | | \$..... | | | % |



11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

| | <u>1</u> | <u>2</u> | |
|--|----------|----------|---|
| 11.02 Total admitted assets held in Canadian investments | \$ | | % |
| 11.03 Canadian-currency-denominated investments | \$ | | % |
| 11.04 Canadian-denominated insurance liabilities | \$ | | % |
| 11.05 Unhedged Canadian currency exposure | \$ | | % |

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

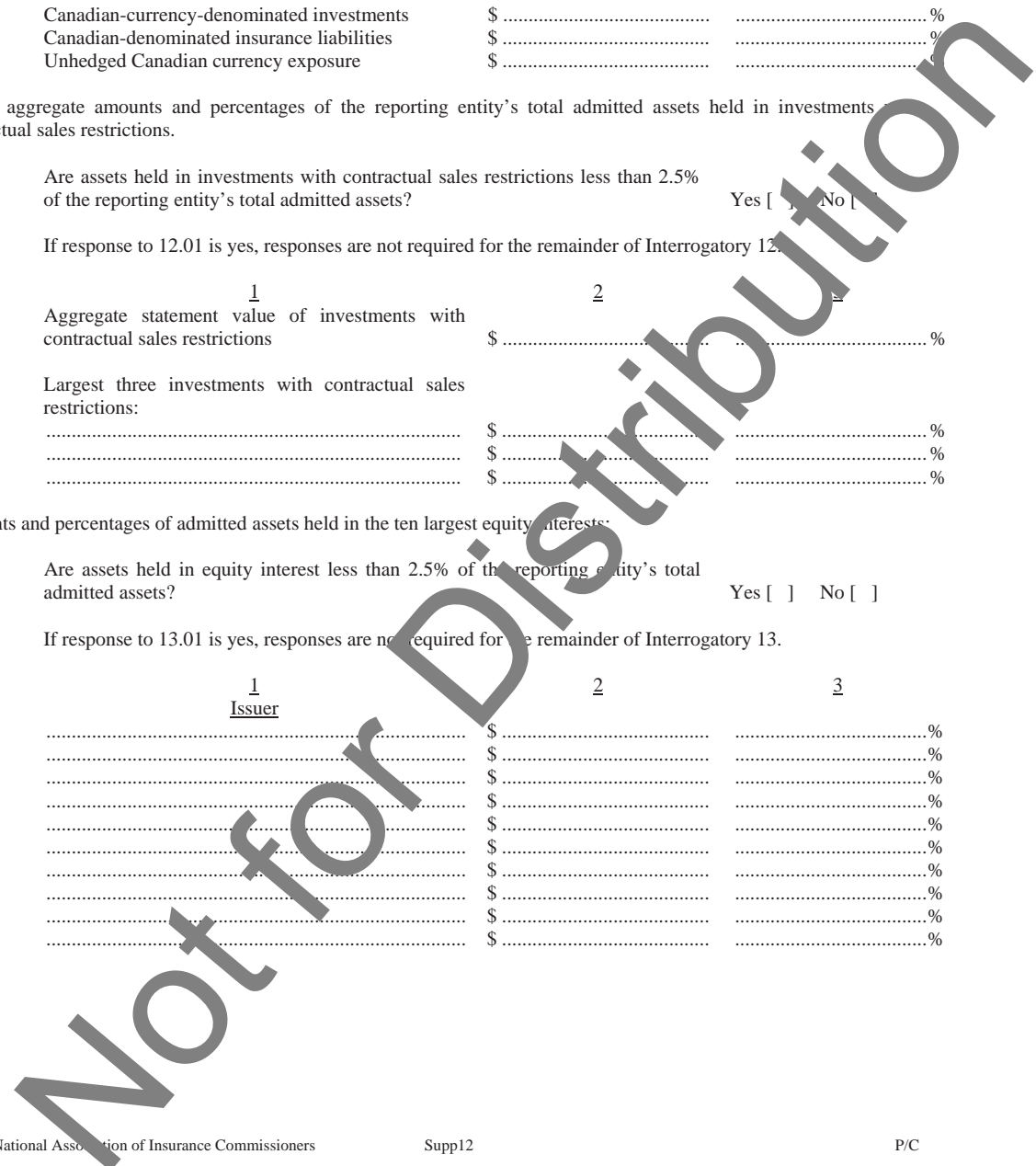
| | <u>1</u> | <u>2</u> | <u>3</u> | |
|--|----------|----------|----------|---|
| 12.02 Aggregate statement value of investments with contractual sales restrictions | \$ | | | % |
| Largest three investments with contractual sales restrictions: | | | | |
| 12.03 | \$ | | | % |
| 12.04 | \$ | | | % |
| 12.05 | \$ | | | % |

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

| | <u>1</u> | <u>2</u> | <u>3</u> | |
|-------------|---------------|----------|----------|---|
| | <u>Issuer</u> | | | |
| 13.02 | \$ | | | % |
| 13.03 | \$ | | | % |
| 13.04 | \$ | | | % |
| 13.05 | \$ | | | % |
| 13.06 | \$ | | | % |
| 13.07 | \$ | | | % |
| 13.08 | \$ | | | % |
| 13.09 | \$ | | | % |
| 13.10 | \$ | | | % |
| 13.11 | \$ | | | % |



14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

| | | | |
|-------|---|----------|----------|
| | <u>1</u> | <u>2</u> | <u>3</u> |
| 14.02 | Aggregate statement value of investments held in nonaffiliated, privately placed equities | \$..... |% |
| | Largest three investments held in nonaffiliated, privately placed equities: | | |
| 14.03 | ..... | \$..... | .....% |
| 14.04 | ..... | \$..... | .....% |
| 14.05 | ..... | \$..... | .....% |

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

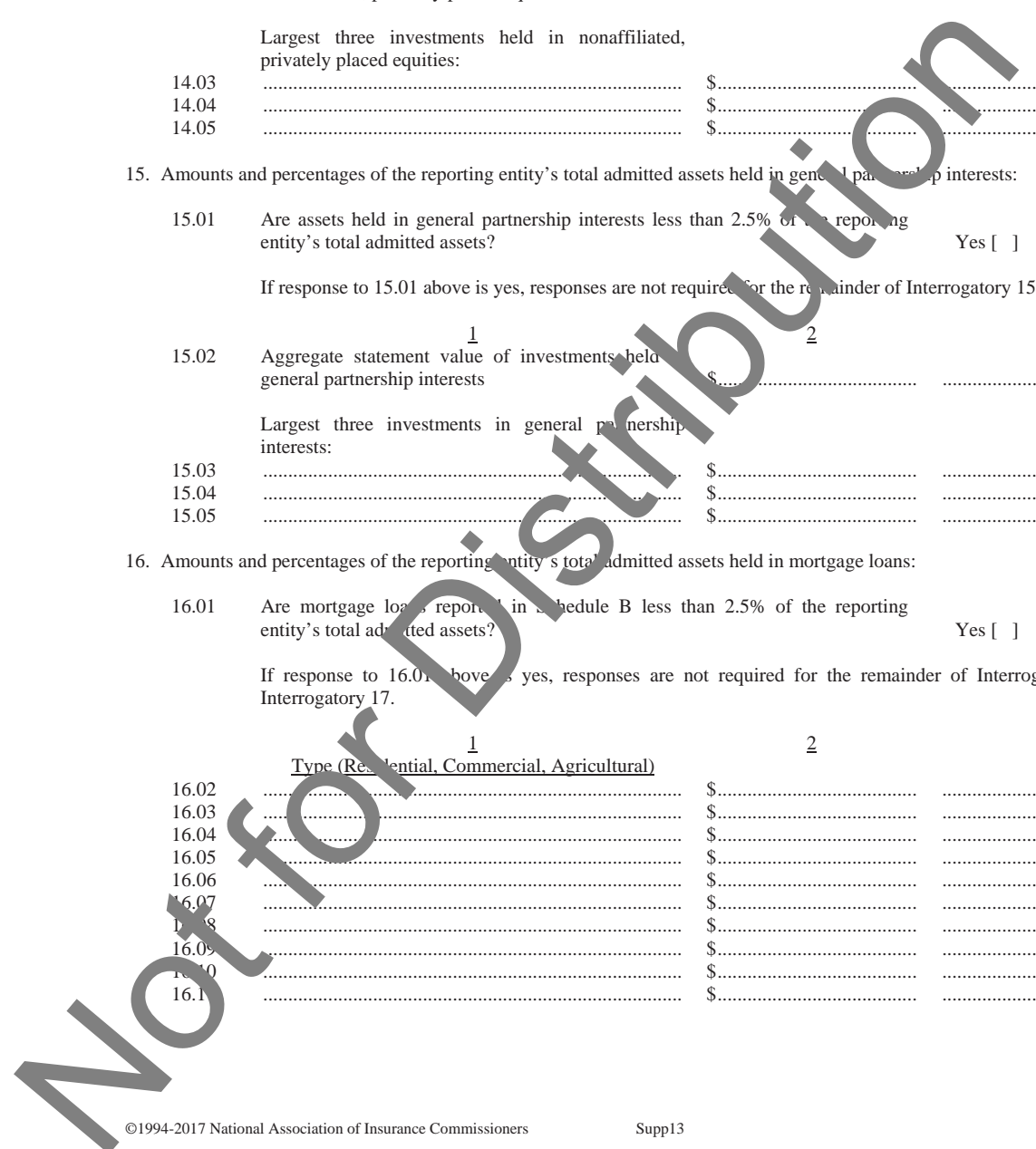
| | | | |
|-------|--|----------|----------|
| | <u>1</u> | <u>2</u> | <u>3</u> |
| 15.02 | Aggregate statement value of investments held in general partnership interests | \$..... |% |
| | Largest three investments in general partnership interests: | | |
| 15.03 | ..... | \$..... | .....% |
| 15.04 | ..... | \$..... | .....% |
| 15.05 | ..... | \$..... | .....% |

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

| | | | |
|-------|--|----------|----------|
| | <u>1</u> | <u>2</u> | <u>3</u> |
| | Type (Residential, Commercial, Agricultural) | | |
| 16.02 | ..... | \$..... | .....% |
| 16.03 | ..... | \$..... | .....% |
| 16.04 | ..... | \$..... | .....% |
| 16.05 | ..... | \$..... | .....% |
| 16.06 | ..... | \$..... | .....% |
| 16.07 | ..... | \$..... | .....% |
| 16.08 | ..... | \$..... | .....% |
| 16.09 | ..... | \$..... | .....% |
| 16.10 | ..... | \$..... | .....% |
| 16.11 | ..... | \$..... | .....% |



Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

| | <u>Loans</u> | |
|--|--------------|--------|
| 16.12 Construction loans | \$..... |% |
| 16.13 Mortgage loans over 90 days past due | \$..... |% |
| 16.14 Mortgage loans in the process of foreclosure | \$..... |% |
| 16.15 Mortgage loans foreclosed | \$..... |% |
| 16.16 Restructured mortgage loans | \$..... |% |

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

| Loan-to-Value | Residential | | Commercial | | Agricultural | |
|------------------|-------------|----------|------------|----------|--------------|----------|
| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> |
| 17.01 above 95% | \$..... |% | \$..... |% | \$..... |% |
| 17.02 91% to 95% | \$..... |% | \$..... |% | \$..... |% |
| 17.03 81% to 90% | \$..... |% | \$..... |% | \$..... |% |
| 17.04 71% to 80% | \$..... |% | \$..... |% | \$..... |% |
| 17.05 below 70% | \$..... |% | \$..... |% | \$..... |% |

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate:

| | <u>Description</u> | <u>1</u> | <u>2</u> | <u>3</u> |
|-------|--------------------|----------|----------|----------|
| 18.02 | | \$..... |% |% |
| 18.03 | | \$..... |% |% |
| 18.04 | | \$..... |% |% |
| 18.05 | | \$..... |% |% |
| 18.06 | | \$..... |% |% |

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

19.02 Aggregate statement value of investments held in mezzanine real estate loans: 1 \$ 2 3

Largest three investments held in mezzanine real estate loans:

| | | | |
|-------|-------|---------|--------|
| 19.03 | ..... | \$..... | .....% |
| 19.04 | ..... | \$..... | .....% |
| 19.05 | ..... | \$..... | .....% |

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

| | <u>At Year-End</u> | | <u>At End of Each Quarter</u> | | |
|--|--------------------|----------|-------------------------------|---------------------------|---------------------------|
| | <u>1</u> | <u>2</u> | <u>1st Qtr</u> | <u>2nd Qtr</u> | <u>3rd Qtr</u> |
| 20.01 Securities lending agreements (do not include assets held as collateral for such transactions) | \$..... |% | \$..... | \$..... | \$..... |
| 20.02 Repurchase agreements | \$..... |% | \$..... | \$..... | \$..... |
| 20.03 Reverse repurchase agreements | \$..... |% | \$..... | \$..... | \$..... |
| 20.04 Dollar repurchase agreements | \$..... |% | \$..... | \$..... | \$..... |
| 20.05 Dollar reverse repurchase agreements | \$..... |% | \$..... | \$..... | \$..... |

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

| | <u>Owned</u> | | <u>Written</u> | |
|-------------------------|--------------|----------|----------------|----------|
| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> |
| 21.01 Hedging | \$..... |% | \$..... |% |
| 21.02 Income generation | \$..... |% | \$..... |% |
| 21.03 Other | \$..... |% | \$..... |% |

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

| | <u>At Year-End</u> | | <u>At End of Each Quarter</u> | | |
|-------------------------|--------------------|----------|-------------------------------|---------------------------|---------------------------|
| | <u>1</u> | <u>2</u> | <u>1st Qtr</u> | <u>2nd Qtr</u> | <u>3rd Qtr</u> |
| 22.01 Hedging | \$..... |% | \$..... | \$..... | \$..... |
| 22.02 Income generation | \$..... |% | \$..... | \$..... | \$..... |
| 22.03 Replications | \$..... |% | \$..... | \$..... | \$..... |
| 22.04 Other | \$..... |% | \$..... | \$..... | \$..... |

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

| | <u>At Year-End</u> | | <u>At End of Each Quarter</u> | | |
|-------------------------|--------------------|----------|-------------------------------|---------------------------|---------------------------|
| | <u>1</u> | <u>2</u> | <u>1st Qtr</u> | <u>2nd Qtr</u> | <u>3rd Qtr</u> |
| 23.01 Hedging | \$..... |% | \$..... | \$..... | \$..... |
| 23.02 Income generation | \$..... |% | \$..... | \$..... | \$..... |
| 23.03 Replications | \$..... |% | \$..... | \$..... | \$..... |
| 23.04 Other | \$..... |% | \$..... | \$..... | \$..... |

Not for Distribution

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERLOCKING TO FORMS
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH,
TITLE AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF THE

COMPANY

Not for Distribution

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?
 Answer...
 If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

 2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?
 Answer...
 If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

 3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?
 Answer...
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company Annual Statement (indicate answer in Column B)?

To be answered by Life and A & H Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Summary of Operations
- c. Surplus Account.....

To be answered by Property and Casualty Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Statement of Income
- c. Capital and Surplus Account.....

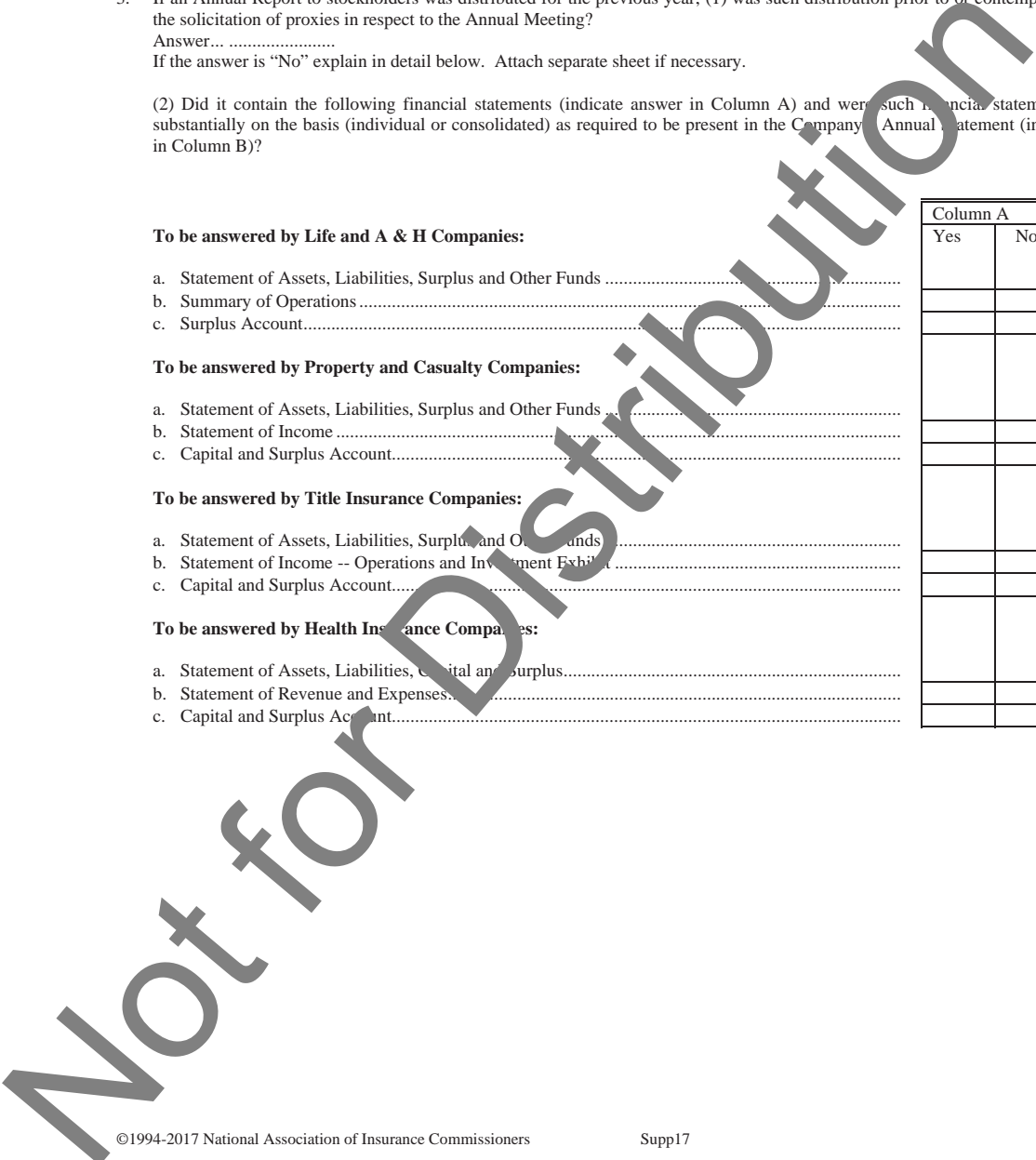
To be answered by Title Insurance Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Statement of Income -- Operations and Investment Exhibit
- c. Capital and Surplus Account.....

To be answered by Health Insurance Companies:

- a. Statement of Assets, Liabilities, Capital and Surplus.....
- b. Statement of Revenue and Expenses.....
- c. Capital and Surplus Account.....

| Column A | | Column B | |
|----------|----|----------|----|
| Yes | No | Yes | No |
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INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

Table with 8 columns: 1. Name and Title, 2. Principal Occupation or Employment, 3. Served as Director From, 4. Aggregate Direct Remuneration, 5. Retirement Plan, 6. Other Emp. Benefits, 7. Retirement Plan, 8. Other Emp. Benefits. The table contains multiple rows of blank lines for data entry.

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

xxx xxx xxx

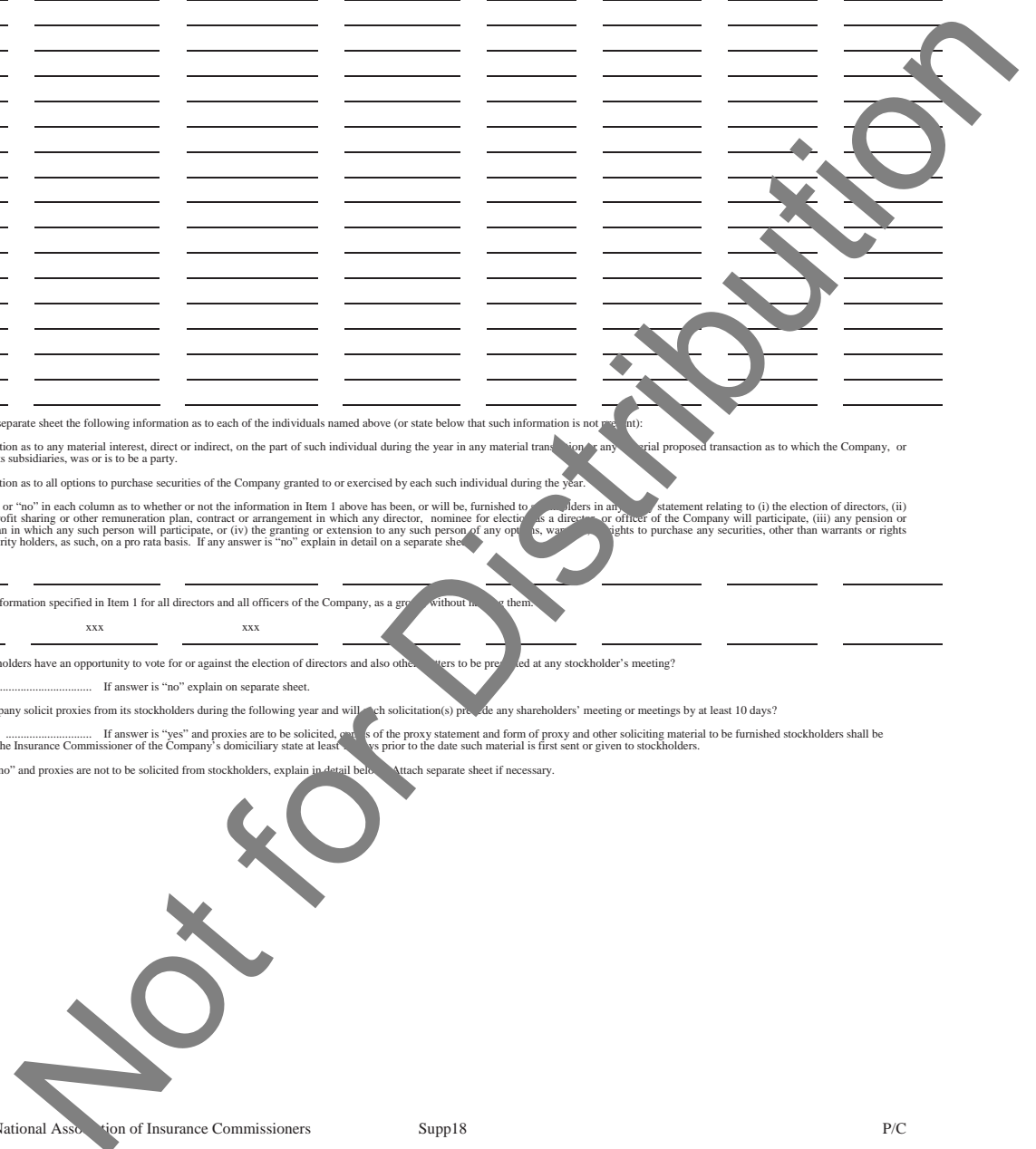
4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer..... If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will each solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.



SUPPLEMENT FOR THE YEAR OF THE

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| 1 Name and Title of (a) Each Director and Each Officer with any Ownership and (b) Any Other Owner of More Than 10% | 2 Title of Security | 3 Nature of Ownership | 4 Number of Shares | | 5 Acquired During Current Year | 6 Disposed of During Current Year | 7 Held 6 Months or More | 8 Owned at End of Current Year | 9 Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year |
|---|------------------------|--------------------------|----------------------------|------------------------------|-----------------------------------|--------------------------------------|----------------------------|-----------------------------------|--|
| | | | Owned at End of Prior Year | Owned at End of Current Year | | | | | |
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Not for Distribution

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate director remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer: If answer is "no" explain in detail on separate sheet. State the number of stockholders of record of the company at the end of the year. Answer: Has the state of domicile granted an exemption or disclaimer of control? Answer: If answer is "yes" explain:

.....
Affix Bar Code Here

FINANCIAL GUARANTY INSURANCE EXHIBIT
For the Year Ended December 31, 2017
(To Be Filed by March 1)

Of The..... Insurance Company

NAIC Group Code..... NAIC Company Code..... Employer's ID Number.....

Not for Distribution

PART 1

Showing Total Net Exposures (Principal & Interest) By Year Payable
On Municipal Bond Guaranties In Force As Of Year End

| Year Payable | 1 Municipal Obligation Bonds | 2 Special Revenue Bonds | Industrial Development Bonds | | | 6 Totals |
|--------------|---------------------------------------|-------------------------------|------------------------------|--------------|---------------|-------------|
| | | | 3 Type I | 4 Type II | 5 Type III | |
| 1. 2018 | | | | | | |
| 2. 2019 | | | | | | |
| 3. 2020 | | | | | | |
| 4. 2021 | | | | | | |
| 5. 2022 | | | | | | |
| 6. 2023 | | | | | | |
| 7. 2024 | | | | | | |
| 8. 2025 | | | | | | |
| 9. 2026 | | | | | | |
| 10. 2027 | | | | | | |
| 11. 2028 | | | | | | |
| 12. 2029 | | | | | | |
| 13. 2030 | | | | | | |
| 14. 2031 | | | | | | |
| 15. 2032 | | | | | | |
| 16. 2033-37 | | | | | | |
| 17. 2038-42 | | | | | | |
| 18. 2043+ | | | | | | |
| 19. Totals | | | | | | |

PART 2

Showing Total Net Exposures (Principal & Interest) By Year Payable
On Non-Municipal Bond Guaranties In Force As Of Year End

| Year Payable | Corporate Obligations | | | 4 Cons -bt Obligations | 5 Pass-Thru Securities | 6 Ltd Partnerships | 7 Other Non- Investment Grade Obligations | 8 All Other Guaranties | 9 Totals |
|--------------|-----------------------|--------------|---------------|---------------------------------|------------------------------|--------------------------|---|------------------------------|-------------|
| | 1 Type I | 2 Type II | 3 Type III | | | | | | |
| 1. 2018 | | | | | | | | | |
| 2. 2019 | | | | | | | | | |
| 3. 2020 | | | | | | | | | |
| 4. 2021 | | | | | | | | | |
| 5. 2022 | | | | | | | | | |
| 6. 2023 | | | | | | | | | |
| 7. 2024 | | | | | | | | | |
| 8. 2025 | | | | | | | | | |
| 9. 2026 | | | | | | | | | |
| 10. 2027 | | | | | | | | | |
| 11. 2028 | | | | | | | | | |
| 12. 2029 | | | | | | | | | |
| 13. 2030 | | | | | | | | | |
| 14. 2031 | | | | | | | | | |
| 15. 2032 | | | | | | | | | |
| 16. 2033-37 | | | | | | | | | |
| 17. 2038-42 | | | | | | | | | |
| 18. 2043+ | | | | | | | | | |
| 19. Totals | | | | | | | | | |

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3A
MUNICIPAL OBLIGATION BONDS**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------------|-------------------------------------|--|--|-------------------------------|-----------------------------|----------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. 2007 S.P. | | | | | | | | |
| 22. 2007 I.P. | | | | | | | | |
| 23. 2006 S.P. | | | | | | | | |
| 24. 2006 I.P. | | | | | | | | |
| 25. 2005 S.P. | | | | | | | | |
| 26. 2005 I.P. | | | | | | | | |
| 27. 2004 S.P. | | | | | | | | |
| 28. 2004 I.P. | | | | | | | | |
| 29. 2003 S.P. | | | | | | | | |
| 30. 2003 I.P. | | | | | | | | |
| 31. 2002 S.P. | | | | | | | | |
| 32. 2002 I.P. | | | | | | | | |
| 33. 2001 S.P. | | | | | | | | |
| 34. 2001 I.P. | | | | | | | | |
| 35. 2000 S.P. | | | | | | | | |
| 36. 2000 I.P. | | | | | | | | |
| 37. 1999 S.P. | | | | | | | | |
| 38. 1999 I.P. | | | | | | | | |
| 39. 1998 S.P. | | | | | | | | |
| 40. 1998 I.P. | | | | | | | | |
| 41. Prior to 1998 S.P. | | | | | | | | |
| 42. Prior to 1998 I.P. | | | | | | | | |
| 43. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premium

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3B
 SPECIAL REVENUE BONDS

| | Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----|-----------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. | 2017 S.P. | | | | | | | | |
| 2. | 2017 I.P. | | | | | | | | |
| 3. | 2016 S.P. | | | | | | | | |
| 4. | 2016 I.P. | | | | | | | | |
| 5. | 2015 S.P. | | | | | | | | |
| 6. | 2015 I.P. | | | | | | | | |
| 7. | 2014 S.P. | | | | | | | | |
| 8. | 2014 I.P. | | | | | | | | |
| 9. | 2013 S.P. | | | | | | | | |
| 10. | 2013 I.P. | | | | | | | | |
| 11. | 2012 S.P. | | | | | | | | |
| 12. | 2012 I.P. | | | | | | | | |
| 13. | 2011 S.P. | | | | | | | | |
| 14. | 2011 I.P. | | | | | | | | |
| 15. | 2010 S.P. | | | | | | | | |
| 16. | 2010 I.P. | | | | | | | | |
| 17. | 2009 S.P. | | | | | | | | |
| 18. | 2009 I.P. | | | | | | | | |
| 19. | 2008 S.P. | | | | | | | | |
| 20. | 2008 I.P. | | | | | | | | |
| 21. | 2007 S.P. | | | | | | | | |
| 22. | 2007 I.P. | | | | | | | | |
| 23. | 2006 S.P. | | | | | | | | |
| 24. | 2006 I.P. | | | | | | | | |
| 25. | 2005 S.P. | | | | | | | | |
| 26. | 2005 I.P. | | | | | | | | |
| 27. | 2004 S.P. | | | | | | | | |
| 28. | 2004 I.P. | | | | | | | | |
| 29. | 2003 S.P. | | | | | | | | |
| 30. | 2003 I.P. | | | | | | | | |
| 31. | 2002 S.P. | | | | | | | | |
| 32. | 2002 I.P. | | | | | | | | |
| 33. | 2001 S.P. | | | | | | | | |
| 34. | 2001 I.P. | | | | | | | | |
| 35. | 2000 S.P. | | | | | | | | |
| 36. | 2000 I.P. | | | | | | | | |
| 37. | 1999 S.P. | | | | | | | | |
| 38. | 1999 I.P. | | | | | | | | |
| 39. | 1998 S.P. | | | | | | | | |
| 40. | 1998 I.P. | | | | | | | | |
| 41. | Prior to 1998 S.P. | | | | | | | | |
| 42. | Prior to 1998 I.P. | | | | | | | | |
| 43. | Totals | | | | | | | | |

S.P. = Single Premiums
 I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3C
INDUSTRIAL DEVELOPMENT BONDS – TYPE I**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. 2007 S.P. | | | | | | | | |
| 22. 2007 I.P. | | | | | | | | |
| 23. 2006 S.P. | | | | | | | | |
| 24. 2006 I.P. | | | | | | | | |
| 25. 2005 S.P. | | | | | | | | |
| 26. 2005 I.P. | | | | | | | | |
| 27. 2004 S.P. | | | | | | | | |
| 28. 2004 I.P. | | | | | | | | |
| 29. 2003 S.P. | | | | | | | | |
| 30. 2003 I.P. | | | | | | | | |
| 31. 2002 S.P. | | | | | | | | |
| 32. 2002 I.P. | | | | | | | | |
| 33. 2001 S.P. | | | | | | | | |
| 34. 2001 I.P. | | | | | | | | |
| 35. 2000 S.P. | | | | | | | | |
| 36. 2000 I.P. | | | | | | | | |
| 37. 1999 S.P. | | | | | | | | |
| 38. 1999 I.P. | | | | | | | | |
| 39. 1998 S.P. | | | | | | | | |
| 40. 1998 I.P. | | | | | | | | |
| 41. Prior to 1998 S.P. | | | | | | | | |
| 42. Prior to 1998 I.P. | | | | | | | | |
| 43. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3D
INDUSTRIAL DEVELOPMENT BONDS – TYPE II**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. 2007 S.P. | | | | | | | | |
| 22. 2007 I.P. | | | | | | | | |
| 23. 2006 S.P. | | | | | | | | |
| 24. 2006 I.P. | | | | | | | | |
| 25. 2005 S.P. | | | | | | | | |
| 26. 2005 I.P. | | | | | | | | |
| 27. 2004 S.P. | | | | | | | | |
| 28. 2004 I.P. | | | | | | | | |
| 29. 2003 S.P. | | | | | | | | |
| 30. 2003 I.P. | | | | | | | | |
| 31. 2002 S.P. | | | | | | | | |
| 32. 2002 I.P. | | | | | | | | |
| 33. 2001 S.P. | | | | | | | | |
| 34. 2001 I.P. | | | | | | | | |
| 35. 2000 S.P. | | | | | | | | |
| 36. 2000 I.P. | | | | | | | | |
| 37. 1999 S.P. | | | | | | | | |
| 38. 1999 I.P. | | | | | | | | |
| 39. 1998 S.P. | | | | | | | | |
| 40. 1998 I.P. | | | | | | | | |
| 41. Prior to 1998 S.P. | | | | | | | | |
| 42. Prior to 1998 I.P. | | | | | | | | |
| 43. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

Not for Distribution

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3E
 INDUSTRIAL DEVELOPMENT BONDS – TYPE III

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. 2007 S.P. | | | | | | | | |
| 22. 2007 I.P. | | | | | | | | |
| 23. 2006 S.P. | | | | | | | | |
| 24. 2006 I.P. | | | | | | | | |
| 25. 2005 S.P. | | | | | | | | |
| 26. 2005 I.P. | | | | | | | | |
| 27. 2004 S.P. | | | | | | | | |
| 28. 2004 I.P. | | | | | | | | |
| 29. 2003 S.P. | | | | | | | | |
| 30. 2003 I.P. | | | | | | | | |
| 31. 2002 S.P. | | | | | | | | |
| 32. 2002 I.P. | | | | | | | | |
| 33. 2001 S.P. | | | | | | | | |
| 34. 2001 I.P. | | | | | | | | |
| 35. 2000 S.P. | | | | | | | | |
| 36. 2000 I.P. | | | | | | | | |
| 37. 1999 S.P. | | | | | | | | |
| 38. 1999 I.P. | | | | | | | | |
| 39. 1998 S.P. | | | | | | | | |
| 40. 1998 I.P. | | | | | | | | |
| 41. Prior to 1998 S.P. | | | | | | | | |
| 42. Prior to 1998 I.P. | | | | | | | | |
| 43. Totals | | | | | | | | |

S.P. = Single Premiums
 I.P. = Installment Premium

Not for Distribution

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3F**

TOTALS – ALL MUNICIPAL BONDS WRITTEN

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. 2007 S.P. | | | | | | | | |
| 22. 2007 I.P. | | | | | | | | |
| 23. 2006 S.P. | | | | | | | | |
| 24. 2006 I.P. | | | | | | | | |
| 25. 2005 S.P. | | | | | | | | |
| 26. 2005 I.P. | | | | | | | | |
| 27. 2004 S.P. | | | | | | | | |
| 28. 2004 I.P. | | | | | | | | |
| 29. 2003 S.P. | | | | | | | | |
| 30. 2003 I.P. | | | | | | | | |
| 31. 2002 S.P. | | | | | | | | |
| 32. 2002 I.P. | | | | | | | | |
| 33. 2001 S.P. | | | | | | | | |
| 34. 2001 I.P. | | | | | | | | |
| 35. 2000 S.P. | | | | | | | | |
| 36. 2000 I.P. | | | | | | | | |
| 37. 1999 S.P. | | | | | | | | |
| 38. 1999 I.P. | | | | | | | | |
| 39. 1998 S.P. | | | | | | | | |
| 40. 1998 I.P. | | | | | | | | |
| 41. Prior to 1998 S.P. | | | | | | | | |
| 42. Prior to 1998 I.P. | | | | | | | | |
| 43. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

Not for Distribution

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4A**

CORPORATE OBLIGATIONS TYPE I

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4B**

CORPORATE OBLIGATIONS TYPE II

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premium

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4C
CORPORATE OBLIGATIONS TYPE III**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4D
CONSUMER DEBT OBLIGATIONS**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4E
PASS – THROUGH SECURITIES**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4F
LIMITED PARTNERSHIPS**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|-----------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS
PART 4G
OTHER NON-INVESTMENT GRADE OBLIGATIONS**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

**CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS
PART 4H
ALL OTHER GUARANTIES**

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4I**

TOTALS – ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

| Calendar Year Written | 1 Net Premiums Written | 2 Net Principal Guaranteed | 3 Average Premium (Cols. 1/2) | 4 Current Year Earned Premium | 5 Prior Year Reserve | Current Year | | 8 Contingency Reserve (Cols. 5+6-7) |
|------------------------|---------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|--|
| | | | | | | 6 Addition to Reserve | 7 Withdrawals from Reserve | |
| 1. 2017 S.P. | | | | | | | | |
| 2. 2017 I.P. | | | | | | | | |
| 3. 2016 S.P. | | | | | | | | |
| 4. 2016 I.P. | | | | | | | | |
| 5. 2015 S.P. | | | | | | | | |
| 6. 2015 I.P. | | | | | | | | |
| 7. 2014 S.P. | | | | | | | | |
| 8. 2014 I.P. | | | | | | | | |
| 9. 2013 S.P. | | | | | | | | |
| 10. 2013 I.P. | | | | | | | | |
| 11. 2012 S.P. | | | | | | | | |
| 12. 2012 I.P. | | | | | | | | |
| 13. 2011 S.P. | | | | | | | | |
| 14. 2011 I.P. | | | | | | | | |
| 15. 2010 S.P. | | | | | | | | |
| 16. 2010 I.P. | | | | | | | | |
| 17. 2009 S.P. | | | | | | | | |
| 18. 2009 I.P. | | | | | | | | |
| 19. 2008 S.P. | | | | | | | | |
| 20. 2008 I.P. | | | | | | | | |
| 21. Prior to 2008 S.P. | | | | | | | | |
| 22. Prior to 2008 I.P. | | | | | | | | |
| 23. Totals | | | | | | | | |

S.P. = Single Premiums
I.P. = Installment Premiums

**MUNICIPAL BOND EXPOSURES WRITTEN
PART 5A**

GROSS EXPOSURES WRITTEN DURING YEAR

| | 1 Direct Exposure Written | 2 Assumed Exposure Written | 3 Ceded Exposure Written | 4 Net Exposure Written (Cols. 1 + 2 - 3) |
|---------------------------|------------------------------|-------------------------------|-----------------------------|---|
| 1. MUNIC OBLIGATION BONDS | | | | |
| 2. SPECIAL REVENUE BONDS | | | | |
| 3. IDB'S—TYPE I | | | | |
| 4. IDB'S—TYPE II | | | | |
| 5. IDB'S—TYPE III | | | | |
| 6. TOTAL MUNICIPAL BONDS | | | | |

**MUNICIPAL BOND EXPOSURES WRITTEN
PART 5B**

NET OUTSTANDING EXPOSURE

| | 1 Net Outstanding Exposure (Part 5A, Col. 4) | 2 Less Collateral Held | 3 Exposures Net of Collateral | 4 Net Exposure Prior Year | 5 Net Exposure Expired During Year | 6 Net Outstanding Exposure |
|---------------------------|---|---------------------------|----------------------------------|------------------------------|---------------------------------------|-------------------------------|
| 1. MUNIC OBLIGATION BONDS | | | | | | |
| 2. SPECIAL REVENUE BONDS | | | | | | |
| 3. IDB'S—TYPE I | | | | | | |
| 4. IDB'S—TYPE II | | | | | | |
| 5. IDB'S—TYPE III | | | | | | |
| 6. TOTAL MUNICIPAL BONDS | | | | | | |

**MUNICIPAL BOND EXPOSURES WRITTEN
PART 5C**

BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

| | 1 Direct Exposure | 2 Assumed Exposure | Ceded Exposure | | 5 Net Outstanding Exposure (Part 5B, Col. 6) (Cols. 1 + 2 - 3 - 4) |
|---------------------------|----------------------|-----------------------|-----------------|-------------------|---|
| | | | 3 Authorized | 4 Unauthorized | |
| 1. MUNIC OBLIGATION BONDS | | | | | |
| 2. SPECIAL REVENUE BONDS | | | | | |
| 3. IDB'S—TYPE I | | | | | |
| 4. IDB'S—TYPE II | | | | | |
| 5. IDB'S—TYPE III | | | | | |
| 6. TOTAL MUNICIPAL BONDS | | | | | |

**NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6A
GROSS EXPOSURES WRITTEN DURING YEAR**

| | 1 Direct Exposure Written | 2 Assumed Exposure Written | 3 Ceded Exposure Written | 4 Net Exposure Written (Cols. 1+2-3) |
|---|---------------------------------|----------------------------------|--------------------------------|--|
| 1. CORP OBLIG BDS—TYPE I | | | | |
| 2. CORP OBLIG BDS—TYPE II | | | | |
| 3. CORP OBLIG BDS—TYPE III | | | | |
| 4. CONSUMER DEBT OBLIGATIONS | | | | |
| 5. PASS THROUGH SECURITIES | | | | |
| 6. LIMITED PARTNERSHIPS | | | | |
| 7. OTHER NON-INVESTMENT GRADE OBLIGATIONS | | | | |
| 8. ALL OTHER GUARANTEES | | | | |
| 9. TOTAL NON-MUNICIPAL BONDS | | | | |

**NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6B
NET OUTSTANDING EXPOSURE**

| | 1 Net Outstanding Exposure (Part 6A, Col. 4) | 2 Less Collateral Field | 3 Exposures Net of Collateral | 4 Net Exposure Prior Year | 5 Net Exposure Expired During Year | 6 Net Outstanding Exposure |
|---|---|----------------------------------|--|------------------------------------|--|-------------------------------------|
| 1. CORP OBLIG BDS—TYPE I | | | | | | |
| 2. CORP OBLIG BDS—TYPE II | | | | | | |
| 3. CORP OBLIG BDS—TYPE III | | | | | | |
| 4. CONSUMER DEBT OBLIGATIONS | | | | | | |
| 5. PASS THROUGH SECURITIES | | | | | | |
| 6. LIMITED PARTNERSHIPS | | | | | | |
| 7. OTHER NON-INVESTMENT GRADE OBLIGATIONS | | | | | | |
| 8. ALL OTHER GUARANTEES | | | | | | |
| 9. TOTAL NON-MUNICIPAL BONDS | | | | | | |

**NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6C
BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END**

| | 1 Direct Exposure | 2 Assumed Exposure | Ceded Exposure | | 5 Net Outstanding Exposure (Part 6B, Col. 6) (Cols. 1+2-3-4) |
|---|-------------------------|--------------------------|-----------------|-------------------|--|
| | | | 3 Authorized | 4 Unauthorized | |
| 1. CORP OBLIG BDS—TYPE I | | | | | |
| 2. CORP OBLIG BDS—TYPE II | | | | | |
| 3. CORP OBLIG BDS—TYPE III | | | | | |
| 4. CONSUMER DEBT OBLIGATIONS | | | | | |
| 5. PASS THROUGH SECURITIES | | | | | |
| 6. LIMITED PARTNERSHIPS | | | | | |
| 7. OTHER NON-INVESTMENT GRADE OBLIGATIONS | | | | | |
| 8. ALL OTHER GUARANTEES | | | | | |
| 9. TOTAL NON-MUNICIPAL BONDS | | | | | |

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PART 7 – LOSS DEVELOPMENT (\$'000 OMITTED)

| | Losses Paid During the Year Less Reinsurance Received During the Year | | Salvage and Subrogation Received in the Current Year | | | | 7 Total (Cols. 1+2+3-4-5-6) | 8 Losses paid during 2016 on losses incurred prior to 2016 | Losses Unpaid December 31 of Current Year | | | Development | | 15 Estimated Liability on Unpaid Losses Dec. 31, 2016 | 16 Dec. 31, 2015 | 17 Change in such Estimated Liability | 18 |
|--|---|-------------------------------------|--|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|---|---|--------------------------------------|--|---|--|---|---------------------|--|-------|
| | 1 On losses incurred during 2017 | 2 On losses incurred during 2016 | 3 On losses incurred prior to 2016 | 4 On losses incurred during 2017 | 5 On losses incurred during 2016 | 6 On losses incurred prior to 2016 | | | 9 On losses incurred during 2017 | 10 On losses incurred during 2016 | 11 On losses incurred prior to 2016 | 12 Total Per Col. 5, Part 3A (Cols. 9-10+11) | 13 On losses incurred prior to 2017 (Cols. 2+3+10+11) | | | | |
| 1. Municipal Obligation Bonds | | | | | | | | | | | | | | | | | |
| 2. Special Purpose Vehicle Bonds | | | | | | | | | | | | | | | | | |
| 3. IDB's - Class I | | | | | | | | | | | | | | | | | |
| 4. IDB's - Class II | | | | | | | | | | | | | | | | | |
| 5. IDB's - Class III | | | | | | | | | | | | | | | | | |
| 6. Total Municipal Bonds | | | | | | | | | | | | | | | | | |
| 7. Corporate Obligations | | | | | | | | | | | | | | | | | |
| Class I | | | | | | | | | | | | | | | | | |
| Class II | | | | | | | | | | | | | | | | | |
| Class III | | | | | | | | | | | | | | | | | |
| 8. Corporate Obligation Bonds | | | | | | | | | | | | | | | | | |
| 9. Corporate Obligation Bonds - | | | | | | | | | | | | | | | | | |
| Class I | | | | | | | | | | | | | | | | | |
| Class II | | | | | | | | | | | | | | | | | |
| Class III | | | | | | | | | | | | | | | | | |
| 10. Consumer Debt Obligations | | | | | | | | | | | | | | | | | |
| 11. Pass Through Securities | | | | | | | | | | | | | | | | | |
| 12. Limited Partnerships | | | | | | | | | | | | | | | | | |
| 13. Other Non-Investment Grade Obligations | | | | | | | | | | | | | | | | | |
| 14. All Other Non-Municipal | | | | | | | | | | | | | | | | | |
| 15. Total Non-Municipal Bonds | | | | | | | | | | | | | | | | | |
| 16. Totals | | | | | | | | | | | | | | | | | |

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
(To Be Filed By March 1)

FOR THE STATE OF

NAIC Company Code

NAIC Group Code

Address (City, State, and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2014 | | | Policies Issued in 2015, 2016, 2017 | | | 18 |
|---|--------------------|--|--|---------------|-------------------------|-------------------|---------------|-----------------------------|-----------------|------------------------------|----------------------------|-------------------------|-------------------------------------|--------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | 16 |  | 17 |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Credit Plan | Medicare Supplement Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Canceled | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | |

GENERAL INTEROC

- If response in Column 1 is no, give full and complete details.
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state:
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(b) (3) (B):
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"

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Designate the type of health care providers reported on this page.

Affix Bar Code Above

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|-----------------------------|-----------------------------------|-------------------------|-----------------------------|---|
| | | | 3 Amount | 4 Number of Claims | | 6 Amount Reported | 7 Number of Claims | |
| 1. Alabama.....AL | | | | | | | | |
| 2. Alaska.....AK | | | | | | | | |
| 3. Arizona.....AZ | | | | | | | | |
| 4. Arkansas.....AR | | | | | | | | |
| 5. California.....CA | | | | | | | | |
| 6. Colorado.....CO | | | | | | | | |
| 7. Connecticut.....CT | | | | | | | | |
| 8. Delaware.....DE | | | | | | | | |
| 9. District of Columbia.....DC | | | | | | | | |
| 10. Florida.....FL | | | | | | | | |
| 11. Georgia.....GA | | | | | | | | |
| 12. Hawaii.....HI | | | | | | | | |
| 13. Idaho.....ID | | | | | | | | |
| 14. Illinois.....IL | | | | | | | | |
| 15. Indiana.....IN | | | | | | | | |
| 16. Iowa.....IA | | | | | | | | |
| 17. Kansas.....KS | | | | | | | | |
| 18. Kentucky.....KY | | | | | | | | |
| 19. Louisiana.....LA | | | | | | | | |
| 20. Maine.....ME | | | | | | | | |
| 21. Maryland.....MD | | | | | | | | |
| 22. Massachusetts.....MA | | | | | | | | |
| 23. Michigan.....MI | | | | | | | | |
| 24. Minnesota.....MN | | | | | | | | |
| 25. Mississippi.....MS | | | | | | | | |
| 26. Missouri.....MO | | | | | | | | |
| 27. Montana.....MT | | | | | | | | |
| 28. Nebraska.....NE | | | | | | | | |
| 29. Nevada.....NV | | | | | | | | |
| 30. New Hampshire.....NH | | | | | | | | |
| 31. New Jersey.....NJ | | | | | | | | |
| 32. New Mexico.....NM | | | | | | | | |
| 33. New York.....NY | | | | | | | | |
| 34. North Carolina.....NC | | | | | | | | |
| 35. North Dakota.....ND | | | | | | | | |
| 36. Ohio.....OH | | | | | | | | |
| 37. Oklahoma.....OK | | | | | | | | |
| 38. Oregon.....OR | | | | | | | | |
| 39. Pennsylvania.....PA | | | | | | | | |
| 40. Rhode Island.....RI | | | | | | | | |
| 41. South Carolina.....SC | | | | | | | | |
| 42. South Dakota.....SD | | | | | | | | |
| 43. Tennessee.....TN | | | | | | | | |
| 44. Texas.....TX | | | | | | | | |
| 45. Utah.....UT | | | | | | | | |
| 46. Vermont.....VT | | | | | | | | |
| 47. Virginia.....VA | | | | | | | | |
| 48. Washington.....WA | | | | | | | | |
| 49. West Virginia.....WV | | | | | | | | |
| 50. Wisconsin.....WI | | | | | | | | |
| 51. Wyoming.....WY | | | | | | | | |
| 52. American Samoa.....AS | | | | | | | | |
| 53. Guam.....GU | | | | | | | | |
| 54. Puerto Rico.....PR | | | | | | | | |
| 55. U.S. Virgin Islands.....VI | | | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | | | |
| 57. Canada.....CAN | | | | | | | | |
| 58. Aggregate other alien.....OT | | | | | | | | |
| 59. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 58001..... | | | | | | | | |
| 58002..... | | | | | | | | |
| 58003..... | | | | | | | | |
| 58998. Sum. of remaining write-ins for Line 58 from overflow page..... | | | | | | | | |
| 58999. Totals (Lines 58001 through 58998 plus 58998) (Line 58 above)..... | | | | | | | | |

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Affix Bar Code Above

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____ being duly sworn, says that he/she is the _____ of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trustee
surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter
enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter
mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the
assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and
that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and
that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and
that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

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**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

| | | 1 Current Year |
|-------------------------------------|--|-------------------|
| 1. | Total liabilities..... | |
| ADDITIONS TO LIABILITIES: | | |
| 2. | Ceded reinsurance balances payable | |
| 3. | Agents' credit balances | |
| 4. | Aggregate write-ins for other additions to liabilities | |
| 5. | Total additions (Lines 2 + 3 + 4)..... | |
| 6. | Total (Lines 1 + 5)..... | |
| DEDUCTIONS FROM LIABILITIES: | | |
| 7. | Reinsurance recoverable on paid losses and loss adjustment expenses: | |
| 7.1 | Authorized companies..... | |
| 7.2 | Unauthorized companies..... | |
| 7.3 | Certified companies | |
| 8. | Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state: | |
| 8.1 | Special state deposits (submit schedule)..... | |
| 8.2 | Accrued interest on special state deposits..... | |
| 9. | Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon | |
| 10. | Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment expenses due to reinsured: | |
| 10.1 | Authorized companies..... | |
| 10.2 | Unauthorized companies..... | |
| 11. | Aggregate write-ins for other deductions from liabilities..... | |
| 12. | Total deductions (Lines 7 thru 11)..... | |
| 13. | Total adjusted liabilities (Line 6 minus Line 12)..... | |
| 14. | Trusteed surplus | |
| 15. | Total | |
| DETAILS OF WRITE-INS | | |
| 0401. | ..... |  |
| 0402. | ..... |  |
| 0403. | ..... |  |
| 0498. | Summary of remaining write-ins for Line 4 from overflow page..... | |
| 0499. | Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above) | |
| 1101. | ..... |  |
| 1102. | ..... |  |
| 1103. | ..... |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | |
| 1199. | Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | |

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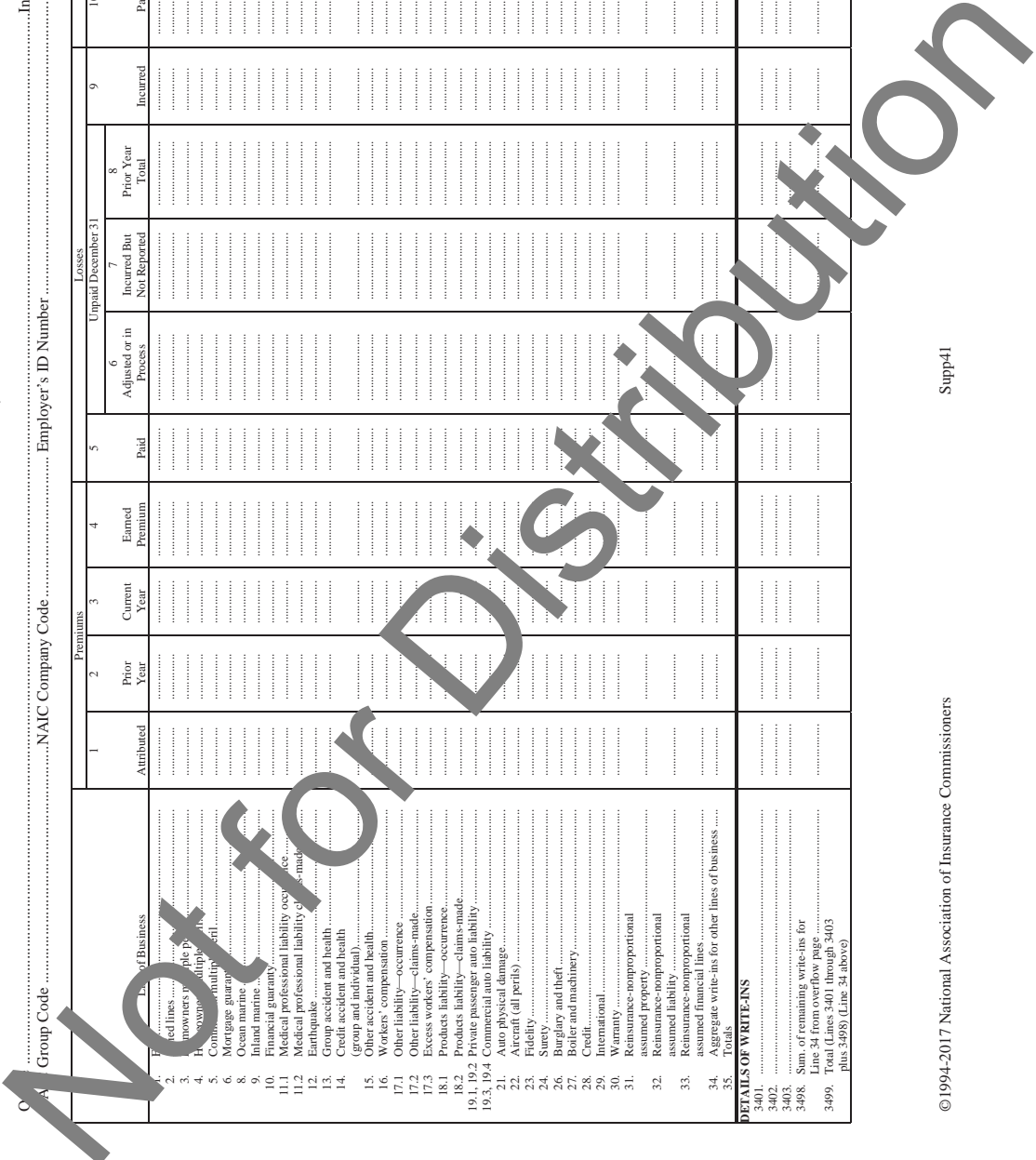
OVERFLOW PAGE FOR WRITE-INS

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PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT
 For The Year Ended December 31, 2017
 (To Be Filed by March 1)

Group CodeNAIC Company Code Employer's ID Number Insurance Company

| | Premiums | | | | | Losses | | | Loss Adjustment Expenses | | | | |
|---|------------|------------|--------------|----------------|------|------------------------|--|------------------|--------------------------|------|--------------|------------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | Attributed | Prior Year | Current Year | Earned Premium | Paid | Adjusted or in Process | Unpaid December 31 Incurred But Not Reported | Prior Year Total | Incurred | Paid | Current Year | Prior Year | Incurred |
| 1. All lines of business | | | | | | | | | | | | | |
| 2. Fidelity | | | | | | | | | | | | | |
| 3. Homeowners multiple perils | | | | | | | | | | | | | |
| 4. Homeowners multiple perils - fire | | | | | | | | | | | | | |
| 5. Commercial multiple perils | | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | | |
| 7. Ocean marine | | | | | | | | | | | | | |
| 8. Inland marine | | | | | | | | | | | | | |
| 9. Financial guaranty | | | | | | | | | | | | | |
| 10. Medical professional liability occurrence | | | | | | | | | | | | | |
| 11.1 Medical professional liability occurrence - made | | | | | | | | | | | | | |
| 11.2 Medical professional liability occurrence - non-made | | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | | |
| 13. Group accident and health | | | | | | | | | | | | | |
| 14. Credit and fidelity | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 20. Auto physical damage | | | | | | | | | | | | | |
| 21. Aircraft (all perils) | | | | | | | | | | | | | |
| 22. Fidelity | | | | | | | | | | | | | |
| 23. Surety | | | | | | | | | | | | | |
| 24. Burglary and theft | | | | | | | | | | | | | |
| 26. Boiler and machinery | | | | | | | | | | | | | |
| 27. Credit | | | | | | | | | | | | | |
| 28. International | | | | | | | | | | | | | |
| 29. Warranty | | | | | | | | | | | | | |
| 30. Reinsurance-nonproportional assumed property | | | | | | | | | | | | | |
| 31. Reinsurance-nonproportional assumed liability | | | | | | | | | | | | | |
| 32. Reinsurance-nonproportional assumed financial lines | | | | | | | | | | | | | |
| 33. Aggregate write-ins for other lines of business | | | | | | | | | | | | | |
| 34. Leads | | | | | | | | | | | | | |
| 35. Details of Write-Ins | | | | | | | | | | | | | |
| 3401 | | | | | | | | | | | | | |
| 3402 | | | | | | | | | | | | | |
| 3403 | | | | | | | | | | | | | |
| 3498. Sum of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | | |
| 3499. Total (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | | |



OVERFLOW PAGE FOR WRITE-INS

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MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

(To Be Filed By March 1)

NAIC Company Code.....

| | Individual Coverage | | Group Coverage | | 5 Total Cash |
|---|---------------------|----------------|----------------|----------------|--------------------|
| | 1 Insured | 2 Uninsured | 3 Insured | 4 Uninsured | |
| 1. Premiums Collected | | | | | |
| 1.1 Standard Coverage | | | | | |
| 1.11 With Reinsurance Coverage..... | | XXX | | XXX | |
| 1.12 Without Reinsurance Coverage..... | | XXX | | XXX | |
| 1.13 Risk-Corridor Payment Adjustments | | XXX | | XXX | |
| 1.2 Supplemental Benefits | | XXX | | XXX | |
| 2. Premiums Due and Uncollected-change | | | | | |
| 2.1 Standard Coverage | | | | | |
| 2.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 2.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 2.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 3. Unearned Premium and Advance Premium-change | | | | | |
| 3.1 Standard Coverage | | | | | |
| 3.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 3.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 3.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 4. Risk-Corridor Payment Adjustments-change | | | | | |
| 4.1 Receivable | | XXX | | XXX | XXX |
| 4.2 Payable | | XXX | | XXX | XXX |
| 5. Earned Premiums | | | | | |
| 5.1 Standard Coverage | | | | | |
| 5.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 5.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 5.13 Risk-Corridor Payment Adjustments | | XXX | | XXX | XXX |
| 5.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 6. Total Premiums..... | | XXX | | XXX | |
| 7. Claims Paid | | | | | |
| 7.1 Standard Coverage | | | | | |
| 7.11 With Reinsurance Coverage..... | | XXX | | XXX | |
| 7.12 Without Reinsurance Coverage..... | | XXX | | XXX | |
| 7.2 Supplemental Benefits | | XXX | | XXX | |
| 8. Claim Reserves and Liabilities-change | | | | | |
| 8.1 Standard Coverage | | | | | |
| 8.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 8.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 8.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 9. Health Care Receivables-change | | | | | |
| 9.1 Standard Coverage | | | | | |
| 9.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 9.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 9.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 10. Claims Incurred | | | | | |
| 10.1 Standard Coverage | | | | | |
| 10.11 With Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 10.12 Without Reinsurance Coverage..... | | XXX | | XXX | XXX |
| 10.2 Supplemental Benefits | | XXX | | XXX | XXX |
| 11. Total Claims | | XXX | | XXX | |
| 12. Reinsurance Coverage and Low Income Cost Sharing | | | | | |
| 12.1 Claims Paid – Net of Reimbursements Applied..... | XXX | | XXX | | |
| 12.2 Reimbursements Received but Not Applied-change | XXX | | XXX | | |
| 12.3 Reimbursements Receivable-change | XXX | | XXX | | XXX |
| 12.4 Health Care Receivables-change | XXX | | XXX | | XXX |
| 13. Aggregate Policy Reserves-change | | | | | XXX |
| 14. Expenses Paid | | XXX | | XXX | |
| 15. Expenses Incurred..... | | XXX | | XXX | XXX |
| 16. Underwriting Gain/Loss | | XXX | | XXX | XXX |
| 17. Cash Flow Result | XXX | XXX | XXX | XXX | |

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..... Affix Bar Code Above

BAIL BOND SUPPLEMENT
 For The Year Ended December 31, 20____
 (To Be Filled by March 1)

NAIC Group Code.....

NAIC Company Code.....

Company Name

If the reporting entity writes any bail bond business, please provide the following:

Yes [] No []
 Yes [] No []

1. If the answer to #1 was no, was a permitted practice granted to the reporting entity?

If the answer to #2 was no, please explain

4. What bond life was used to calculate unearned premium in days?

Yes [] No []

5. Are any amounts charged to the consumer excluded from gross premiums?

6. If the answer to #5 was Yes, please explain

7. Do the agents have ongoing performance obligations on the bond after execution?

Yes [] No []

8. If the answer to #7 is Yes, please describe the nature of the agents' continuing obligations

| | Current Year | % of GPW | Prior Year | % of GPW |
|--|--------------|----------|------------|----------|
| 9. Face amount of bail bonds written..... | \$ | | \$ | |
| 10. Direct premiums written (gross)..... | \$ | | \$ | |
| 11. Commissions and brokerage expenses..... | \$ |% | \$ |% |
| 12. Premium written net of agent commissions and brokerage expenses (Line 10 minus Line 11 should equal Line 12)..... | \$ |% | \$ |% |
| % of GPE | | | | |
| 13. Direct premiums earned (gross)..... | \$ | % of GPE | \$ | % of NPE |
| 14. Premium earned net of agent commissions and brokerage expenses..... | \$ | | \$ | |
| 15. Direct unearned premium reserves..... | \$ |% | \$ |% |
| 16. Direct losses paid (deducting salvage)..... | \$ |% | \$ |% |
| 17. Direct losses incurred..... | \$ |% | \$ |% |
| 18. Direct losses unpaid..... | \$ |% | \$ |% |
| 19. Direct defense and cost containment expense paid..... | \$ |% | \$ |% |
| 20. Direct defense and cost containment expense incurred..... | \$ |% | \$ |% |
| 21. Direct defense and cost containment expense unpaid..... | \$ |% | \$ |% |
| 22. Taxes, licenses and fees..... | \$ |% | \$ |% |

Build-up Fund Information:

| | |
|---|----------|
| 23. Build-up fund account balances as of beginning of period..... | \$ |
| 24. Gross deposits to BUJ accounts (including interest earned)..... | \$ |
| 25. Gross withdrawals from build-up fund accounts..... | \$ |
| 26. Build-up fund account balances as of end of period..... (Line 23 plus Line 24 minus Line 25) | \$ |

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DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 20__
(To Be Filed by March 1)

NAIC Group Code

NAIC Company Code

Company Name

If the reporting entity writes any director and officer (D&O) business, please provide the following:

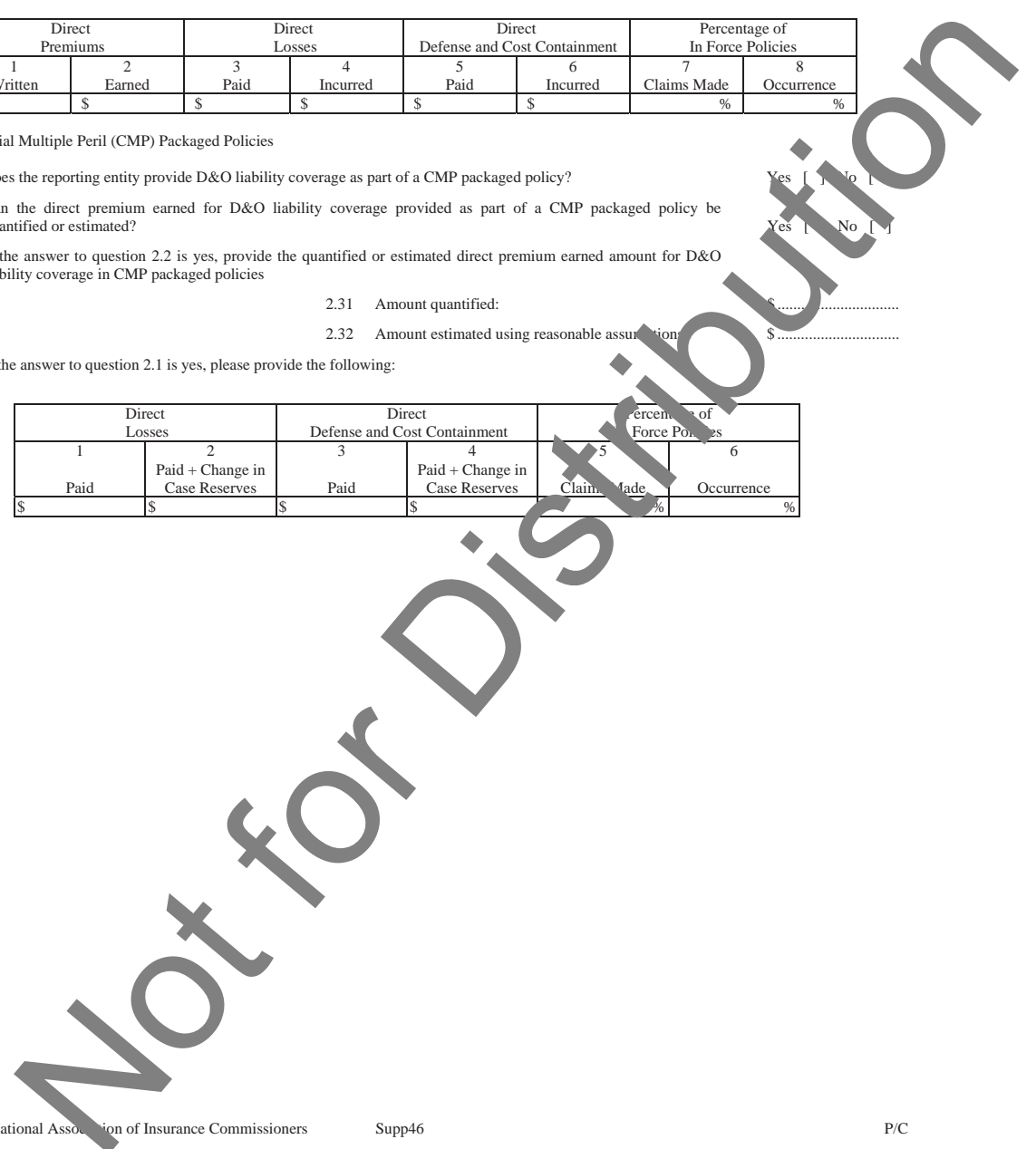
1. Monoline Policies

| Direct Premiums | | Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|-----------------|-------------|---------------|---------------|-------------------------------------|---------------|---------------------------------|-----------------|
| 1 Written | 2 Earned | 3 Paid | 4 Incurred | 5 Paid | 6 Incurred | 7 Claims Made | 8 Occurrence |
| \$ | \$ | \$ | \$ | \$ | \$ | % | % |

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No []
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No []
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
- 2.31 Amount quantified: \$
- 2.32 Amount estimated using reasonable assumption: \$
- 2.4 If the answer to question 2.1 is yes, please provide the following:

| Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|---------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-----------------|
| 1 Paid | 2 Paid + Change in Case Reserves | 3 Paid | 4 Paid + Change in Case Reserves | 5 Claims Made | 6 Occurrence |
| \$ | \$ | \$ | \$ | % | % |



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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by April 1)

Of The..... Insurance Company

Address (City, State and Zip Code).....

NAIC Group Code..... NAIC Company Code Employer's ID Number

Direct Business in the State of

Does the company have credit insurance in this state? Yes () No ()

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PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium—Closed-End

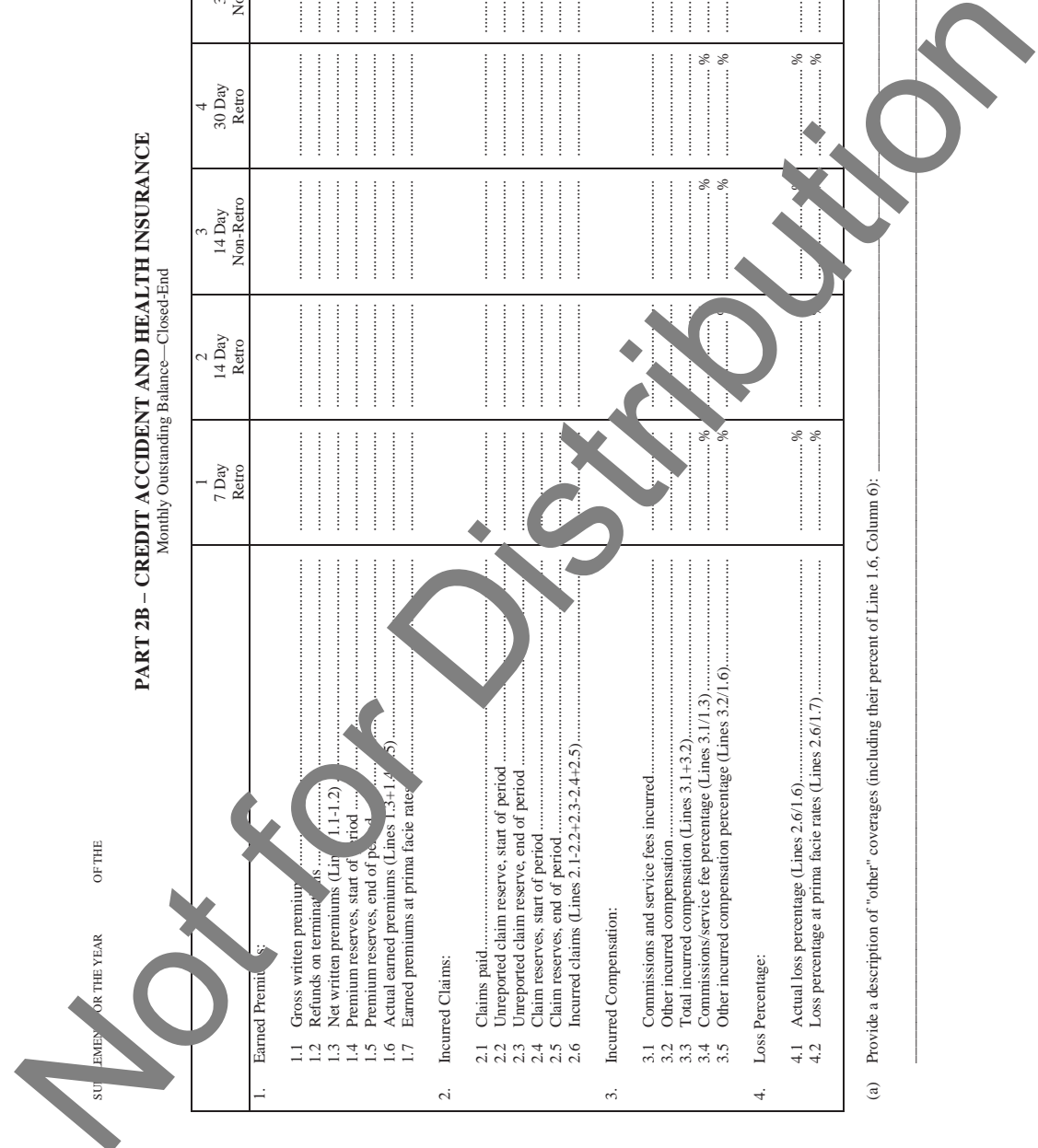
| | 1 7 Day Retro | 2 14 Day Retro | 3 14 Day Non-Retro | 4 30 Day Retro | 5 30 Day Non-Retro | 6 Other (a) | 7 Total |
|--|---------------------|----------------------|--------------------------|----------------------|--------------------------|-------------------|------------|
| 1. Earned Premiums: | | | | | | | |
| 1.1 Gross written premiums | | | | | | | |
| 1.2 Funds on terminations | | | | | | | |
| 1.3 Net written premiums (Lines 1.1-1.2) | | | | | | | |
| 1.4 Premium reserves, start of period | | | | | | | |
| 1.5 Premium reserves, end of period | | | | | | | |
| 1.6 Actual earned premiums (Lines 1.3+1.4-1.5) | | | | | | | |
| 1.7 Earned premium at prima facie rates | | | | | | | |
| 2. Incurred Claims: | | | | | | | |
| 2.1 Claims paid | | | | | | | |
| 2.2 Unreported claim reserves, start of period | | | | | | | |
| 2.3 Unreported claim reserves, end of period | | | | | | | |
| 2.4 Claim reserves, start of period | | | | | | | |
| 2.5 Claim reserves, end of period | | | | | | | |
| 2.6 Incurred claims (Lines 2.1+2.3-2.2-2.5) | | | | | | | |
| 3. Incurred Compensation: | | | | | | | |
| 3.1 Commissions and service fees incurred | | | | | | | |
| 3.2 Other incurred compensation | | | | | | | |
| 3.3 Total incurred compensation (Lines 3.1+3.2) | | | | | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.7) |% |% |% |% |% |% |% |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.7) |% |% |% |% |% |% |% |
| 4. Loss Percentage: | | | | | | | |
| 4.1 Actual loss percentage (Lines 2.6/1.6) |% |% |% |% |% |% |% |
| 4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) |% |% |% |% |% |% |% |

(a) Provide a description of "other" coverages (including their percent of Line 1.6. Column

PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE
 Monthly Outstanding Balance—Closed-End

| | 1 7 Day Retro | 2 14 Day Retro | 3 14 Day Non-Retro | 4 30 Day Retro | 5 30 Day Non-Retro | 6 Other (a) | 7 Total |
|--|---------------------|----------------------|--------------------------|----------------------|--------------------------|-------------------|------------|
| 1. Earned Premiums: | | | | | | | |
| 1.1 Gross written premiums..... | | | | | | | |
| 1.2 Refunds on terminations..... | | | | | | | |
| 1.3 Net written premiums (Lines 1.1-1.2)..... | | | | | | | |
| 1.4 Premium reserves, start of period..... | | | | | | | |
| 1.5 Premium reserves, end of period..... | | | | | | | |
| 1.6 Actual earned premiums (Lines 1.3+1.4-1.5)..... | | | | | | | |
| 1.7 Earned premiums at prima facie rates..... | | | | | | | |
| 2. Incurred Claims: | | | | | | | |
| 2.1 Claims paid..... | | | | | | | |
| 2.2 Unreported claim reserve, start of period..... | | | | | | | |
| 2.3 Unreported claim reserve, end of period..... | | | | | | | |
| 2.4 Claim reserves, start of period..... | | | | | | | |
| 2.5 Claim reserves, end of period..... | | | | | | | |
| 2.6 Incurred claims (Lines 2.1+2.2+2.3-2.4+2.5)..... | | | | | | | |
| 3. Incurred Compensation: | | | | | | | |
| 3.1 Commissions and service fees incurred..... | | | | | | | |
| 3.2 Other incurred compensation..... | | | | | | | |
| 3.3 Total incurred compensation (Lines 3.1+3.2)..... | | | | | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.3).....% | | | | | | | |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.6).....% | | | | | | | |
| 4. Loss Percentage: | | | | | | | |
| 4.1 Actual loss percentage (Lines 2.6/1.6).....% | | | | | | | |
| 4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....% | | | | | | | |

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):



PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE
Monthly Outstanding Balance – Open-End

| | 1 7 Day Retro | 2 14 Day Retro | 3 14 Day Non-Retro | 4 30 Day Retro | 5 30 Day Non-Retro | 6 Other (a) | 7 Total | 1 All Other (b) | 2 Total -Parts 2A, 2B, 2C and 2D |
|--|---------------------|----------------------|--------------------------|----------------------|--------------------------|-------------------|------------|-----------------------|--|
| 1. Earned Premiums: | | | | | | | | | |
| 1.1 Written premiums | | | | | | | | | |
| 1.2 Cancellations | | | | | | | | | |
| 1.3 Net written premiums (Lines 1.1-1.2) | | | | | | | | | |
| 1.4 Premiums earned, start of period | | | | | | | | | |
| 1.5 Premium reserves, end of period | | | | | | | | | |
| 1.6 Actual earned premiums (Lines 1.3+1.4-1.5) | | | | | | | | | |
| 1.7 Earned premiums at prima facie rates | | | | | | | | | |
| 2. Incurred Claims: | | | | | | | | | |
| 2.1 Claims paid | | | | | | | | | |
| 2.2 Unreported claim reserve, start of period | | | | | | | | | |
| 2.3 Unreported claim reserve, end of period | | | | | | | | | |
| 2.4 Claim reserves, start of period | | | | | | | | | |
| 2.5 Claim reserves, end of period | | | | | | | | | |
| 2.6 Incurred claims (Lines 2.1+2.2+2.3-2.4+2.5) | | | | | | | | | |
| 3. Incurred Compensation: | | | | | | | | | |
| 3.1 Commissions and service fees incurred | | | | | | | | | |
| 3.2 Other incurred compensation | | | | | | | | | |
| 3.3 Total incurred compensation (Lines 3.1+3.2) | | | | | | | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.3) | % | % | % | % | % | % | % | % | % |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.6) | % | % | % | % | % | % | % | % | % |
| 4. Loss Percentage: | | | | | | | | | |
| 4.1 Actual loss percentage (Lines 2.6/1.6) | % | % | % | % | % | % | % | % | % |
| 4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) | % | % | % | % | % | % | % | % | % |

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

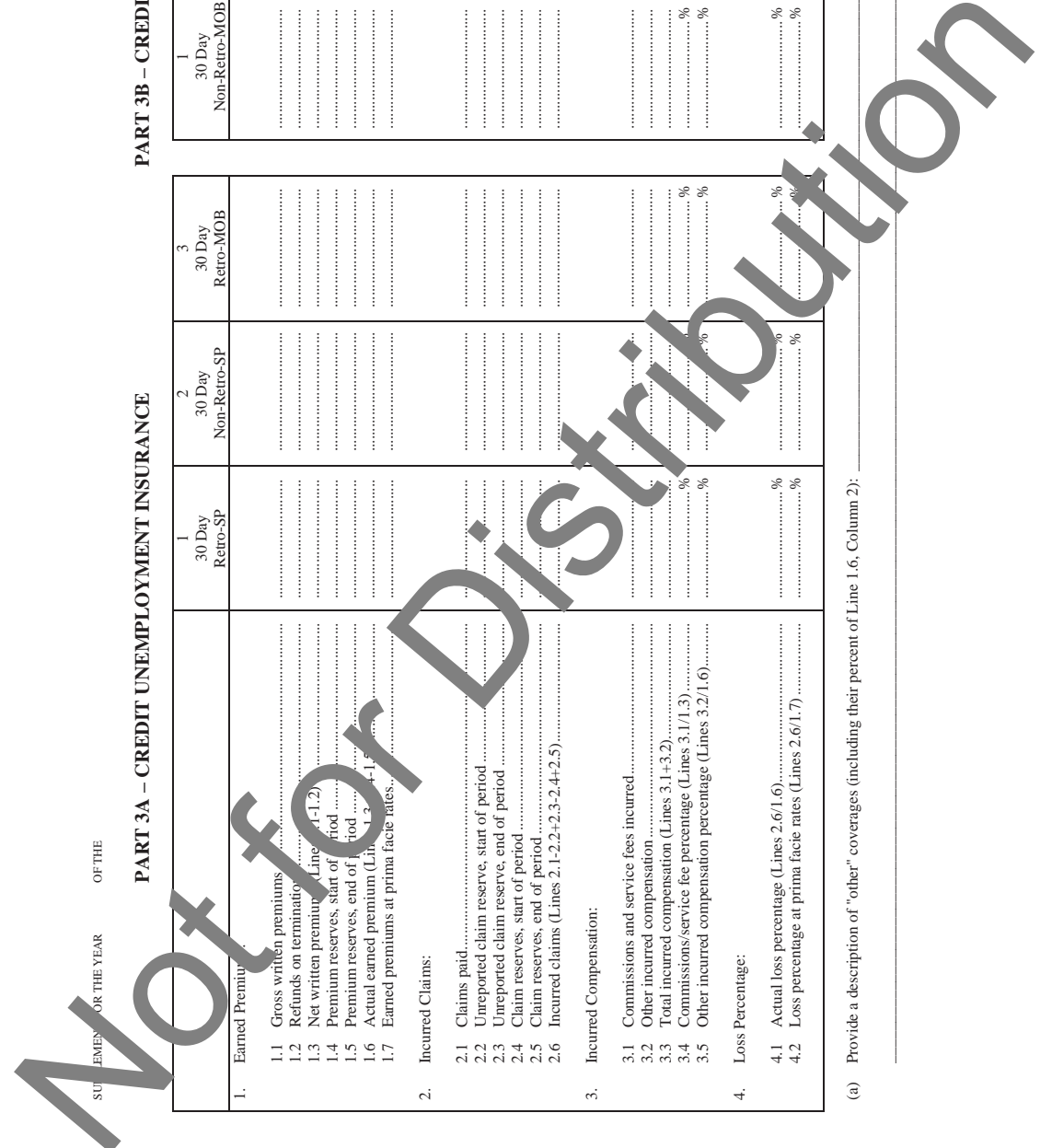
(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 3A – CREDIT UNEMPLOYMENT INSURANCE

PART 3B – CREDIT UNEMPLOYMENT INSURANCE

| | 1 30 Day Retro-SP | 2 30 Day Non-Retro-SP | 3 30 Day Retro-MOB | 1 30 Day Non-Retro-MOB | 2 Other (a) | 3 Total |
|---|-------------------------|-----------------------------|--------------------------|------------------------------|-------------------|------------|
| 1. Earned Premium: | | | | | | |
| 1.1 Gross written premiums..... | | | | | | |
| 1.2 Refunds on termination (Lines 2.1-1.2)..... | | | | | | |
| 1.3 Net written premium (Lines 1.1-1.2)..... | | | | | | |
| 1.4 Premium reserves, start of period..... | | | | | | |
| 1.5 Premium reserves, end of period..... | | | | | | |
| 1.6 Actual earned premium (Lines 1.3-1.5)..... | | | | | | |
| 1.7 Earned premiums at prima facie rates..... | | | | | | |
| 2. Incurred Claims: | | | | | | |
| 2.1 Claims paid..... | | | | | | |
| 2.2 Unreported claim reserve, start of period..... | | | | | | |
| 2.3 Unreported claim reserve, end of period..... | | | | | | |
| 2.4 Claim reserves, start of period..... | | | | | | |
| 2.5 Claim reserves, end of period..... | | | | | | |
| 2.6 Incurred claims (Lines 2.1-2.2+3-2.4+2.5)..... | | | | | | |
| 3. Incurred Compensation: | | | | | | |
| 3.1 Commissions and service fees incurred..... | | | | | | |
| 3.2 Other incurred compensation..... | | | | | | |
| 3.3 Total incurred compensation (Lines 3.1+3.2)..... | | | | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.3)..... |% |% |% |% |% |% |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.6)..... |% |% |% |% |% |% |
| 4. Loss Percentage: | | | | | | |
| 4.1 Actual loss percentage (Lines 2.6/1.6)..... |% |% |% |% |% |% |
| 4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)..... |% |% |% |% |% |% |

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):



PART 4 – CREDIT PROPERTY INSURANCE

| | 1 Creditor Placed Home-Single Interest | 2 Creditor Placed Home-Dual Interest | 3 Creditor Placed Auto-Single Interest | 4 Creditor Placed Auto-Dual Interest | 5 Personal Property-Single Interest | 6 Personal Property-Dual Interest | 7 Other (d) |
|---|---|---|---|---|--|--|-------------------|
| 1. Earned Premiums: | | | | | | | |
| 1.1 Gross written premiums..... | | | | | | | |
| 1.2 Funds on terminations..... | | | | | | | |
| 1.3 Net written premiums (Lines 1.1-1.2)..... | | | | | | | |
| 1.4 Premium reserves, start of period..... | | | | | | | |
| 1.5 Premium reserves, end of period..... | | | | | | | |
| 1.6 Actual earned premiums (Lines 1.3+1.4-1.5)..... | | | | | | | |
| 1.7 Earned premium at prima facie rates..... | | | | | | | |
| 2. Incurred Claims: | | | | | | | |
| 2.1 Claims incurred..... | | | | | | | |
| 2.2 Total claim reserves, start of period..... | | | | | | | |
| 2.3 Total claim reserves, end of period..... | | | | | | | |
| 2.4 Incurred claims (Line 2.1-2.3)..... | | | | | | | |
| 3. Incurred Compensation: | | | | | | | |
| 3.1 Commissions and service fees incurred..... | | | | | | | |
| 3.2 Other incurred compensation..... | | | | | | | |
| 3.3 Total incurred compensation (Lines 3.1+3.2)..... | | | | | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.3)..... |% |% |% |% |% |% |% |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.3)..... |% |% |% |% |% |% |% |
| 4. Loss Percentage: | | | | | | | |
| 4.1 Actual loss percentage (Lines 2.4/1.6)..... |% |% |% |% |% |% |% |
| 4.2 Loss percentage at prima facie rates (Lines 2.4/1.7)..... |% |% |% |% |% |% |% |
| 5. Incurred Loss Adjustment Expense: | | | | | | | |
| 5.1 Defense and cost containment expenses incurred..... | | | | | | | |
| 5.2 Adjusting and other expenses incurred..... | | | | | | | |

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

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SUBJECT MATTER FOR THE YEAR OF THE

PART 5 – OTHER CREDIT INSURANCE

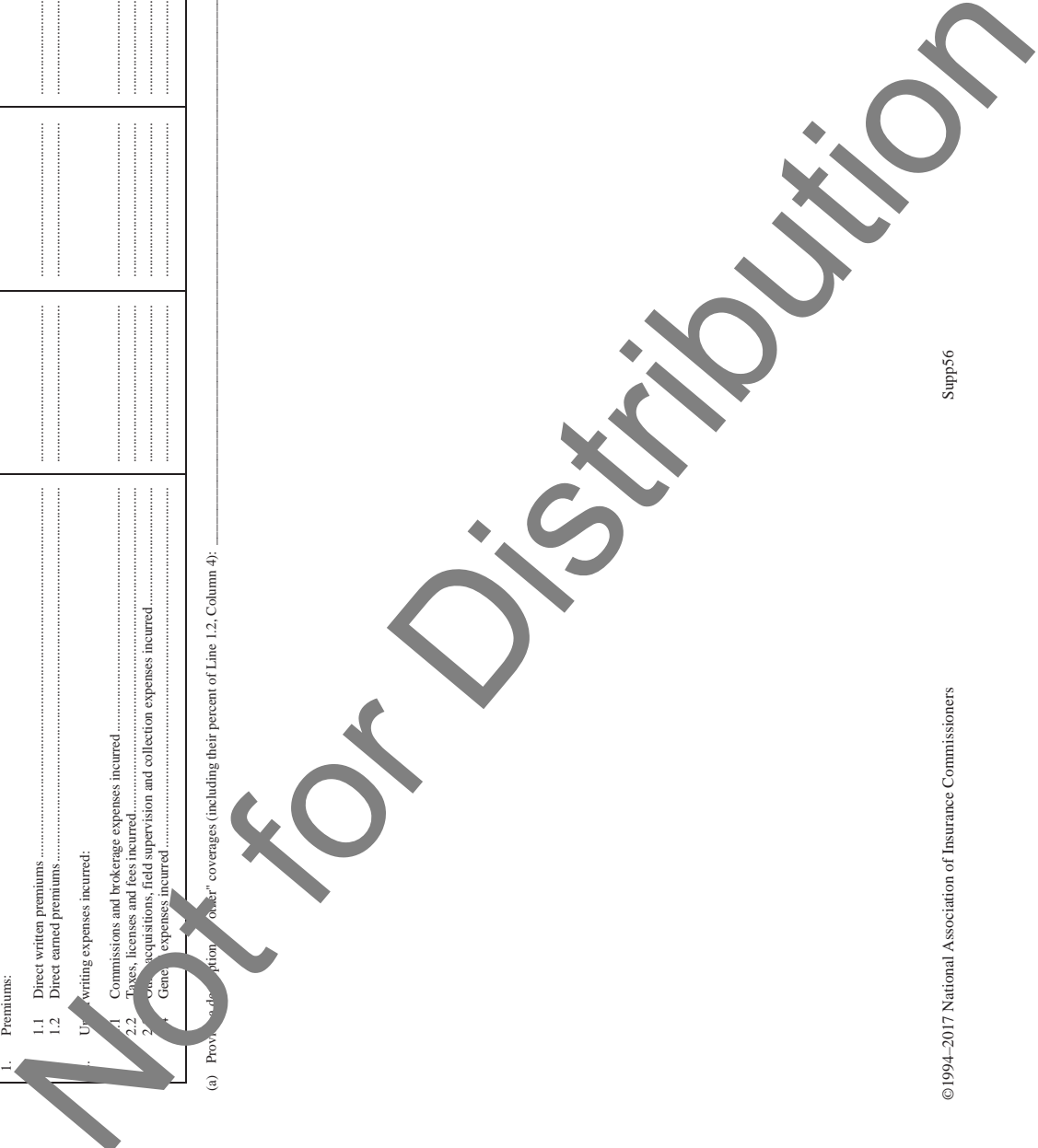
| | 1 Credit Family Leave | 2 Personal GAP | 3 All Other (a) |
|---|--------------------------|-------------------|--------------------|
| 1. Earned Premiums: | | | |
| 1.1 Gross written premiums..... | | | |
| 1.2 Refunds on terminations (Lines 1.1 - 1.2)..... | | | |
| 1.3 Net written premiums (Lines 1.1 - 1.2)..... | | | |
| 1.4 Premium reserves, end of period..... | | | |
| 1.5 Premium reserves, start of period (Lines 1.3 + 1.4) - 1.5)..... | | | |
| 1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)..... | | | |
| 1.7 Earned premiums at prima facie rates..... | | | |
| 2. Incurred Claims: | | | |
| 2.1 Claims paid..... | | | |
| 2.2 Total claim reserve, start of period..... | | | |
| 2.3 Total claim reserve, end of period..... | | | |
| 2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)..... | | | |
| 3. Incurred Compensation: | | | |
| 3.1 Commissions and service fees incurred..... | | | |
| 3.2 Other incurred compensation..... | | | |
| 3.3 Total incurred compensation (Lines 3.1 + 3.2)..... | | | |
| 3.4 Commissions/service fee percentage (Lines 3.1/1.3).....% | | | |
| 3.5 Other incurred compensation percentage (Lines 3.2/1.6).....% | | | |
| 4. Loss Percentage: | | | |
| 4.1 Actual loss percentage (Lines 2.4/1.6).....% | | | |
| 4.2 Loss percentage at prima facie rates (Lines 2.4/1.7).....% | | | |

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

| | 1 Creditor Placed Home | 2 Creditor Placed Auto | 3 Personal Property | 4 Other (a) |
|--|------------------------------|------------------------------|---------------------------|-------------------|
| I. Premiums: | | | | |
| 1.1 Direct written premiums | | | | |
| 1.2 Direct earned premiums | | | | |
| Underwriting expenses incurred: | | | | |
| 2.1 Commissions and brokerage expenses incurred | | | | |
| 2.2 Taxes, licenses and fees incurred | | | | |
| 2.3 Other acquisitions, field supervision and collection expenses incurred | | | | |
| 2.4 General expenses incurred | | | | |

(a) Provisions for description of "other" coverages (including their percent of Line 1.2, Column 4): _____



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**LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY**
REPORTING YEAR 20____
(To Be Filed By April 1)

Group Code _____

NAIC Company Code _____

| | 1 Incepted Premiums | 2 Incepted Claims | 3 Valuations, Expected Incurred Claims | 4 Actual vs. Expected Incurred Claims | 5 Open Claim Count | 6 New Claim Count | 7 Lives in Force End of Year | 8 Expected Lives In Force End of Year | 9 Actual vs. Expected Lives in Force |
|--------------------------------|---------------------------|-------------------------|--|---|--------------------------|-------------------------|------------------------------------|---|--|
| A. Institutional | | | | | | | | | |
| 1. Current | | | | | | | | | |
| 2. Prior | | | | | | | | | |
| 3. 1st Prior | | | | | | | | | |
| 4. 2nd Prior | | | | | | | | | |
| 5. 3rd Prior | | | | | | | | | |
| 6. 4th Prior | | | | | | | | | |
| 7. 5th Prior | | | | | | | | | |
| 8. Total Inception-to-Date | | | | | | | | | |
| Institutional Only: | | | | | | | | | |
| 9. Current | | | | | | | | | |
| 10. Prior | | | | | | | | | |
| 11. 1st Prior | | | | | | | | | |
| 12. 2nd Prior | | | | | | | | | |
| 13. 3rd Prior | | | | | | | | | |
| 14. 4th Prior | | | | | | | | | |
| 15. 5th Prior | | | | | | | | | |
| 16. Total Inception-to-Date | | | | | | | | | |
| Non-Institutional Only: | | | | | | | | | |
| 17. Current | | | | | | | | | |
| 18. Prior | | | | | | | | | |
| 19. 1st Prior | | | | | | | | | |
| 20. 2nd Prior | | | | | | | | | |
| 21. 3rd Prior | | | | | | | | | |
| 22. 4th Prior | | | | | | | | | |
| 23. 5th Prior | | | | | | | | | |
| 24. Total Inception-to-Date | | | | | | | | | |
| B. Group | | | | | | | | | |
| 1. Current | | | | | | | | | |
| 2. Prior | | | | | | | | | |
| 3. 1st Prior | | | | | | | | | |
| 4. 2nd Prior | | | | | | | | | |
| 5. 3rd Prior | | | | | | | | | |
| 6. 4th Prior | | | | | | | | | |
| 7. 5th Prior | | | | | | | | | |
| 8. Total Inception-to-Date | | | | | | | | | |
| Institutional Only: | | | | | | | | | |
| 9. Current | | | | | | | | | |
| 10. Prior | | | | | | | | | |
| 11. 1st Prior | | | | | | | | | |
| 12. 2nd Prior | | | | | | | | | |
| 13. 3rd Prior | | | | | | | | | |
| 14. 4th Prior | | | | | | | | | |
| 15. 5th Prior | | | | | | | | | |
| 16. Total Inception-to-Date | | | | | | | | | |
| Non-Institutional Only: | | | | | | | | | |
| 17. Current | | | | | | | | | |
| 18. Prior | | | | | | | | | |
| 19. 1st Prior | | | | | | | | | |
| 20. 2nd Prior | | | | | | | | | |
| 21. 3rd Prior | | | | | | | | | |
| 22. 4th Prior | | | | | | | | | |
| 23. 5th Prior | | | | | | | | | |
| 24. Total Inception-to-Date | | | | | | | | | |
| C. Summary | | | | | | | | | |
| 1. Total Inception-to-Date | | | | | | | | | |
| 2. Total Inception-to-Date | | | | | | | | | |

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NAIC Company Code

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code: _____

NAIC Company Code: _____

| Reporting Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|-------------------------------|-------------|------------------|-----------------|-----------------|-----------------|------------|----------------------------------|---------------------------|----------------------------------|-------------------------|----------------------------|------------------|----------------------------|--------------------------|---------------------------|--|
| | Policy Form | First Year Issue | Last Year Issue | Earned Premiums | Incurred Claims | Loss Ratio | Annual Net/Annual Gross Premiums | Current Year Net Premiums | In Force Count Beginning of Year | New Issues Current Year | In Force Count End of Year | Persistence Rate | Experience Policy Reserves | Reported Policy Reserves | Experience/Reported Ratio | |
| A. Individual | | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | | |
| B. Group | | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | | |
| C. SUMMARY | | | | | | | | | | | | | | | | |
| 1. Total Current-Individual | | | | | | | | | | | | | | | | |
| 2. Total Prior-Individual | | | | | | | | | | | | | | | | |
| 3. Total 2nd Prior-Individual | | | | | | | | | | | | | | | | |
| 4. Total Current-Group | | | | | | | | | | | | | | | | |
| 5. Total Prior-Group | | | | | | | | | | | | | | | | |
| 6. Total 2nd Prior-Group | | | | | | | | | | | | | | | | |
| 7. Current Year Total | | | | | | | | | | | | | | | | |

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

REPORTING YEAR 20____
(To Be Filled By April 1)

NAIC Group Code: _____ NAIC Company Code: _____

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|------------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | | |
| A. | Individual | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 3 – Transferred Reserves | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 4 – Present Value of Incurred Claims | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |

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SUBJECT MATTER FOR THE YEAR OF THE

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

| B. Group | | 1 2010 | 2 2011 | 3 2012 | 4 2013 | 5 2014 | 6 2015 | 7 2016 | 8 2017 |
|---|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 3 – Transferred Reserves | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |
| PART 4 – Present Value of Incurred Claims | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2010 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2015 | XXX | 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 |

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

| Incurred Year | 1 2010 | 2 2011 | 3 2012 | 4 2013 | 5 2014 | 6 2015 | 7 2016 | 8 2017 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2010 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2011 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2012 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... |
| 5. 2013 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 6. 2014 | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |
| 7. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... |
| 8. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... |
| 9. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2010 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2011 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2012 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... |
| 5. 2013 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 6. 2014 | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |
| 7. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... |
| 8. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... |
| 9. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 3 – Transferred Reserves | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2010 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2011 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2012 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... |
| 5. 2013 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 6. 2014 | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |
| 7. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... |
| 8. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... |
| 9. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 4 – Reserve Value of Incurred Claims | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2010 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2011 | XXX | XXX | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2012 | XXX | XXX | XXX | ..... | ..... | ..... | ..... | ..... |
| 5. 2013 | XXX | XXX | XXX | XXX | ..... | ..... | ..... | ..... |
| 6. 2014 | XXX | XXX | XXX | XXX | XXX | ..... | ..... | ..... |
| 7. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | ..... | ..... |
| 8. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | ..... |
| 9. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

**LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

| Incurring Year | 1 Number of Policies In Force | 2 Number of Certificates | 3 Death Claims | 4 LTC Accelerated Claims | 5 Total Reserves |
|----------------------------|-------------------------------------|--------------------------------|-------------------|--------------------------------|---------------------|
| A. Individual | | | | | |
| 1. Current | | | | | |
| 2. Prior | | | | | |
| 3. 2nd Prior | | | | | |
| B. Group | | | | | |
| 1. Current | | | | | |
| 2. Prior | | | | | |
| 3. 2nd Prior | | | | | |
| C. Summary | | | | | |
| 1. Total Inception-to-Date | | | | | |

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
Incurred claims are only the policies that claims have been triggered due to acceleration

Not for Distribution

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
 REPORTING YEAR 20_____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

| | 1 Earned Premiums | 2 Incurred Claims | 3 In Force Count End of Year | 4 Lives In Force End of Year |
|---|-------------------------|-------------------------|------------------------------------|------------------------------------|
| 1. Individual | | | | |
| 2. Group | | | | |
| 3. Total | | | | |
| 4. Actual total reported experience through prior year..... | | | xxx | xxx |
| 5. Actual total reported experience through statement year | | | xxx | xxx |

Not for Distribution

Not for Distribution

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

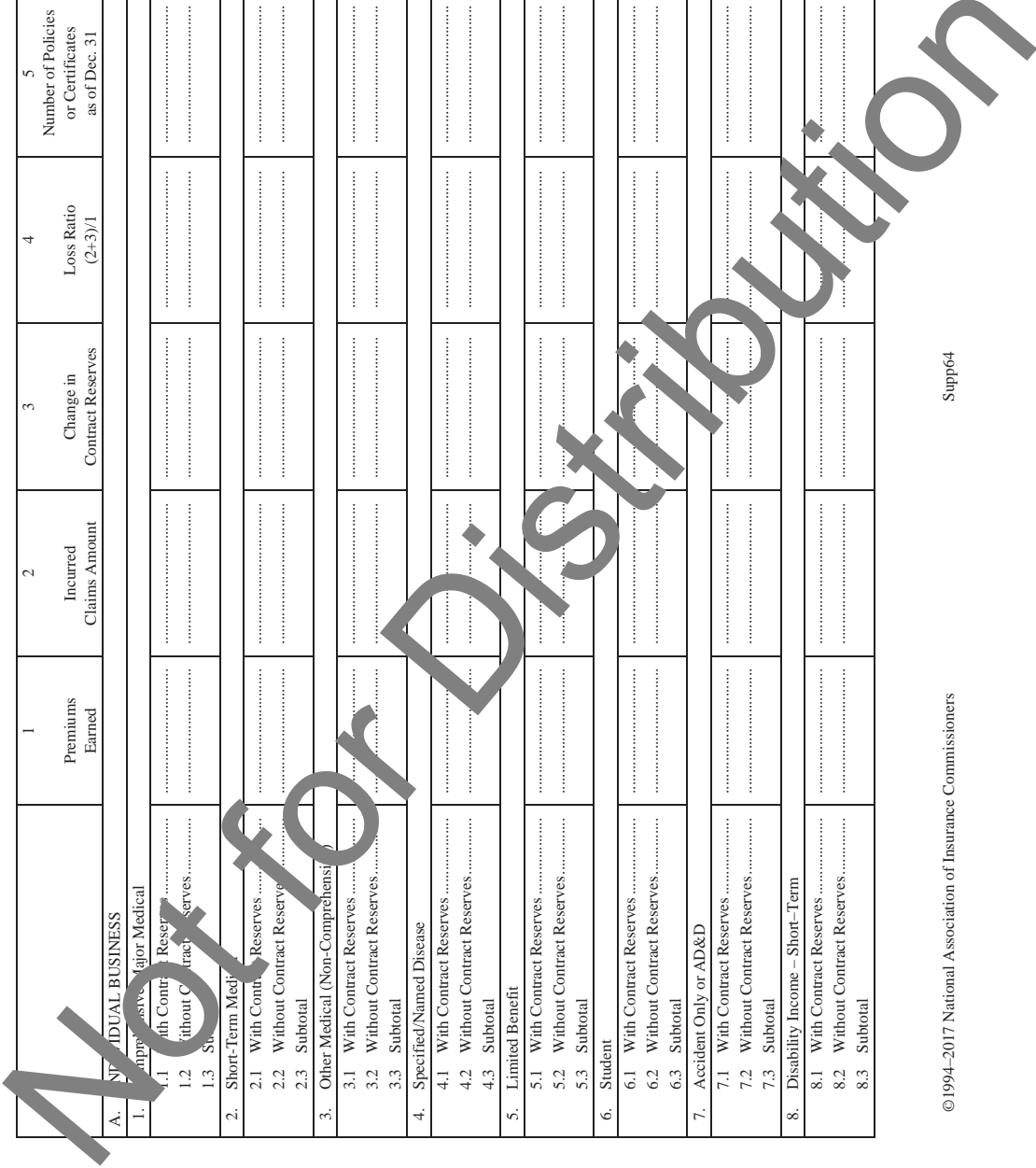
United States Policy Forms Direct Business Only
For The Year Ended December 31, 2017
(To Be Filed By April 1)

Affix Bar Code Above

NAIC Company Code.....

NAIC Group Code.....

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-----------------|------------------------|-----------------------------|--------------------|--|---------------------------------------|---------------|
| | Premiums Earned | Incurred Claims Amount | Change in Contract Reserves | Loss Ratio (2-3)/1 | Number of Policies or Certificates as of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months |
| A. INDIVIDUAL BUSINESS | | | | | | | |
| 1. Comprehensive (Major Medical) | | | | | | | |
| 1.1 With Contract Reserves | | | | | | | |
| 1.2 Without Contract Reserves | | | | | | | |
| 1.3 Subtotal | | | | | | | |
| 2. Short-Term Medical | | | | | | | |
| 2.1 With Contract Reserves | | | | | | | |
| 2.2 Without Contract Reserves | | | | | | | |
| 2.3 Subtotal | | | | | | | |
| 3. Other Medical (Non-Comprehensive) | | | | | | | |
| 3.1 With Contract Reserves | | | | | | | |
| 3.2 Without Contract Reserves | | | | | | | |
| 3.3 Subtotal | | | | | | | |
| 4. Specified/Named Disease | | | | | | | |
| 4.1 With Contract Reserves | | | | | | | |
| 4.2 Without Contract Reserves | | | | | | | |
| 4.3 Subtotal | | | | | | | |
| 5. Limited Benefit | | | | | | | |
| 5.1 With Contract Reserves | | | | | | | |
| 5.2 Without Contract Reserves | | | | | | | |
| 5.3 Subtotal | | | | | | | |
| 6. Student | | | | | | | |
| 6.1 With Contract Reserves | | | | | | | |
| 6.2 Without Contract Reserves | | | | | | | |
| 6.3 Subtotal | | | | | | | |
| 7. Accident Only or AD&D | | | | | | | |
| 7.1 With Contract Reserves | | | | | | | |
| 7.2 Without Contract Reserves | | | | | | | |
| 7.3 Subtotal | | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | |
| 8.1 With Contract Reserves | | | | | | | |
| 8.2 Without Contract Reserves | | | | | | | |
| 8.3 Subtotal | | | | | | | |



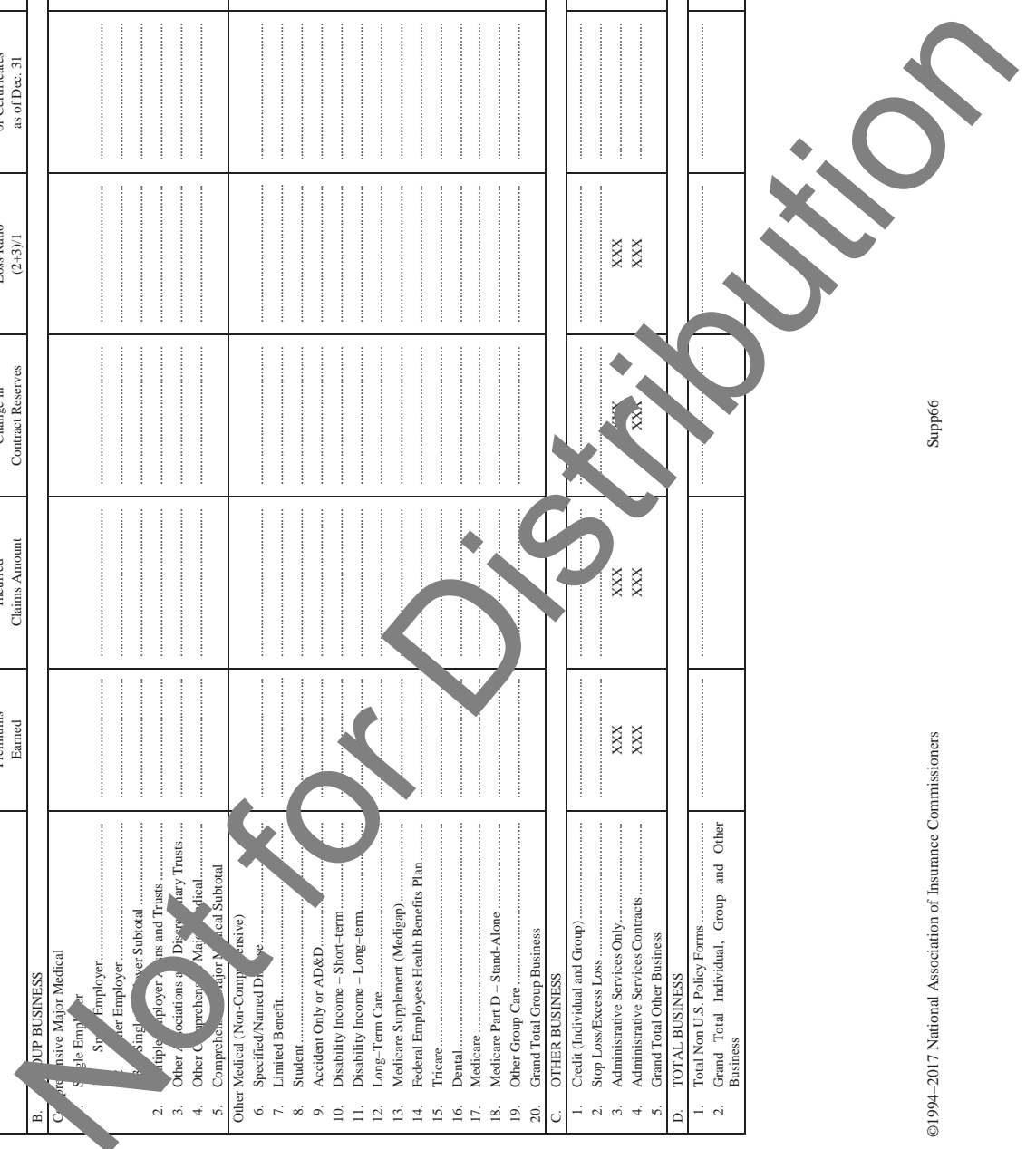
APPENDIX T FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------------------|---------------------------|--------------------------------|-----------------------|--|---|------------------|
| | Premiums Earned | Incurred Claims Amount | Change in Contract Reserves | Loss Ratio (2+3)/1 | Number of Policies or Certificates as of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months |
| A. INDIVIDUAL BUSINESS (Continued) | | | | | | | |
| 9. Disability Income – Long-Term | | | | | | | |
| 9.1 With Contract Reserves..... | | | | | | | |
| 9.2 Without Contract Reserves..... | | | | | | | |
| 9.3 Subtotal | | | | | | | |
| 10. Long-Term Care | | | | | | | |
| 10.1 With Contract Reserves..... | | | | | | | |
| 10.2 Without Contract Reserves..... | | | | | | | |
| 10.3 Subtotal | | | | | | | |
| 11. Medicare Supplement (Medigap) | | | | | | | |
| 11.1 With Contract Reserves..... | | | | | | | |
| 11.2 Without Contract Reserves..... | | | | | | | |
| 11.3 Subtotal | | | | | | | |
| 12. Dental | | | | | | | |
| 12.1 With Contract Reserves..... | | | | | | | |
| 12.2 Without Contract Reserves..... | | | | | | | |
| 12.3 Subtotal | | | | | | | |
| 13. State Children's Health Insurance Program | | | | | | | |
| 13.1 With Contract Reserves..... | | | | | | | |
| 13.2 Without Contract Reserves..... | | | | | | | |
| 13.3 Subtotal | | | | | | | |
| 14. Medicare | | | | | | | |
| 14.1 With Contract Reserves..... | | | | | | | |
| 14.2 Without Contract Reserves..... | | | | | | | |
| 14.3 Subtotal | | | | | | | |
| 15. Medicaid | | | | | | | |
| 15.1 With Contract Reserves..... | | | | | | | |
| 15.2 Without Contract Reserves..... | | | | | | | |
| 15.3 Subtotal | | | | | | | |
| 16. Medicare Part D – Stand-Alone | | | | | | | |
| 16.1 With Contract Reserves..... | | | | | | | |
| 16.2 Without Contract Reserves..... | | | | | | | |
| 16.3 Subtotal | | | | | | | |
| 17. Other Individual Business | | | | | | | |
| 17.1 With Contract Reserves..... | | | | | | | |
| 17.2 Without Contract Reserves..... | | | | | | | |
| 17.3 Subtotal | | | | | | | |
| 18. Total Individual Business | | | | | | | |
| 18.1 With Contract Reserves..... | | | | | | | |
| 18.2 Without Contract Reserves..... | | | | | | | |
| 18.3 Subtotal | | | | | | | |
| 19. Grand Total Individual | | | | | | | |
| 19.1 With Contract Reserves..... | | | | | | | |
| 19.2 Without Contract Reserves..... | | | | | | | |
| 19.3 Subtotal | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|--------------------|---------------------------|--------------------------------|-----------------------|--|---|------------------|
| | Premiums Earned | Incurred Claims Amount | Change in Contract Reserves | Loss Ratio (2-3)/1 | Number of Policies or Certificates as of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months |
| B. DUP BUSINESS | | | | | | | |
| Comprehensive Major Medical | | | | | | | |
| Single Employer | | | | | | | |
| Multiple Employer | | | | | | | |
| Single Employer Subtotal | | | | | | | |
| Multiple Employer Plans and Trusts | | | | | | | |
| Other Associations and Disability Trusts | | | | | | | |
| Other Comprehensive Major Medical | | | | | | | |
| 5. Comprehensive Major Medical Subtotal | | | | | | | |
| Other Medical (Non-Comprehensive) | | | | | | | |
| 6. Specified/Named Disease | | | | | | | |
| 7. Limited Benefit | | | | | | | |
| 8. Student | | | | | | | |
| 9. Accident Only or AD&D | | | | | | | |
| 10. Disability Income – Short-term | | | | | | | |
| 11. Disability Income – Long-term | | | | | | | |
| 12. Long-Term Care | | | | | | | |
| 13. Medicare Supplement (Medigap) | | | | | | | |
| 14. Federal Employees Health Benefits Plan | | | | | | | |
| 15. Tricare | | | | | | | |
| 16. Dental | | | | | | | |
| 17. Medicare | | | | | | | |
| 18. Medicare Part D – Stand-Alone | | | | | | | |
| 19. Other Group Care | | | | | | | |
| 20. Grand Total Group Business | | | | | | | |
| C. OTHER BUSINESS | | | | | | | |
| 1. Credit (Individual and Group) | | | | | | | |
| 2. Stop Loss/Excess Loss | XXX | XXX | XXX | XXX | | | |
| 3. Administrative Services Only | XXX | XXX | XXX | XXX | | | |
| 4. Administrative Services Contracts | | | | | | | |
| 5. Grand Total Other Business | | | | | | | |
| D. TOTAL BUSINESS | | | | | | | |
| 1. Total Non U.S. Policy Forms | | | | | | | |
| 2. Grand Total Individual, Group and Other Business | | | | | | | |



SUPPLEMENT FOR THE YEAR _____ OF THE _____
ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR _____
PART 1 – INDIVIDUAL POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2-3)/1 |
|--------------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 2 – GROUP POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2-3)/1 |
|--------------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2-3)/1 |
|--------------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2-3)/1 |
|--------------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

SUBJECT TO THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

| 10. General and Administrative (G&A) Expenses: | Business Subject to MLR | | | | | | | | | 13 School (Cols 11 thru 12) | 14 Uninsured Plans | 15 Total 13 + 14 | |
|---|-------------------------------|---------------------------------|---------------------------------|-----------------|---------------------------------|---------------------------------|---------------------|---------------------|---------------------------------|--------------------------------------|--------------------------|------------------------|--|
| | Comprehensive Health Coverage | | | Mini-Med Plans | | | Exempt Plans | | | | | | |
| | 1 Individual | 2 Small Group Employer | 3 Large Group Employer | 4 Individual | 5 Small Group Employer | 6 Large Group Employer | 7 Small Group | 8 Large Group | 9 Student Health Plans | | | | |
| 10.1 Direct sales salaries and benefits..... | | | | | | | | | | | | | |
| 10.2 Agents and broker fees and commissions..... | | | | | | | | | | | | | |
| 10.3 Other general and administrative expenses..... | | | | | | | | | | | | | |
| 10.4 Community Benefit Expenditures (informational only)..... | | | | | | | | | | | | | |
| 10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)..... | | | | | | | | | | | | | |
| 11. Underwriting Gain (Loss) (Lines 11.2 = 57 - 66 = 83 - 105)..... | | | | | | | | | | | | | |
| 12. Net Investment and Other Gain (Loss)..... | | | | | | | | | | | | | |
| 13. Federal Income Taxes (excluding taxes on Line 1, 5 above)..... | | | | | | | | | | | | | |
| 14. Net Gain or (Loss) (Lines 11 + 12 + 13 + 14)..... | | | | | | | | | | | | | |
| 15. CD-10 Implementation Expenses (informational only - already included in general expense)..... | | | | | | | | | | | | | |
| 16. CD-10 Implementation Expenses (informational only - already included in Line 6.5)..... | | | | | | | | | | | | | |
| 17. Number of Covered Lives..... | | | | | | | | | | | | | |
| 18. Number of Groups..... | | | | | | | | | | | | | |
| 19. Member Months..... | | | | | | | | | | | | | |

If you show the amount of premiums and claims included: Premiums \$ Claims \$

| ACA Receipts and Payments | AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES | | | |
|---|--|------------------------------------|-----------------------|------------------------------------|
| | Comprehensive Health Coverage | | Mini-Med Plans | |
| | 1 Individual Plans | 2 Small Group Employer Plans | 3 Individual Plans | 4 Small Group Employer Plans |
| 1. Premiums ACA Risk Adjustment Program | | | | |
| 1.0 Premium adjustments receivable (payable) | | | | |
| 2. Transitional ACA Reinsurance Program | | | | |
| 2.0 Total amounts recoverable for claims (paid & unpaid) | | | | |
| 3. Temporary ACA Risk Corridor Program | | | | |
| 3.2 Reserve for rate credits or policy experience refunds | | | | |
| ACA Receipts and Payments | | | | |
| 4. Permanent ACA Risk Adjustment Program | | | | |
| 4.0 Premium adjustments receivable (payments) | | | | |
| 5. Transitional ACA Reinsurance Program | | | | |
| 5.0 Total amounts recoverable for claims (paid & unpaid) | | | | |
| 6. Temporary ACA Risk Corridor Program | | | | |
| 6.1 Retrospective premium received | | | | |
| 6.2 Rate credits or policy experience refunds paid | | | | |

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

(LOCATION)

Group Code BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Company Code

| | Comprehensive Health Coverage | | | | | | Business Subject to MLR | | | 10 Government Business (excluded by statute) | 11 Other Health Business | 12 Medicare Advantage Part C and Medicare Stand- Stand- Subject to ACA | 13 Total (a) |
|-------|--|----------------------------|----------------------------|------------|----------------------------|----------------------------|-------------------------|----------------|----------------------------|--|-----------------------------------|---|--------------------|
| | 1 | | 2 | | 3 | | 4 | | | | | | |
| | Individual | Small Group Employer | Large Group Employer | Individual | Small Group Employer | Large Group Employer | Small Group | Large Group | Student Health Plans | | | | |
| 1. | Health Premiums Paid | | | | | | | | | | | | |
| 1.1 | Paid for written contracts | | | | | | | | | | | | |
| 1.2 | Direct premium current year | | | | | | | | | | | | |
| 1.3 | Unearned premium current year | | | | | | | | | | | | |
| 1.4 | Change in unearned premiums (Lines 1.2 – 1.3) | | | | | | | | | | | | |
| 1.5 | Paid rate credits | | | | | | | | | | | | |
| 1.6 | Reserve for rate credits current year | | | | | | | | | | | | |
| 1.7 | Reserve for rate credits prior year | | | | | | | | | | | | |
| 1.8 | Change in reserve for rate credits (Lines 1.6 – 1.7) | | | | | | | | | | | | |
| 1.9 | Premium balances written off | | | | | | | | | | | | |
| 1.10 | Group conversion charges (Lines 1.1 – 1.9) | | | | | | | | | | | | |
| 1.11 | Total direct premiums earned (Lines 1.1 – 1.10) | | | | | | | | | | | | |
| 1.12 | Assumed premiums earned from non-affiliates | | | | | | | | | | | | |
| 1.13 | Net assumed less ceded premiums earned from affiliates | | | | | | | | | | | | |
| 1.14 | Ceded premiums earned to non-affiliates | | | | | | | | | | | | |
| 1.15 | Other adjustments due to MLR calculation – Premiums | | | | | | | | | | | | |
| 1.16 | Net premiums earned (Lines 1.11 – 1.3 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15) | | | | | | | | | | | | |
| 2. | Direct Claims Incurred | | | | | | | | | | | | |
| 2.1 | Paid claims during the year | | | | | | | | | | | | |
| 2.2 | Direct claim liability current year | | | | | | | | | | | | |
| 2.3 | Direct claim liability prior year | | | | | | | | | | | | |
| 2.4 | Direct claim reserves current year | | | | | | | | | | | | |
| 2.5 | Direct claim reserves prior year | | | | | | | | | | | | |
| 2.6 | Direct contract reserves current year | | | | | | | | | | | | |
| 2.7 | Direct contract reserves prior year | | | | | | | | | | | | |
| 2.8 | Paid rate credits | | | | | | | | | | | | |
| 2.9 | Reserve for rate credits current year | | | | | | | | | | | | |
| 2.10 | Reserve for rate credits prior year | | | | | | | | | | | | |
| 2.11 | Incurred medical incentive pools and bonuses current year | | | | | | | | | | | | |
| 2.11a | Paid medical incentive pools and bonuses current year | | | | | | | | | | | | |
| 2.11b | Accrued medical incentive pools and bonuses current year | | | | | | | | | | | | |
| 2.11c | Accrued medical incentive pools and bonuses prior year | | | | | | | | | | | | |
| 2.12 | Net health care receivables (Lines 2.12a – 2.12b) | | | | | | | | | | | | |
| 2.12a | Health care receivables current year | | | | | | | | | | | | |
| 2.12b | Health care receivables prior year | | | | | | | | | | | | |
| 2.13 | Group conversion charge | | | | | | | | | | | | |
| 2.14 | Multi-option coverage blended rate adjustment | | | | | | | | | | | | |
| 2.15 | Total direct claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14) | | | | | | | | | | | | |
| 2.16 | Assumed incurred claims from non-affiliates | | | | | | | | | | | | |
| 2.17 | Net assumed less ceded incurred claims from affiliates | | | | | | | | | | | | |
| 2.18 | Ceded incurred claims to non-affiliates | | | | | | | | | | | | |
| 2.19 | Other adjustments due to MLR calculation – Claims | | | | | | | | | | | | |
| 2.20 | Net incurred Claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.16 + 2.17 – 2.18 + 2.19) | | | | | | | | | | | | |
| 3. | Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only) | | | | | | | | | | | | |

(a) Column 13, Line 1.1 includes direct written premium of \$..... for stand-alone dental and \$..... for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR CORPORATION

(LOCATION)

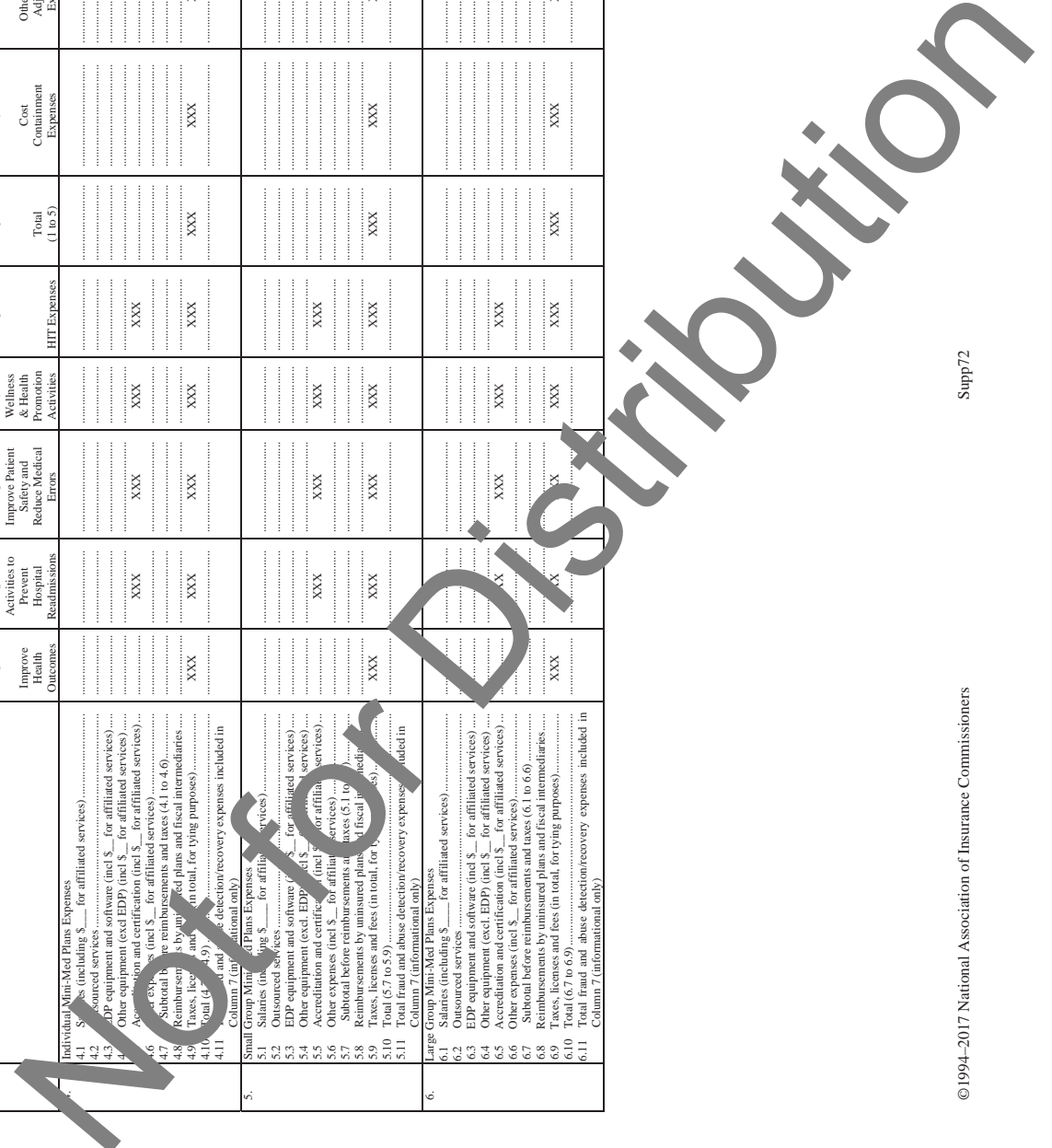
NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------|---|---|--|--------------------------------------|--------------|----------------|---------------------------|----------------------------------|---------------------------------|-------------------------|
| | Improve Health Outcomes | Activities to Prevent Hospital Readmissions | Improve Patient Safety and Reduce Medical Errors | Widening Health Promotion Activities | HIT Expenses | Total (1 to 5) | Cost Containment Expenses | Other Claims Adjustment Expenses | General Administrative Expenses | Total Expenses (6 to 9) |
| All Expenses | | | | | | | | | | |
| 1. | Individual Comprehensive Coverage Expenses: | | | | | | | | | |
| 1.1 | Salaries (including \$ for affiliated services) | | | | | | | | | |
| 1.2 | Outsourced services | | | | | | | | | |
| 1.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | |
| 1.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | |
| 1.5 | Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | |
| 1.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | |
| 1.7 | Subtotal before reimbursements and taxes (1.1 to 1.6) | | | | | | | | | |
| 1.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | |
| 1.9 | Taxes, licenses, and fees (in total, for tying purposes) | | | | | | | | | |
| 1.10 | Total (1.7 to 1.9) | | | | | | | | | |
| 1.11 | Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | |
| 2. | Small Group Comprehensive Coverage Expenses: | | | | | | | | | |
| 2.1 | Salaries (including \$ for affiliated services) | | | | | | | | | |
| 2.2 | Outsourced services | | | | | | | | | |
| 2.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | |
| 2.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | |
| 2.5 | Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | |
| 2.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | |
| 2.7 | Subtotal before reimbursements and taxes (2.1 to 2.6) | | | | | | | | | |
| 2.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | |
| 2.9 | Taxes, licenses, and fees (in total, for tying purposes) | | | | | | | | | |
| 2.10 | Total (2.7 to 2.9) | | | | | | | | | |
| 2.11 | Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | |
| 3. | Large Group Comprehensive Coverage Expenses: | | | | | | | | | |
| 3.1 | Salaries (including \$ for affiliated services) | | | | | | | | | |
| 3.2 | Outsourced services | | | | | | | | | |
| 3.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | |
| 3.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | |
| 3.5 | Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | |
| 3.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | |
| 3.7 | Subtotal before reimbursements and taxes (3.1 to 3.6) | | | | | | | | | |
| 3.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | |
| 3.9 | Taxes, licenses, and fees (in total, for tying purposes) | | | | | | | | | |
| 3.10 | Total (3.7 to 3.9) | | | | | | | | | |
| 3.11 | Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | |

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)

(To Be Filled By April 1 – Not for Rebate Purposes)

| | All Expenses | Improving Health Care Quality Expenses | | | | Claims Adjustment Expenses | | | 9 General Administrative Expenses | 10 Total Expenses (6 to 9) |
|----|--|--|---|--|--|----------------------------|------------------------|--------------------------------------|--|-------------------------------------|
| | | 1 Improve Health Outcomes | 2 Activities to Prevent Hospital Readmissions | 3 Improve Patient Safety and Reduce Medical Errors | 4 Wellness & Health Promotion Activities | 5 HIT Expenses | 6 Total (1 to 5) | 7 Cost Containment Expenses | | |
| 5. | Individual/Mini-Med Plans Expenses 4.1 Salaries (including \$___ for affiliated services)..... 4.2 Sourced services (incl \$___ for affiliated services)..... 4.3 EDP equipment and software (incl \$___ for affiliated services)..... 4.4 Other equipment (excl EDP) (incl \$___ for affiliated services)..... 4.5 Accreditation and certification (incl \$___ for affiliated services)..... 4.6 Other expenses (incl \$___ for affiliated services)..... 4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)..... 4.8 Reimbursements by unaffiliated plans and fiscal intermediaries..... 4.9 Taxes, licenses and fees (in total, for tying purposes)..... 4.10 Total (4.7 to 4.9)..... 4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| | Small Group/Mini-Med Plans Expenses 5.1 Salaries (including \$___ for affiliated services)..... 5.2 Sourced services (incl \$___ for affiliated services)..... 5.3 EDP equipment and software (incl \$___ for affiliated services)..... 5.4 Other equipment (excl EDP) (incl \$___ for affiliated services)..... 5.5 Accreditation and certification (incl \$___ for affiliated services)..... 5.6 Other expenses (incl \$___ for affiliated services)..... 5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)..... 5.8 Reimbursements by unaffiliated plans and fiscal intermediaries..... 5.9 Taxes, licenses and fees (in total, for tying purposes)..... 5.10 Total (5.7 to 5.9)..... 5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 6. | Large Group/Mini-Med Plans Expenses 6.1 Salaries (including \$___ for affiliated services)..... 6.2 Outsourced services..... 6.3 EDP equipment and software (incl \$___ for affiliated services)..... 6.4 Other equipment (excl EDP) (incl \$___ for affiliated services)..... 6.5 Accreditation and certification (incl \$___ for affiliated services)..... 6.6 Other expenses (incl \$___ for affiliated services)..... 6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)..... 6.8 Reimbursements by unaffiliated plans and fiscal intermediaries..... 6.9 Taxes, licenses and fees (in total, for tying purposes)..... 6.10 Total (6.7 to 6.9)..... 6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |



SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)
 (To Be Filed By April 1 – Not for Rebate Purposes)

| 7. Expenses | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------|---|-------------------------|---|--|--|--------------|----------------|---------------------------|----------------------------------|---------------------------------|-------------------------|
| | | Improve Health Outcomes | Activities to Prevent Hospital Readmissions | Improve Patient Safety and Reduce Medical Errors | Wellness & Health Promotion Activities | HIT Expenses | Total (1 to 5) | Cost Containment Expenses | Other Claims Adjustment Expenses | General Administrative Expenses | Total Expenses (6 to 9) |
| 7.1 | Small Group Expatiate Plans Expenses (including \$ for affiliated services) | | | | | | | | | | |
| 7.2 | Outsourced services (incl \$ for affiliated services) | | | | | | | | | | |
| 7.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | |
| 7.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | |
| 7.5 | Accreditation and certification (incl \$ for affiliated services) | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 7.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | |
| 7.7 | Subtotal before reimbursements and taxes (7.1 to 7.6) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 7.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | |
| 7.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | |
| 7.10 | Total (7.7 to 7.9) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 7.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | |
| 8. | Large Group Expatiate Plans Expenses | | | | | | | | | | |
| 8.1 | Salaries (including \$ for affiliated services) | | | | | | | | | | |
| 8.2 | Outsourced services (incl \$ for affiliated services) | | | | | | | | | | |
| 8.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | |
| 8.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | |
| 8.5 | Accreditation and certification (incl \$ for affiliated services) | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 8.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | |
| 8.7 | Subtotal before reimbursements and taxes (8.1 to 8.6) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 8.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | |
| 8.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | |
| 8.10 | Total (8.7 to 8.9) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 8.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | |
| 9. | Student Health Plans Expenses | | | | | | | | | | |
| 9.1 | Salaries (including \$ for affiliated services) | | | | | | | | | | |
| 9.2 | Outsourced services | | | | | | | | | | |
| 9.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | |
| 9.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | |
| 9.5 | Accreditation and certification (incl \$ for affiliated services) | | XXX | XXX | XXX | XXX | XXX | | | | |
| 9.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | |
| 9.7 | Subtotal before reimbursements and taxes (9.1 to 9.6) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 9.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | |
| 9.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | |
| 9.10 | Total (9.7 to 9.9) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 9.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | |

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT
(To Be Filed by April 1)

NAIC Group Code: _____

NAIC Company Code: _____

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

| Expense Type from Part 3 | New | Detailed Description of Expense |
|--|---|---|
| 1. Improve Health Outcomes: | | |
| 2. Activities to Prevent Hospital Readmission: | | |
| 3. Improve Patient Safety and Reduce Medical Errors: | | |
| 4. Wellness & Health Promotion Activities: | | |
| 5. HIT Expenses for Health Care Quality Improvements: | | |

Not for Distribution

Not for Distribution

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Affix Bar Code Above

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 20__
(To Be Filed by April 1)

NAIC Group Code

NAIC Company Code

Company Name

PART 1 – INTERROGATORIES

Cybersecurity Insurance Coverage:

- 1. Does the reporting entity write any stand-alone cybersecurity insurance coverage? Yes [] No []
If yes, complete Column 1 for Part 2.
- 2. Does the reporting entity write any cybersecurity insurance coverage provided as part of a package policy? Yes [] No []
If yes, complete Column 1 for Part 3.
- 3. If the liability portion of a cybersecurity insurance policy is a claims-made policy, is an extended reporting endorsement (tail coverage) offered? Yes [] No [] N/A []

Identity Theft Insurance Coverage:

- 4. Does the reporting entity write any stand-alone identity theft insurance coverage? Yes [] No []
If yes, complete Column 2 for Part 2.
- 5. Does the reporting entity write any identity theft insurance coverage provided as part of a package policy? Yes [] No []
If yes, complete Column 2 for Part 3.

Not for Distribution

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

**PART 2 – STAND-ALONE POLICIES
POLICY AND CLAIMS DATA**

| | 1 Cybersecurity Insurance | 2 Identity Theft Insurance |
|--|------------------------------|-------------------------------|
| Direct Premiums | | |
| 1. Written | | |
| 2. Earned | | |
| Direct Losses | | |
| 3. Paid | | |
| 4. Incurred..... | | |
| Direct Defense and Cost Containment | | |
| 5. Paid | | |
| 6. Incurred..... | | |
| Number of Policies in Force | | |
| 7. Claims-Made | | XXX |
| 8. Occurrence..... | | XXX |
| 9. Total (7 + 8)..... | | |
| Number of Claims Reported | | |
| 10. First Party | | XXX |
| 11. Third Party..... | | XXX |
| 12. Total (10 + 11)..... | | |
| Number of Claims Open | | |
| 13. First Party | | XXX |
| 14. Third Party..... | | XXX |
| 15. Total (13 + 14)..... | | |
| Number of Claims Closed with Payment | | |
| 16. First Party | | XXX |
| 17. Third Party..... | | XXX |
| 18. Total (16 + 17)..... | | |
| Number of Claims Closed without Payment | | |
| 19. First Party | | XXX |
| 20. Third Party..... | | XXX |
| 21. Total (19 + 20)..... | | |

Not for Distribution

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

**PART 3 – PART OF A PACKAGE POLICY
POLICY AND CLAIMS DATA**

| | 1 Cybersecurity Insurance | 2 Identity Theft Insurance |
|---|------------------------------|-------------------------------|
| Direct Premiums Quantified | | |
| 1. Written | | |
| 2. Earned | | |
| Direct Premiums Estimated Using Reasonable Assumptions | | |
| 3. Written | | |
| 4. Earned | | |
| Direct Losses | | |
| 5. Paid | | |
| 6. Case Reserves | | |
| Direct Defense and Cost Containment | | |
| 7. Paid | | |
| 8. Case Reserves | | |
| Number of Policies in Force | | |
| 9. Claims-Made | | XX |
| 10. Occurrence | | XX |
| 11. Total (9 + 10) | | |
| Number of Claims Reported | | |
| 12. First Party | | XXX |
| 13. Third Party | | XXX |
| 14. Total (12 + 13) | | |
| Number of Claims Open | | |
| 15. First Party | | XXX |
| 16. Third Party | | XXX |
| 17. Total (15 + 16) | | |
| Number of Claims Closed with Payment | | |
| 18. First Party | | XXX |
| 19. Third Party | | XXX |
| 20. Total (18 + 19) | | |
| Number of Claims Closed without Payment | | |
| 21. First Party | | XXX |
| 22. Third Party | | XXX |
| 23. Total (21 + 22) | | |

Not for Distribution

Not for Distribution

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ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

| | |
|---|------|
| Assets | 2 |
| Cash Flow | 5 |
| Exhibit of Capital Gains (Losses)..... | 12 |
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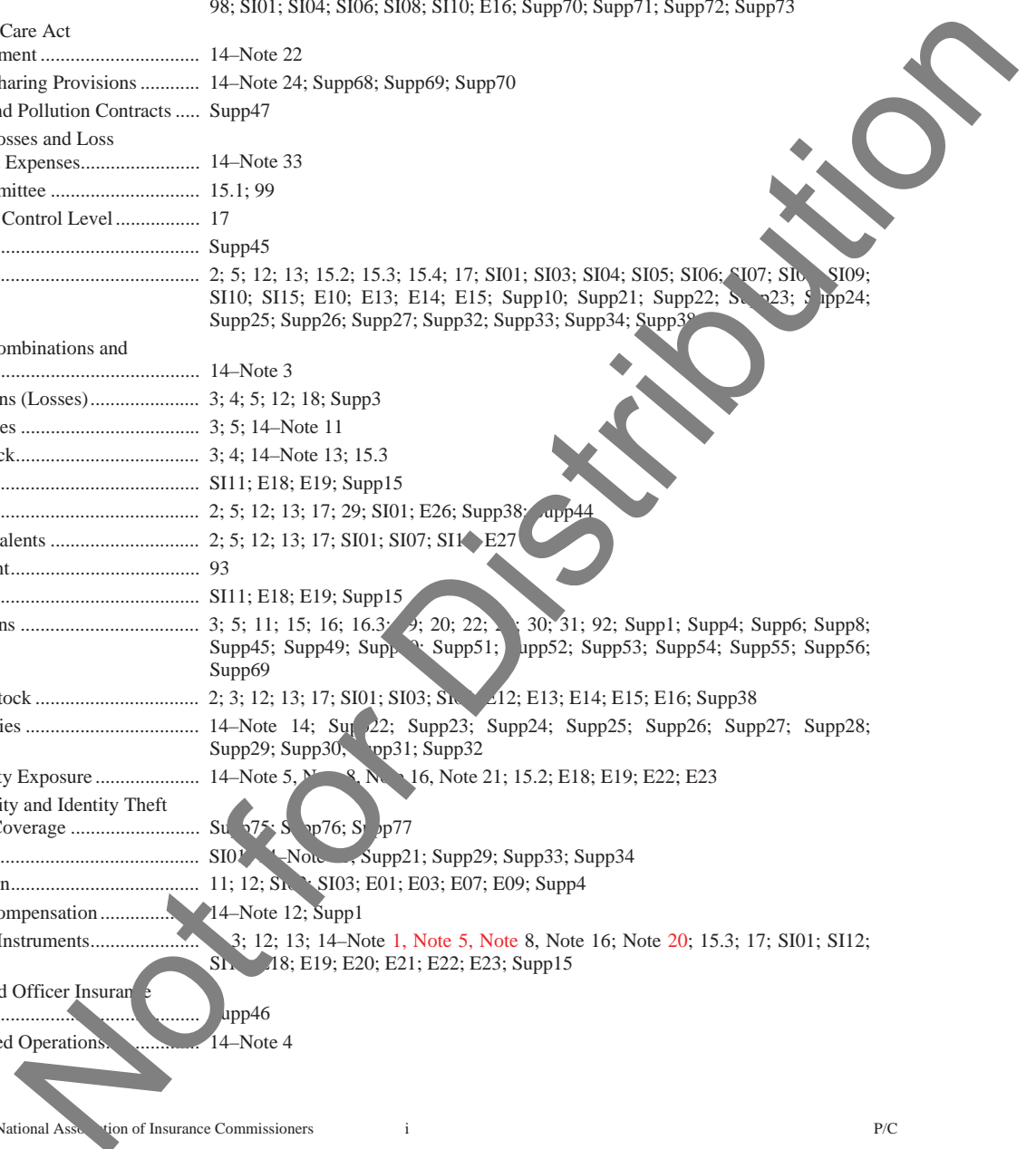
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