

PROPERTY / CASUALTY

2024

**Annual
Statement
Blank**

NAIC NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS

Official NAIC Annual Statement Blank

Property/Casualty

For the 2024 reporting year

UPDATES TO THESE BLANKS

There may be modifications to this blank from year to year. As such, guidance is subject to the maintenance process. Yellow highlighting identifies changes from the previous year. Any modifications after the initial release of this blank, which are applicable to the filing year of this publication, are posted on the NAIC website at https://content.naic.org/cmte_e_app_blanks.htm.

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Questions regarding the content of this blank should be directed to Linda Hunsucker, Senior Blanks and Vendor Liaison Specialist, at lhunsucker@naic.org.

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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, 2024

PROPERTY AND CASUALTY

2024

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ANNUAL STATEMENT

For the Year Ended December 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code _____	NAIC Company Code _____	Employer's ID Number _____
(Current Period)	(Prior Period)	
Organized under the Laws of _____	State of Domicile or Port of Entry _____	
Country of Domicile _____		
Incorporated/Organized _____	Commenced Business _____	
Statutory Home Office _____		
(Street and Number)	(City or Town, State, Country and Zip Code)	
Main Administrative Office _____		
(Street and Number)		
(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Mail Address _____		
(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)	
Primary Location of Books and Records _____		
(Street and Number)		
(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Internet Web Site Address _____		
Statutory Statement Contact _____		
(Name)	(Area Code)	(Telephone Number)
(E-Mail Address)	(Fax Number)	(Extension)

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

DIRECTORS OR TRUSTEES		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____ (Signature)	_____ (Signature)	_____ (Signature)
_____ (Printed Name) 1.	_____ (Printed Name) 2.	_____ (Printed Name) 3.
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me thisday of 2025	a. Is this an original filing?	Yes [] No []
	b. If no:	
	1. State the amendment number
	2. Date filed
	3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 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.....
3.2 Other than first liens.....
4. Real estate (Schedule A):
4.1 Properties occupied by the company (less \$..... encumbrances).....
4.2 Properties held for the production of income (less \$..... encumbrances).....
4.3 Properties held for sale (less \$..... encumbrances).....
5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA).....
6. Contract loans (including \$..... premium notes).....
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 less \$.....charged off (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 (including \$..... earned but unbilled premiums).....
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).....
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2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....

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	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees).....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
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).....		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$..... certified) (Schedule F, Part 3 Column 78)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities.....		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$.....and interest thereon \$.....		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....		
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)		
29. Aggregate write-ins for special surplus funds.....		
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other-than-special surplus funds.....		
33. Surplus notes		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus)		
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$.....)		
36.2 shares preferred (value included in Line 31 \$.....)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....		
38. Totals (Page 2, Line 28, Col. 3)		
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2902.		
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STATEMENT OF INCOME

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1.	Premiums earned (Part 1, Line 35, Column 4).....
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
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....
INVESTMENT INCOME			
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)
10.	Net realized capital gains (losses) less capital gains tax of \$.....(Exhibit of Capital Gains (Losses))
11.	Net investment gain (loss) (Lines 9 + 10)
OTHER INCOME			
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....amount charged off \$.....).....
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)
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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 cells
31.	Cumulative effect of changes in accounting principles
32.	Capital changes:
32.1	Paid in
32.2	Transferred from surplus (Stock Dividend)
32.3	Transferred to surplus
33.	Surplus adjustments:
33.1	Paid in
33.2	Transferred to capital (Stock Dividend)
33.3	Transferred from capital
34.	Net remittances from or (to) Home Office
35.	Dividends to stockholders
36.	Change in treasury stock (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)

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

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				
2.1 Allied lines				
2.2 Multiple peril crop.....				
2.3 Federal flood				
2.4 Private crop				
2.5 Private flood.....				
3. Farmowners multiple peril				
4. Homeowners multiple peril.....				
5.1 Commercial multiple peril (non-liability portion).....				
5.2 Commercial multiple peril (liability portion)				
6. Mortgage guaranty				
8. Ocean marine				
9.1 Inland marine.....				
9.2 Pet insurance plans.....				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake.....				
13.1 Comprehensive (hospital and medical) individual.....				
13.2 Comprehensive (hospital and medical) group				
14. Credit accident and health (group and individual).....				
15.1 Vision only				
15.2 Dental only				
15.3 Disability income				
15.4 Medicare supplement				
15.5 Medicaid Title XIX				
15.6 Medicare Title XVIII				
15.7 Long-term care				
15.8 Federal employees health benefits plan				
15.9 Other 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 Private passenger auto no-fault (personal injury protection)				
19.2 Other private passenger auto liability				
19.3 Commercial auto no-fault (personal injury protection)				
19.4 Other 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. 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)				

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
2.1 Allied lines
2.2 Multiple peril crop.....
2.3 Federal flood
2.4 Private crop
2.5 Private flood
3. Farmowners multiple peril
4. Homeowners multiple peril.....
5.1 Commercial multiple peril (non-liability portion)
5.2 Commercial multiple peril (liability portion).....
6. Mortgage guaranty
8. Ocean marine
9.1 Inland marine.....
9.2 Pet insurance plans
10. Financial guaranty
11.1 Medical professional liability—occurrence.....
11.2 Medical professional liability—claims-made.....
12. Earthquake.....
13.1 Comprehensive (hospital and medical) individual.....
13.2 Comprehensive (hospital and medical) group
14. Credit accident and health (group and individual)
15.1 Vision only
15.2 Dental only
15.3 Disability income
15.4 Medicare supplement
15.5 Medicaid title XIX
15.6 Medicare title XVIII.....
15.7 Long-term care
15.8 Federal employees health benefits plan
15.9 Other 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 Private passenger auto no-fault (personal injury protection)
19.2 Other private passenger auto liability
19.3 Commercial auto no-fault (personal injury protection)
19.4 Other 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. 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.....						
2.1 Allied lines.....						
2.2 Multiple peril crop.....						
2.3 Federal flood.....						
2.4 Private crop.....						
2.5 Private flood.....						
3. Farmowners multiple peril.....						
4. Homeowners multiple peril.....						
5.1 Commercial multiple peril (non-liability portion).....						
5.2 Commercial multiple peril (liability portion).....						
6. Mortgage guaranty.....						
8. Ocean marine.....						
9.1 Inland marine.....						
9.2 Pet insurance plans.....						
10. Financial guaranty.....						
11.1 Medical professional liability—occurrence.....						
11.2 Medical professional liability—claims-made.....						
12. Earthquake.....						
13.1 Comprehensive (hospital and medical) individual.....						
13.2 Comprehensive (hospital and medical) group.....						
14. Credit accident and health (group and individual).....						
15.1 Vision only.....						
15.2 Dental only.....						
15.3 Disability income.....						
15.4 Medicare supplement.....						
15.5 Medicaid Title XIX.....						
15.6 Medicare Title XVIII.....						
15.7 Long-term care.....						
15.8 Federal employees health benefits plan.....						
15.9 Other 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 Private passenger auto no-fault (personal injury protection).....						
19.2 Other private passenger auto liability.....						
19.3 Commercial auto no-fault (personal injury protection).....						
19.4 Other 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. 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 \$.....

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire								
2.1 Allied lines								
2.2 Multiple peril crop								
2.3 Federal flood								
2.4 Private crop								
2.5 Private flood								
3. Farmowners multiple peril								
4. Homeowners multiple peril								
5.1 Commercial multiple peril (non-liability portion)								
5.2 Commercial multiple peril (liability portion)								
6. Mortgage guaranty								
8. Ocean marine								
9.1 Inland marine								
9.2 Pet insurance plans								
10. Financial guaranty								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13.1 Comprehensive (hospital and medical) individual								
13.2 Comprehensive (hospital and medical) group								
14. Credit accident and health (group and individual)								
15.1 Vision only								
15.2 Dental only								
15.3 Disability income								
15.4 Medicare supplement								
15.5 Medicaid Title XIX								
15.6 Medicare Title XVIII								
15.7 Long-term care								
15.8 Federal employees health benefits plan								
15.9 Other 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 Private passenger auto no-fault (personal injury protection)								
19.2 Other private passenger auto liability								
19.3 Commercial auto no-fault (personal injury protection)								
19.4 Other 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. 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)								

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

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	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	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire									
2.1 Allied lines									
2.2 Multiple peril crop									
2.3 Federal flood									
2.4 Private crop									
2.5 Private flood									
3. Farmowners multiple peril									
4. Homeowners multiple peril									
5.1 Commercial multiple peril (non-liability portion)									
5.2 Commercial multiple peril (liability portion)									
6. Mortgage guaranty									
8. Ocean marine									
9.1 Inland marine									
9.2 Pet insurance plans									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13.1 Comprehensive (hospital and medical) individual								(a)	
13.2 Comprehensive (hospital and medical) group								(a)	
14. Credit accident and health (group and individual)									
15.1 Vision only								(a)	
15.2 Dental only								(a)	
15.3 Disability income								(a)	
15.4 Medicare supplement								(a)	
15.5 Medicaid Title XIX								(a)	
15.6 Medicare Title XVIII								(a)	
15.7 Long-term care								(a)	
15.8 Federal employees health benefits plan								(a)	
15.9 Other health								(a)	
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 Private passenger auto no-fault (personal injury protection)									
19.2 Other private passenger auto liability									
19.3 Commercial auto no-fault (personal injury protection)									
19.4 Other 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. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX				
33. Reinsurance-nonproportional assumed financial lines	XXX				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 reported in Lines 13 and 15.

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	(g)
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 excludes \$ _____ 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.
0903.
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)

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, 2 and 3.
- 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? _____
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes ☐ No ☐
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☐
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile 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 ☐
- If yes, complete and file the merger history data file with the NAIC.
- 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	2	3
Name of Entity	NAIC Company Code	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(s) 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	2
Nationality	Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes ☐ No ☐
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.

- 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
.....
.....
.....
.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes ☐ No ☐

- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes ☐ No ☐ N/A ☐

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 requirements 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 for 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 or 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 Name 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 manager or 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 of the trust indentures 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 ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

- 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 (Fraternal 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 (Fraternal only) \$ _____
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without 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 *Annual Statement 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 2 amount: \$ _____
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes ☐ No ☐
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 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 25.03) Yes ☐ No ☐
- 25.02 If no, give full and complete information, relating thereto.....
- 25.03 For securities 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 is to reference Note 17 where this information is also provided).....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ _____
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ _____
- 25.06 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 ☐
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ N/A ☐
- 25.08 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

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

25.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
25.092	Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
25.093	Total payable for securities lending reported on the liability page	\$ _____

26.1 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 25.03).

Yes ☐ No ☐

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

26.21	Subject to repurchase agreements	\$ _____
26.22	Subject to reverse repurchase agreements	\$ _____
26.23	Subject to dollar repurchase agreements	\$ _____
26.24	Subject to reverse dollar repurchase agreements	\$ _____
26.25	Placed under option agreements	\$ _____
26.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$ _____
26.27	FHLB Capital Stock	\$ _____
26.28	On deposit with states	\$ _____
26.29	On deposit with other regulatory bodies	\$ _____
26.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____
26.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____
26.32	Other	\$ _____

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

Yes ☐ No ☐

27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

Yes ☐ No ☐

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41	Special accounting provision of SSAP No. 108	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.42	Permitted accounting practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.43	Other accounting guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes ☐ No ☐

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

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

Yes ☐ No ☐

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

\$ _____

29. 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 ☐

29.01 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

GENERAL INTERROGATORIES

29.02 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(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes [] No []

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

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

29.05 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. **This includes both primary and sub-advisors.** 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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No []

29.06 For those firms or individuals listed in the table for 29.05 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

30.1 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 []

30.2 If yes, complete the following schedule:

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

30.3 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

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds			
31.2 Preferred Stocks			
31.3 Totals			

- 31.4 Describe the sources or methods utilized in determining the fair values:
-
-

- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ☐ No ☐
- 32.2 If the answer to 32.1 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 ☐
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
-

- 33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes ☐ No ☐
- 33.2 If no, list exceptions:
-

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - 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 5GI securities? Yes ☐ No ☐

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual)* for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
 - b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
 - c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
 - d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
- Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes ☐ No ☐

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 - b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
- Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes ☐ No ☐ N/A ☐

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies?

Yes ☐ No ☐
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes ☐ No ☐
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21

Held directly

Yes ☐ No ☐

39.22

Immediately converted to U.S. dollars

Yes ☐ No ☐
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$
- 40.2

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	2
Name	Amount Paid
	\$
	\$
	\$
	\$

- 41.1

Amount of payments for legal expenses, if any?

\$
- 41.2

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	2
Name	Amount Paid
	\$
	\$
	\$
	\$

- 42.1

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

\$
- 42.2

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	2
Name	Amount Paid
	\$
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	Did the reporting entity issue participating policies during the calendar year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:				
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	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Does the reporting entity issue non-assessable policies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		_____ %		
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$	_____		
5.	For Reciprocal Exchanges Only:				
5.1	Does the exchange appoint local agents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	If yes, is the commission paid:				
5.21	Out of Attorney's-in-fact compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.22	As a direct expense of the exchange	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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 applicable limiting 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 its 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 and not 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 all such ceded reinsurance contracts on the balance sheet and statement of income;
 - (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
 - (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 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 for 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 Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance?

Yes ☐ No ☐

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11

Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance

\$

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

\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

Not for Distribution

FIVE-YEAR HISTORICAL DATA

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

	1 2024	2 2023	3 2022	4 2021	5 2020
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)	100.0	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 above
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
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 8, Part 1B, Col. 6, Line 35 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 35 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?

Yes [] No []

If no, please explain

Affix Bar Code Above

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code

BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Company Code

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire
2.1 Allied Lines
2.2 Multiple Peril Crop
2.3 Federal Flood
2.4 Private Crop
2.5 Private Flood
3. Farmowners Multiple Peril
4. Homeowners Multiple Peril
5.1 Commercial Multiple Peril (Non-Liability Portion)
5.2 Commercial Multiple Peril (Liability Portion)
6. Mortgage Guaranty
8. Ocean Marine
9. Inland marine
9.2 Pet insurance plans
10. Financial Guaranty
11.1 Medical Professional Liability—Occurrence
11.2 Medical Professional Liability—Claims-Made
12. Earthquake
13.1 Comprehensive (hospital and medical) ind (b)
13.2 Comprehensive (hospital and medical) group (b)
14. Credit A&H (Group and Individual)
15.1 Vision Only (b)
15.2 Dental Only (b)
15.3 Disability Income (b)
15.4 Medicare Supplement (b)
15.5 Medicaid Title XIX (b)
15.6 Medicare Title XVIII (b)
15.7 Long-Term Care (b)
15.8 Federal Employees Health Benefits Plan (b)
15.9 Other Health (b)
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 Private Passenger Auto No-Fault (Personal Injury Protection)
19.2 Other Private Passenger Auto Liability
19.3 Commercial Auto No-Fault (Personal Injury Protection)
19.4 Other 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. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business
35. TOTAL (a)
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)

(a) Finance and service charges not included in Lines 1 to 35 \$.....
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

21

P/C

[illegible]

23

P/C

SCHEDULE F – PART 3 (Continued)
Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

[illegible]

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

[illegible]

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

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

	1	2	3
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
1.
2.
3.
4.
5.

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

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

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

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

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (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)
LIABILITIES (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 grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [☐] No [☐]

If yes, give full explanation:

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT
PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written		xxx		xxx		xxx		xxx		xxx		xxx		xxx
2. Premiums earned		xxx		xxx		xxx		xxx		xxx		xxx		xxx
3. Incurred claims														
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														
12. Gain from underwriting before dividends or refunds														
13. Dividends or refunds														
14. 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. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		xxx		xxx		xxx		xxx		xxx		xxx
2. Premiums earned		xxx		xxx		xxx		xxx		xxx		xxx
3. Incurred claims												
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												
12. Gain from underwriting before dividends or refunds												
13. Dividends or refunds												
14. 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. Totals (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)**PART 2 – RESERVES AND LIABILITIES**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums													
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year													
5. Total premium reserves, prior year													
6. Increase in total premium reserves													
B. Contract Reserves:													
1. Additional reserves (a)													
2. Reserve for future contingent benefits													
3. Total contract reserves, current year													
4. Total contract reserves, prior year													
5. 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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health
1. Claims 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 Lines 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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health
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	2	3	4	5	6	7	8	9	10	11	12	13
	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health	Total
A. Direct:													
1. Incurred claims.....
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities.....
4. Claims paid.....
B. Assumed Reinsurance:													
1. Incurred claims.....
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities.....
4. Claims paid.....
C. Ceded Reinsurance:													
1. Incurred claims.....
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities.....
4. Claims paid.....
D. Net:													
1. Incurred claims.....
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities.....
4. Claims paid.....
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses
2. Beginning reserves and liabilities
3. Ending reserves and liabilities
4. Paid claims and cost containment expenses

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. 2015.....	XXX
3. 2016.....	XXX
4. 2017.....	XXX
5. 2018.....	XXX
6. 2019.....	XXX
7. 2020.....	XXX
8. 2021.....	XXX
9. 2022.....	XXX
10. 2023.....	XXX
11. 2024.....	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	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.	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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	12
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior.....	000										XXX	XXX
2. 2015.....											XXX	XXX
3. 2016.....	XXX										XXX	XXX
4. 2017.....	XXX	XXX									XXX	XXX
5. 2018.....	XXX	XXX	XXX								XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32	33	Inter-Company Pooling Participation Percentage	35	36
							Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1E – COMMERCIAL MULTIPLE PERIL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25	
	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
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	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	Inter-Company Pooling Participation Percentage	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		

**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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	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	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2015.....												XXX
3. 2016.....												XXX
4. 2017.....												XXX
5. 2018.....												XXX
6. 2019.....												XXX
7. 2020.....												XXX
8. 2021.....												XXX
9. 2022.....												XXX
10. 2023.....												XXX
11. 2024.....												XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	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	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	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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	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	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	Inter-Company Pooling Participation Percentage XXX	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		

**SCHEDULE P – PART 11 – 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. 2015.....												XXX
3. 2016.....												XXX
4. 2017.....												XXX
5. 2018.....												XXX
6. 2019.....												XXX
7. 2020.....												XXX
8. 2021.....												XXX
9. 2022.....												XXX
10. 2023.....												XXX
11. 2024.....												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	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	21 Direct and Assumed	22 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	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	Inter-Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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 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		

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. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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	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	21 Direct and Assumed	22 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	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32	33	Inter-Company Pooling Participation Percentage	35	36
							Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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	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	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	Inter-Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1M – INTERNATIONAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1–2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 – 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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	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	Inter-Company Pooling Participation Percentage XXX	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		

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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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.	XXX
2.	XXX
3.	XXX
4.	XXX
5.	XXX
6.	XXX
7.	XXX
8.	XXX
9.	XXX
10.	XXX
11.	XXX
12.	XXX

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

SCHEDULE P – PART 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
	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)	Number of Claims Reported Direct and Assumed
				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. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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.	XXX
2.	XXX
3.	XXX
4.	XXX
5.	XXX
6.	XXX
7.	XXX
8.	XXX
9.	XXX
10.	XXX
11.	XXX
12.	XXX

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

SCHEDULE P – PART 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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	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	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 – 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	XXX
2. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	XXX
12. Totals	XXX	XXX	XXX	XXX

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

SCHEDULE P – PART 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								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1–2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 – 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
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	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	Inter-Company Pooling Participation Percentage XXX	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		

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								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1–2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 – 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
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.
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11.
12.

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 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. 2015	XXX
3. 2016	XXX
4. 2017	XXX
5. 2018	XXX
6. 2019	XXX
7. 2020	XXX
8. 2021	XXX
9. 2022	XXX
10. 2023	XXX
11. 2024	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	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			Loss and Loss Expense Percentage			Nontabular Discount		34	Net Balance Sheet	
	Losses and Loss Expenses Incurred			(Incurred/Premiums Earned)					Inter-Company Pooling Participation Percentage	Reserves After Discount	
	26 Direct and Assumed	27	28	29 Direct and Assumed	30	31	32	33 Loss Expense		35	36 Loss Expenses Unpaid
1.	XXX	XXX	Net XXX	XXX	Ceded XXX	Net XXX	Loss	Expense	XXX	Unpaid	Unpaid
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1T - WARRANTY
(\$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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
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 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			

NEW PAGE

SCHEDULE P – PART 1U – PET INSURANCE PLANS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....												XXX
3. 2016.....												XXX
4. 2017.....												XXX
5. 2018.....												XXX
6. 2019.....												XXX
7. 2020.....												XXX
8. 2021.....												XXX
9. 2022.....												XXX
10. 2023.....												XXX
11. 2024.....												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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

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

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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 (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2K – FIDELITY, SURETY

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2M – INTERNATIONAL

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2T – WARRANTY

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P – PART 2U – PET INSURANCE PLANS

1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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	2	3	4	5	6	7	8	9	10		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	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	2	3	4	5	6	7	8	9	10		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	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. 2015.....											XXX	XXX
3. 2016.....	XXX										XXX	XXX
4. 2017.....	XXX	XXX									XXX	XXX
5. 2018.....	XXX	XXX	XXX								XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P – PART 3K – FIDELITY/SURETY

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 3M – INTERNATIONAL

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	000	XXX	XXX
2. 2015	XXX	XXX
3. 2016	XXX	XXX	XXX
4. 2017	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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. 2015	XXX	XXX
3. 2016	XXX	XXX	XXX
4. 2017	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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. 2015	XXX	XXX
3. 2016	XXX	XXX	XXX
4. 2017	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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	2	3	4	5	6	7	8	9	10		
1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 3T - WARRANTY

1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P – PART 3U – PET INSURANCE PLANS

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4K – FIDELITY/SURETY

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4M – INTERNATIONAL

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4T - WARRANTY

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4U – PET INSURANCE PLANS

1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior											
2. 2015											
3. 2016	XXX										
4. 2017	XXX	XXX									
5. 2018	XXX	XXX	XXX								
6. 2019	XXX	XXX	XXX	XXX							
7. 2020	XXX	XXX	XXX	XXX	XXX						
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024	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

	1	2	3	4	5	6
Schedule P—Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	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. Pet Insurance Plans						
24. Totals						

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....
2. 2015.....
3. 2016.....	XXX
4. 2017.....	XXX	XXX
5. 2018.....	XXX	XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....
2. 2015.....
3. 2016.....	XXX
4. 2017.....	XXX	XXX
5. 2018.....	XXX	XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

SECTION 1

	1	2	3	4	5	6
Schedule P—Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	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. Pet Insurance Plans
24. Totals

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior
2. 2015
3. 2016	XXX
4. 2017	XXX	XXX
5. 2018	XXX	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.2 | 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:
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 No. 65? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.4 | Does the company report any DDR reserve as loss or loss adjustment expense reserve? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 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 2015
1.603 2016
1.604 2017
1.605 2018
1.606 2019
1.607 2020
1.608 2021
1.609 2022
1.610 2023
1.611 2024
1.612 Totals		

- [illegible]

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

States, Etc.	1 Active Status (a)	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.....R
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	XXX
59. Totals	XXX
DETAILS OF WRITE-INS									
58001.	XXX
58002.	XXX
58003.	XXX
58998. Sum. of remaining write-ins for Line 58 from overflow page.....	XXX
58999. Totals (Lines 58001 through 58003+58998) (Line 58 above)	XXX

(a) Active Status Counts:

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R – Registered - Non-domiciled RRGs.....

3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
(other than their state of domicile – See DSLI).....
4. Q – Qualified - Qualified or accredited reinsurer.....

5. D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write
surplus lines in the state of domicile.

6. N – None of the above – Not allowed to write business in the state

(b) Explanation of basis of allocation of premiums by states, etc.

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P/C

			Direct Business Only					
States, Etc.			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	6 Totals
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							

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

PART 1 – ORGANIZATIONAL CHART

Not for Distribution

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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? | |

SUPPLEMENTAL FILINGS

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

MARCH FILING

- | | | |
|-----|--|-------|
| 11. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | |
| 12. | Will the Financial Guaranty Insurance Exhibit be filed by March 1? | |
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | |
| 14. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | |
| 15. | Will the Trustee Surplus Statement be filed with the state of domicile and the NAIC by March 1? | |
| 16. | Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | |
| 17. | Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | |
| 18. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | |
| 19. | Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | |
| 20. | Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | |
| 21. | Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | |
| 22. | Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | |
| 23. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | |
| 24. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | |
| 25. | 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? | |
| 26. | 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? | |
| 27. | Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1? | |
| 28. | Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1? | |
| 29. | Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? | |

APRIL FILING

- | | | |
|-----|--|-------|
| 30. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | |
| 31. | Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | |
| 32. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | |
| 33. | Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? | |
| 34. | Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | |
| 35. | Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | |
| 36. | Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? | |
| 37. | Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? | |

AUGUST FILING

- | | | |
|-----|--|-------|
| 38. | 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

Not for Distribution

SUMMARY INVESTMENT SCHEDULE

		Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
		1	2	3	4	5	6
Investment Categories		Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage of Column 5 Line 13
1.	Long-term bonds (Schedule D, Part 1):						
1.01	U.S. governments						
1.02	All other governments						
1.03	U.S. states, territories and possessions, etc. guaranteed.....						
1.04	U.S. political subdivisions of states, territories, and possessions, guaranteed.....						
1.05	U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06	Industrial and miscellaneous						
1.07	Hybrid securities						
1.08	Parent, subsidiaries and affiliates.....						
1.09	SVO identified funds						
1.10	Unaffiliated bank loans						
1.11	Unaffiliated certificates of deposit.....						
1.12	Total long-term bonds						
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
2.01	Industrial and miscellaneous (Unaffiliated).....						
2.02	Parent, subsidiaries and affiliates.....						
2.03	Total preferred stocks.....						
3.	Common stocks (Schedule D, Part 2, Section 2):						
3.01	Industrial and miscellaneous Publicly traded (Unaffiliated).....						
3.02	Industrial and miscellaneous Other (Unaffiliated)						
3.03	Parent, subsidiaries and affiliates Publicly traded						
3.04	Parent, subsidiaries and affiliates Other						
3.05	Mutual funds						
3.06	Unit investment trusts						
3.07	Closed-end funds.....						
3.08	Exchange traded funds						
3.09	Total common stocks						
4.	Mortgage loans (Schedule B):						
4.01	Farm mortgages.....						
4.02	Residential mortgages.....						
4.03	Commercial mortgages						
4.04	Mezzanine real estate loans						
4.05	Total valuation allowance						
4.06	Total mortgage loans.....						
5.	Real estate (Schedule A):						
5.01	Properties occupied by company						
5.02	Properties held for production of income						
5.03	Properties held for sale						
5.04	Total real estate						
6.	Cash, cash equivalents and short-term investments:						
6.01	Cash (Schedule E, Part 1)						
6.02	Cash equivalents (Schedule E, Part 2)						
6.03	Short-term investments (Schedule DA).....						
6.04	Total cash, cash equivalents and short-term investments						
7.	Contract loans						
8.	Derivatives (Schedule DB).....						
9.	Other invested assets (Schedule BA)						
10.	Receivables for securities						
11.	Securities lending (Schedule DL, Part 1)				XXX	XXX	XXX
12.	Other invested assets (Page 2, Line 11)						
13.	Total invested assets						

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 valuation allowance	_____	_____
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).....	_____	_____

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.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	_____
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 – 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, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States.....
	9. Canada
	10. Other Countries
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds				
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States.....	
	15. Canada	
	16. Other Countries	
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States.....	
	21. Canada	
	22. Other Countries	
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks				

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
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 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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
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							
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX						
10.2 NAIC 2						XXX						
10.3 NAIC 3						XXX						
10.4 NAIC 4						XXX						
10.5 NAIC 5						XXX						
10.6 NAIC 6						XXX						
10.7 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.1 NAIC 1						XXX						
11.2 NAIC 2						XXX						
11.3 NAIC 3						XXX						
11.4 NAIC 4						XXX						
11.5 NAIC 5						XXX						
11.6 NAIC 6						XXX						
11.7 Totals						XXX						

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
NAIC Designation	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 12.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d)	XXX	XXX
12.2 NAIC 2	(d)	XXX	XXX
12.3 NAIC 3	(d)	XXX	XXX
12.4 NAIC 4	(d)	XXX	XXX
12.5 NAIC 5	(d)	(c)	XXX	XXX
12.6 NAIC 6	(d)	(c)	XXX	XXX
12.7 Totals	(b)	XXX	XXX
12.8 Line 12.7 as a % of Col. 7	XXX	XXX
13. Total Bonds Prior Year												
13.1 NAIC 1	XXX	XXX
13.2 NAIC 2	XXX	XXX
13.3 NAIC 3	XXX	XXX
13.4 NAIC 4	XXX	XXX
13.5 NAIC 5	XXX	XXX	(c)
13.6 NAIC 6	XXX	XXX	(c)
13.7 Totals	XXX	XXX	(b)
13.8 Line 13.7 as a % of Col. 9	XXX	XXX	XXX
14. Total Publicly Traded Bonds												
14.1 NAIC 1	XXX
14.2 NAIC 2	XXX
14.3 NAIC 3	XXX
14.4 NAIC 4	XXX
14.5 NAIC 5	XXX
14.6 NAIC 6	XXX
14.7 Totals	XXX	XXX	XXX	XXX
14.8 Line 14.7 as a % of Col. 7	XXX	XXX	XXX	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	XXX	XXX	XXX	XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1	XXX
15.2 NAIC 2	XXX
15.3 NAIC 3	XXX
15.4 NAIC 4	XXX
15.5 NAIC 5	XXX
15.6 NAIC 6	XXX
15.7 Totals	XXX	XXX	XXX	XXX
15.8 Line 15.7 as a % of Col. 7	XXX	XXX	XXX	XXX
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	XXX	XXX	XXX	XXX

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$..... current year of bonds with Z designations and \$..... 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.

(c) Includes \$..... current year, \$..... prior year of bonds with 5GI designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5GI" 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

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1.	U.S. Governments												
1.01	Issuer Obligations.....	XXX
1.02	Residential Mortgage-Backed Securities	XXX
1.03	Commercial Mortgage-Backed Securities	XXX
1.04	Other Loan-Backed and Structured Securities.....	XXX
1.05	Totals						XXX						
2.	All Other Governments												
2.01	Issuer Obligations.....	XXX
2.02	Residential Mortgage-Backed Securities	XXX
2.03	Commercial Mortgage-Backed Securities	XXX
2.04	Other Loan-Backed and Structured Securities.....	XXX
2.05	Totals						XXX						
3.	U.S. States, Territories and Possessions, Guaranteed												
3.01	Issuer Obligations.....	XXX
3.02	Residential Mortgage-Backed Securities	XXX
3.03	Commercial Mortgage-Backed Securities	XXX
3.04	Other Loan-Backed and Structured Securities.....	XXX
3.05	Totals						XXX						
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01	Issuer Obligations.....	XXX
4.02	Residential Mortgage-Backed Securities	XXX
4.03	Commercial Mortgage-Backed Securities	XXX
4.04	Other Loan-Backed and Structured Securities.....	XXX
4.05	Totals						XXX						
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01	Issuer Obligations.....	XXX
5.02	Residential Mortgage-Backed Securities	XXX
5.03	Commercial Mortgage Backed Securities.....	XXX
5.04	Other Loan-Backed and Structured Securities.....	XXX
5.05	Totals						XXX						
6.	Industrial and Miscellaneous												
6.01	Issuer Obligations.....	XXX
6.02	Residential Mortgage-Backed Securities	XXX
6.03	Commercial Mortgage-Backed Securities	XXX
6.04	Other Loan-Backed and Structured Securities.....	XXX
6.05	Totals						XXX						
7.	Hybrid Securities												
7.01	Issuer Obligations.....	XXX
7.02	Residential Mortgage-Backed Securities	XXX
7.03	Commercial Mortgage-Backed Securities	XXX
7.04	Other Loan-Backed and Structured Securities.....	XXX
7.05	Totals						XXX						
8.	Parent, Subsidiaries and Affiliates												
8.01	Issuer Obligations.....	XXX
8.02	Residential Mortgage-Backed Securities	XXX
8.03	Commercial Mortgage-Backed Securities	XXX
8.04	Other Loan-Backed and Structured Securities.....	XXX
8.05	Affiliated Bank Loans – Issued.....	XXX
8.06	Affiliated Bank loans – Acquired	XXX
8.07	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
Distribution by Type	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 12.09	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans						XXX						
10.01 Unaffiliated Bank Loans - Issued.....						XXX						
10.02 Unaffiliated Bank Loans - Acquired.....						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations.....						XXX			XXX	XXX		
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities.....						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals.....						XXX			XXX	XXX		
12.10 Lines 12.09 as a % Col. 7								XXX	XXX	XXX		
13. Total Bonds Prior Year												
13.01 Issuer Obligations.....						XXX	XXX	XXX				
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities.....						XXX	XXX	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals.....							XXX	XXX				
13.10 Line 13.09 as a % of Col. 9							XXX	XXX		XXX		
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations.....						XXX						XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities.....						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans						XXX						XXX
14.07 Unaffiliated Bank Loans						XXX						XXX
14.08 Unaffiliated Certificates of Deposit						XXX						XXX
14.09 Totals.....												XXX
14.10 Line 14.09 as a % of Col. 7								XXX	XXX	XXX		XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations.....						XXX					XXX	
15.02 Residential Mortgage-Backed Securities						XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities.....						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX						XXX	
15.06 Affiliated Bank Loans						XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
15.09 Totals.....											XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	XXX	

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 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 assets, for example, joint ventures, transportation equipment: _____.

SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 10, 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.	SSAP No. 108 adjustments	_____
5.	Total gain (loss) on termination recognized, Section 2, Column 22	_____
6.	Considerations received/(paid) on terminations, Section 2, Column 15	_____
7.	Amortization:	
7.1	Section 1, Column 19	_____
7.2	Section 2, Column 21	_____
8.	Adjustment to the book/adjusted carrying value of hedged item:	
8.1	Section 1, Column 20	_____
8.2	Section 2, Column 23	_____
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Section 1, Column 18	_____
9.2	Section 2, Column 20	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)	_____
11.	Deduct nonadmitted assets	_____
12.	Statement value at end of current period (Line 10 minus Line 11)	_____

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 plus	_____
3.25	SSAP No. 108 adjustments	_____
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)	_____
4.23	SSAP No. 108 adjustments	_____
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 hedged 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 amounts	_____
8.	Statement value at end of current period (Line 6 minus Line 7)	_____

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

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

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 6	_____	
5.	Part D, Section 1, Column 7	_____	
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 9	_____	
11.	Part D, Section 1, Column 10.....	_____	
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 12.....	_____	
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_____.

E03

Investment

[illegible]

E07

Investment

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$ -----	1B \$ -----	1C \$ -----	1D \$ -----	1E \$ -----	1F \$ -----	1G \$ -----
1B	2A \$ -----	2B \$ -----	2C \$ -----				
1C	3A \$ -----	3B \$ -----	3C \$ -----				
1D	4A \$ -----	4B \$ -----	4C \$ -----	4D \$ -----			
1E	5A \$ -----	5B \$ -----	5C \$ -----				
1F	6 \$ -----						

E11

Investment

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:					
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$
1B	2A \$	2B \$	2C \$			
1C	3A \$	3B \$	3C \$			
1D	4A \$	4B \$	4C \$			
1E	5A \$	5B \$	5C \$			
1F	6 \$					

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

[illegible]

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$ -----	1B \$ -----	1C \$ -----	1D \$ -----	1E \$ -----	1F \$ -----	1G \$ -----
1B	2A \$ -----	2B \$ -----	2C \$ -----				
1C	3A \$ -----	3B \$ -----	3C \$ -----				
1D	4A \$ -----	4B \$ -----	4C \$ -----				
1E	5A \$ -----	5B \$ -----	5C \$ -----				
1F	6 \$ -----						

E14

Investment

[illegible]

E15

Investment

[illegible]

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

[illegible]

1. Total amount of goodwill nonadmitted \$.....

SCHEDULE D – PART 6 – SECTION 2

[illegible]

E17

Investment

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

SCHEDULE DB – PART A – SECTION 1

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

[illegible]

(a)	Code	Description of Hedged Risk(s)

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

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	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A./C./V.	Current Year's (Amortization)/Accretion	Gain(Loss) on Termination – Recognized	Adjustment to Carrying Value of Hedged Item	Gain(Loss) on Termination – Deferred	Hedge Effectiveness at Inception and at Termination (b)
1689999999 Subtotal - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108																	XXX							XXX
1699999999 Subtotal - Hedging Effective - Variable Annuity Guarantees Under SSAP No. 108																	XXX							XXX
1709999999 Subtotal - Hedging Other																	XXX							XXX
1719999999 Subtotal - Replication																	XXX							XXX
1729999999 Subtotal - Income Generation																	XXX							XXX
1739999999 Subtotal - Other																	XXX							XXX
1749999999 Subtotal - Adjustments for SSAP No. 108 Derivatives																	XXX							XXX
1759999999 Totals																	XXX							XXX

(a)	Code	Description of Hedged Risk(s)

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

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
.....
.....
.....
Total Net Cash Deposits			

(b)	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

[illegible]

(a)	Code	Description of Hedged Risk(s)

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

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

1	2	3	Counterparty Offset		Book/Adjusted Carrying Value			Fair Value			12	13
			4	5	6	7	8	9	10	11		
Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Present Value of Financing Premium	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
.....
.....
.....
.....
.....
.....
0999999999 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 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....
.....
.....
.....
019999999 Totals							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....	XXX
.....	XXX
.....	XXX
.....	XXX
.....	XXX
029999999 Totals						XXX	XXX	XXX

SCHEDULE DL – PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year
(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E
and not reported in aggregate on Line 10 of the Assets page (Line 9 for Separate Accounts))

[illegible]

General Interrogatories:

- | | | | | | |
|----|------------------------------|------------|----------|------------------------------|----------|
| 1. | Total activity for the year | Fair Value | \$ | Book/Adjusted Carrying Value | \$ |
| 2. | Average balance for the year | Fair Value | \$ | Book/Adjusted Carrying Value | \$ |

SCHEDULE E – PART 1 – CASH[illegible]

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

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.....

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. U.S. Virgin Islands..... VI						
56. Northern Mariana Islands..... MP						
57. Canada..... CAN						
58. Aggregate Alien and 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 overflow page	XXX	XXX				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	XXX	XXX				

.....
Affix Bar Code Above**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**For The Year Ended December 31, 20__
(To Be Filed by April 1)

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
A. INDIVIDUAL BUSINESS														
1. Comprehensive major medical														
2.1 Short-Term Medical – 6 Months or Less														
2.2 Short-Term Medical – Over 6 Months														
2.3 Subtotal Short-Term Medical (2.1+2.2)														
3. Other Medical (Non-Comprehensive)														
4. Specified/Named Disease														
5. Limited Benefit														
6. Student														
7. Accident Only or AD&D														
8. Disability Income – Short-Term														
9. Disability Income – Long-Term														
10. Long-Term Care														
11. Medicare Supplement (Medigap)														
12. Dental														
13. State Children's Health Insurance Program														
14. Medicare														
15. Medicaid														
16. Medicare Part D – Stand-Alone														
17. Vision														
18. Other Individual Business														
19. Grand Total Individual														
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer – Small Employer														
1.2 Single Employer – Other Employer														
1.3 Single Employer Subtotal														
2. Multiple Employer Assns and Trusts														
3. Other Associations and Discretionary Trusts														
4. 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. Vision														
20. Other Group Care														
21. Grand Total Group Business														
C. OTHER BUSINESS														
1. Credit (Individual and Group)														
2. Stop Loss/Excess Loss														
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5. Grand Total Other Business														
D. TOTAL BUSINESS														
1. Total Non-U.S. Policy Forms														
2. Grand Total Individual, Group and Other Business														

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION _____

2. _____

(LOCATION)

NAIC Group Code _____

BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Company Code _____

		Business Subject to MLR									9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans									
		1	2	3	4	5	6	7	8								
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14	
1.	Premium:																
	1.1 Health premiums earned (From Part 2, Line 1.11).....														XXX		
	1.2 Federal high risk pools.....														XXX		
	1.3 State high risk pools.....														XXX		
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3).....																
	1.5 Federal taxes and federal assessments.....																
	1.6 State insurance, premium and other taxes (Similar local taxes of \$ _____).....																
	1.6a Community Benefit Expenditures (informational only).....																
	1.7 Regulatory authority licenses and fees.....																
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....														XXX		
	1.9 Net assumed less ceded reinsurance premiums earned.....														XXX		
	1.10 Other adjustments due to MLR calculations – Premiums.....														XXX		
	1.11 Risk revenue.....														XXX		
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11).....																
2.	Claims:																
	2.1 Incurred claims excluding prescription drugs.....														XXX		
	2.2 Prescription drugs.....														XXX		
	2.3 Pharmaceutical rebates.....														XXX		
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only).....														XXX		
3.	Incurred medical incentive pools and bonuses.....																
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only).....																
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15).....														XXX		
	5.1 Net assumed less ceded reinsurance claims incurred.....														XXX		
	5.2 Other adjustments due to MLR calculations – Claims.....														XXX		
	5.3 Rebates paid.....														XXX		
	5.4 Estimated rebates unpaid prior year.....										XXX	XXX			XXX		
	5.5 Estimated rebates unpaid current year.....										XXX	XXX			XXX		
	5.6 Fee for service and co-pay revenue.....										XXX	XXX			XXX		
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6).....														XXX		
6.	Improving Health Care Quality Expenses Incurred:																
	6.1 Improve Health Outcomes.....																
	6.2 Activities to prevent hospital readmissions.....																
	6.3 Improve patient safety and reduce medical errors.....																
	6.4 Wellness and health promotion activities.....																
	6.5 Health Information Technology expenses related to health improvement.....																
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5).....																
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8.....										XXX	XXX		XXX	XXX	XXX	
8.	Claims Adjustment Expenses:																
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....																
	8.2 All other claims adjustment expenses.....																
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2).....																
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8).....													XXX	XXX	XXX	

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

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1	2	3	4	5	6	7	8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
10.	General and Administrative (G&A) Expenses: 10.1 Direct sales salaries and benefits..... 10.2 Agents and brokers fees and commissions..... 10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)..... 10.4 Other general and administrative expenses..... 10.4a 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 1.12 – 5.7 – 6.6 – 8.3 – 10.5)														XXX	
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)..... 16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)
	OTHER INDICATORS:															
1.	Number of Certificates/Policies															
2.	Number of Covered Lives															
3.	Number of Groups	XXX			XXX											
4.	Member Months															

Is run-off business reported in Columns 1 through 9 or 12?Yes [] No [] If yes, show the amount of premiums and claims included: Premiums \$..... Claims \$.....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES					
		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1	2	3	4
		Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables					
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)				
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments					
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)				
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6.	Temporary ACA Risk Corridors 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 _____

2. _____

(LOCATION)

NAIC Group Code _____

BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Company Code _____

		Business Subject to MLR									10	11	12 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9								
		1	2	3	4	5	6	7	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Total (a)				
1.	Health Premiums Earned:																	
	1.1 Direct premiums written.....																	
	1.2 Unearned premium prior year.....																	
	1.3 Unearned premium current year.....																	
	1.4 Change in unearned premium (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.....																	
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 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 – 1.5 – 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 (Lines 2.11a + 2.11b – 2.11c).....																	
	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 incurred 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.

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2024
(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 ()

Not for Distribution

PART 1A – CREDIT LIFE INSURANCE
Monthly Outstanding Balance (MOB)

PART 1B – CREDIT LIFE INSURANCE
Single Premium (SP) and Total

	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
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) % % % % % % %
5. Mean insurance in force
6. Losses per \$1,000 mean insurance in force [(1,000 x Line 2.6)/Line 5].....

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

**PART 2D – CREDIT
ACCIDENT AND HEALTH
INSURANCE**

	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 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): _____

(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 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 premium (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 2): _____

PART 4 – CREDIT PROPERTY INSURANCE

	1 Creditor Placed Home- Hazard Single Interest	2 Creditor Placed Home- Hazard Dual Interest	3 Creditor Placed Wind Only Single Interest	4 Creditor Placed Wind Only Dual Interest	5 Creditor Placed Home Flood Only First Dollar	6 Creditor Placed Home Flood Only Excess	7 Creditor Placed Auto- Single Interest	8 Creditor Placed Auto- Dual Interest	9 Personal Property- Single Interest	10 Personal Property- Dual Interest	11 Other (a)
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 Total claim reserves, start of period..											
2.3 Total claim reserves, 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)%%				%%%%%
5. Incurred Loss Adjustment Expense:											
5.1 Defense and cost containment expenses incurred.....											
5.2 Adjusting and other expenses incurred.....											
6. Written Exposures											
7. Earned Exposures											

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 11): _____

PART 5 – OTHER CREDIT INSURANCE

	1	2	3
	Credit Family Leave	Personal GAP	All Other (a)
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 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)
1. Premiums:				
1.1 Direct written premiums
1.2 Direct earned premiums.....
2. 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) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4): _____

Not for Distribution

.....
Affix Bar Code Here

FINANCIAL GUARANTY INSURANCE EXHIBIT

For the Year Ended December 31, 2024
(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. 2025
2. 2026
3. 2027
4. 2028
5. 2029
6. 2030
7. 2031
8. 2032
9. 2033
10. 2034
11. 2035
12. 2036
13. 2037
14. 2038
15. 2039
16. 2040-44
17. 2045-49
18. 2050+
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 Debt 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. 2025
2. 2026
3. 2027
4. 2028
5. 2029
6. 2030
7. 2031
8. 2032
9. 2033
10. 2034
11. 2035
12. 2036
13. 2037
14. 2038
15. 2039
16. 2040-44
17. 2045-49
18. 2050+
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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 I.P.
43. Totals								

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

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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 I.P.
43. Totals								

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

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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 I.P.
43. Totals								

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

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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. 2014 S.P.
22. 2014 I.P.
23. 2013 S.P.
24. 2013 I.P.
25. 2012 S.P.
26. 2012 I.P.
27. 2011 S.P.
28. 2011 I.P.
29. 2010 S.P.
30. 2010 I.P.
31. 2009 S.P.
32. 2009 I.P.
33. 2008 S.P.
34. 2008 I.P.
35. 2007 S.P.
36. 2007 I.P.
37. 2006 S.P.
38. 2006 I.P.
39. 2005 S.P.
40. 2005 I.P.
41. Prior to 2005 S.P.
42. Prior to 2005 I.P.
43. Totals								

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

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. 2024 S.P.....
2. 2024 I.P.....
3. 2023 S.P.....
4. 2023 I.P.....
5. 2022 S.P.....
6. 2022 I.P.....
7. 2021 S.P.....
8. 2021 I.P.....
9. 2020 S.P.....
10. 2020 I.P.....
11. 2019 S.P.....
12. 2019 I.P.....
13. 2018 S.P.....
14. 2018 I.P.....
15. 2017 S.P.....
16. 2017 I.P.....
17. 2016 S.P.....
18. 2016 I.P.....
19. 2015 S.P.....
20. 2015 I.P.....
21. Prior to 2015 S.P.....
22. Prior to 2015 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. 2024 S.P.....
2. 2024 I.P.....
3. 2023 S.P.....
4. 2023 I.P.....
5. 2022 S.P.....
6. 2022 I.P.....
7. 2021 S.P.....
8. 2021 I.P.....
9. 2020 S.P.....
10. 2020 I.P.....
11. 2019 S.P.....
12. 2019 I.P.....
13. 2018 S.P.....
14. 2018 I.P.....
15. 2017 S.P.....
16. 2017 I.P.....
17. 2016 S.P.....
18. 2016 I.P.....
19. 2015 S.P.....
20. 2015 I.P.....
21. Prior to 2015 S.P.....
22. Prior to 2015 I.P.....
23. Totals								

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

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. 2024 S.P.....
2. 2024 I.P.....
3. 2023 S.P.....
4. 2023 I.P.....
5. 2022 S.P.....
6. 2022 I.P.....
7. 2021 S.P.....
8. 2021 I.P.....
9. 2020 S.P.....
10. 2020 I.P.....
11. 2019 S.P.....
12. 2019 I.P.....
13. 2018 S.P.....
14. 2018 I.P.....
15. 2017 S.P.....
16. 2017 I.P.....
17. 2016 S.P.....
18. 2016 I.P.....
19. 2015 S.P.....
20. 2015 I.P.....
21. Prior to 2015 S.P.....
22. Prior to 2015 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. 2024 S.P.....
2. 2024 I.P.....
3. 2023 S.P.....
4. 2023 I.P.....
5. 2022 S.P.....
6. 2022 I.P.....
7. 2021 S.P.....
8. 2021 I.P.....
9. 2020 S.P.....
10. 2020 I.P.....
11. 2019 S.P.....
12. 2019 I.P.....
13. 2018 S.P.....
14. 2018 I.P.....
15. 2017 S.P.....
16. 2017 I.P.....
17. 2016 S.P.....
18. 2016 I.P.....
19. 2015 S.P.....
20. 2015 I.P.....
21. Prior to 2015 S.P.....
22. Prior to 2015 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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. Prior to 2015 S.P.
22. Prior to 2015 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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. Prior to 2015 S.P.
22. Prior to 2015 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. 2024 S.P.....								
2. 2024 I.P.....								
3. 2023 S.P.....								
4. 2023 I.P.....								
5. 2022 S.P.....								
6. 2022 I.P.....								
7. 2021 S.P.....								
8. 2021 I.P.....								
9. 2020 S.P.....								
10. 2020 I.P.....								
11. 2019 S.P.....								
12. 2019 I.P.....								
13. 2018 S.P.....								
14. 2018 I.P.....								
15. 2017 S.P.....								
16. 2017 I.P.....								
17. 2016 S.P.....								
18. 2016 I.P.....								
19. 2015 S.P.....								
20. 2015 I.P.....								
21. Prior to 2015 S.P.....								
22. Prior to 2015 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. 2024 S.P.....								
2. 2024 I.P.....								
3. 2023 S.P.....								
4. 2023 I.P.....								
5. 2022 S.P.....								
6. 2022 I.P.....								
7. 2021 S.P.....								
8. 2021 I.P.....								
9. 2020 S.P.....								
10. 2020 I.P.....								
11. 2019 S.P.....								
12. 2019 I.P.....								
13. 2018 S.P.....								
14. 2018 I.P.....								
15. 2017 S.P.....								
16. 2017 I.P.....								
17. 2016 S.P.....								
18. 2016 I.P.....								
19. 2015 S.P.....								
20. 2015 I.P.....								
21. Prior to 2015 S.P.....								
22. Prior to 2015 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. 2024 S.P.
2. 2024 I.P.
3. 2023 S.P.
4. 2023 I.P.
5. 2022 S.P.
6. 2022 I.P.
7. 2021 S.P.
8. 2021 I.P.
9. 2020 S.P.
10. 2020 I.P.
11. 2019 S.P.
12. 2019 I.P.
13. 2018 S.P.
14. 2018 I.P.
15. 2017 S.P.
16. 2017 I.P.
17. 2016 S.P.
18. 2016 I.P.
19. 2015 S.P.
20. 2015 I.P.
21. Prior to 2015 S.P.
22. Prior to 2015 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 Held	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

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	8	Losses Unpaid December 31 of Current Year				Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability	
	1	2	3	4	5	6			9	10	11	12	13	14	15	16	17	18
	On losses incurred during 2024	On losses incurred during 2023	On losses incurred prior to 2023	On losses incurred during 2024	On losses incurred during 2023	On losses incurred prior to 2023			On losses incurred during 2024	On losses incurred during 2023	On losses incurred prior to 2023	Total Per Col. 5, Part 3A (Cols. 9+10+11)	On losses incurred prior to 2024 (Cols. 2+3+10+11)	On losses incurred prior to 2023 (Cols. 3+8+11)	Dec. 31, 2023	Dec. 31, 2022	Dec. 31, 2023 (Col. 13 less Col. 15)	Dec. 31, 2022 (Col. 14 less Col. 16)
1. Municipal Obligation Bonds	Total (Cols. 1+2+3 -4-5-6)	Losses paid during 2023 on losses incurred prior to 2023
2. Special Revenue Bonds
3. IDB's—Class I
4. IDB's—Class II
5. IDB's—Class III
6. Total Municipal Bonds
7. Corporate Obligation Bonds— Class I
8. Corporate Obligation Bonds— Class II
9. Corporate Obligation Bonds— 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

.....
Affix Bar Code Above

INSURANCE EXPENSE EXHIBIT
For The Year Ended December 31, 2024
(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. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

- 1.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2.....
\$.....
- 1.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2.....
\$.....
- 1.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2.....
\$.....
- 1.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2.....
\$.....
- 1.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2.....
\$.....

2. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:

- 2.1 Net Investment Income, Page 4, Line 9, Column 1
\$.....
- 2.2 Net realized Capital Gain or (Loss), Page 4, Line 10, Column 1
\$.....

3.1 The information provided in the Insurance Expense Exhibit will be used by many 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 []

3.2 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 []

3.3 If yes, explain:
.....
.....
.....
.....

PART I – ALLOCATION TO EXPENSE GROUPS
(S\$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 Line 24 from overflow page.....						
2499. TOTAL (Lines 2401 through 2403 plus 2498) (Line 24 above)						

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

		Premiums Written (Pg. 8, Pt. 1B, Col. 6)		Premiums Earned (Pg. 6, Pt. 1, Col. 4)		Dividends to Policyholders (Pg. 4, Line 17)		Incurred Loss (Pg. 9, Pt. 2, Col. 7)		Loss Adjustment Expense				Unpaid Losses (Pg. 10, Pt. 2A, Col. 8)		Loss Adjustment Expense				Unearned Premium Reserves (Pg. 7, Pt. 1A, Col. 5)		Agents' Balances	
										Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred				Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid					
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1.	Fire		XXX		100.0																		
2.1	Allied Lines.....		XXX		100.0																		
2.2	Multiple Peril Crop		XXX		100.0																		
2.3	Federal Flood		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	Comm Mult Peril (Non-Liab)		XXX		100.0																		
5.2	Comm Mult Peril (Liab).....		XXX		100.0																		
6.	Mortgage Guaranty.....		XXX		100.0																		
8.	Ocean Marine.....		XXX		100.0																		
9.1	Inland Marine.....		XXX		100.0																		
9.2	Pet Insurance Plans		XXX		100.0																		
10.	Financial Guaranty.....		XXX		100.0																		
11.1	Med Prof Liab—Occurrence		XXX		100.0																		
11.2	Med Prof Liab—Claims-Made		XXX		100.0																		
12.	Earthquake		XXX		100.0																		
13.1	Comprehensive Individual		XXX		100.0																		
13.2	Comprehensive Group		XXX		100.0																		
14.	Credit A&H.....		XXX		100.0																		
15.1	Vision Only.....		XXX		100.0																		
15.2	Dental Only.....		XXX		100.0																		
15.3	Disability Income		XXX		100.0																		
15.4	Medicare Supplement		XXX		100.0																		
15.5	Medicaid Title XIX		XXX		100.0																		
15.6	Medicare Title XVIII		XXX		100.0																		
15.7	Long-Term Care		XXX		100.0																		
15.8	FEHBP		XXX		100.0																		
15.9	Other Health.....		XXX		100.0																		
16.	Workers' Compensation.....		XXX		100.0																		
17.1	Other Liability—Occurrence		XXX		100.0																		
17.2	Other Liability—Claims-Made		XXX		100.0																		
17.3	Excess Workers' Compensation		XXX		100.0																		
18.1	Products Liab—Occurrence		XXX		100.0																		
18.2	Products Liab—Claims-Made.....		XXX		100.0																		
19.1	Priv Passenger Auto No-Fault.....		XXX		100.0																		
19.2	Other Priv Passenger Auto Liab		XXX		100.0																		
19.3	Commercial Auto No-Fault.....		XXX		100.0																		
19.4.	Other Commercial Auto Liability		XXX		100.0																		
21.1	Priv Passenger Auto Phys Damage		XXX		100.0																		
21.2	Commercial Auto Phys 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.	Warranty		XXX		100.0																		
31.	Reins-Nonproportional Assumed Property		XXX		100.0																		
32.	Reins-Nonproportional Assumed Liab		XXX		100.0																		

	Other Underwriting Expenses								Other Income Less Other Expenses (Pg. 4, Line 15 minus Line 5)		Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain on Funds 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 (IEE Pt. 1, Line 2.8, Col. 2)		Taxes, Licenses & Fees Incurred (IEE Pt. 1, Line 20.5, Col. 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25 minus 2.8 Col. 2)		General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)													
	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 Peril Crop																				
2.3 Federal Flood																				
2.4 Private Crop																				
2.5 Private Flood																				
3. Farmowners Multiple Peril																				
4. Homeowners Multiple Peril																				
5.1 Comm Mult Peril (Non-Liab)																				
5.2 Comm Mult Peril (Liab)																				
6. Mortgage Guaranty																				
8. Ocean Marine																				
9. Inland Marine																				
9.2 Pet Insurance Plans																				
10. Financial Guaranty																				
11.1 Med Prof Liab—Occurrence																				
11.2 Med Prof Liab—Claims-Made																				
12. Earthquake																				
13.1 Comprehensive Individual																				
13.2 Comprehensive Group																				
14. Credit A&H																				
15.1 Vision Only																				
15.2 Dental Only																				
15.3 Disability Income																				
15.4 Medicare Supplement																				
15.5 Medicaid Title XIX																				
15.6 Medicare Title XVIII																				
15.7 Long-Term Care																				
15.8 FEHBP																				
15.9 Other Health																				
16. Workers' Compensation																				
17.1 Other Liability—Occurrence																				
17.2 Other Liability—Claims-Made																				

P/C

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)

	Premiums Written (Pg. 8, Pt. 1B, Col. 1)		Premiums Earned (Sch. T, Line 59, Col. 3)		Dividends to Policyholders		Incurred Loss (Sch. T, Line 59, Col. 6)		Loss Adjustment Expense				Unpaid Losses (Sch. T, Line 59, Col. 7)		Loss Adjustment Expense				Unearned Premium Reserves		Agents' Balances	
									Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred				Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid					
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1. Fire		XXX		100.0																		
2.1 Allied Lines		XXX		100.0																		
2.2 Multiple Peril Crop		XXX		100.0																		
2.3 Federal Flood		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 Comm Mult Peril (Non-Liab)		XXX		100.0																		
5.2 Comm Mult Peril (Liab)		XXX		100.0																		
6. Mortgage Guaranty		XXX		100.0																		
8. Ocean Marine		XXX		100.0																		
9.1 Inland Marine		XXX		100.0																		
9.2 Pet Insurance Plans		XXX		100.0																		
10. Financial Guaranty		XXX		100.0																		
11.1 Med Prof Liab—Occurrence		XXX		100.0																		
11.2 Med Prof Liab—Claims-Made		XXX		100.0																		
12. Earthquake		XXX		100.0																		
13.1 Comprehensive Individual		XXX		100.0																		
13.2 Comprehensive Group		XXX		100.0																		
14. Credit A&H		XXX		100.0																		
15.1 Vision Only		XXX		100.0																		
15.2 Dental Only		XXX		100.0																		
15.3 Disability Income		XXX		100.0																		
15.4 Medicare Supplement		XXX		100.0																		
15.5 Medicaid Title XIX		XXX		100.0																		
15.6 Medicare Title XVIII		XXX		100.0																		
15.7 Long-Term Care		XXX		100.0																		
15.8 FEHBP		XXX		100.0																		
15.9 Other Health		XXX		100.0																		
16. Workers' Compensation		XXX		100.0																		
17.1 Other Liability—Occurrence		XXX		100.0																		
17.2 Other Liability—Claims-Made		XXX		100.0																		
17.3 Excess Workers' Compensation		XXX		100.0																		
18.1 Products Liab—Occurrence		XXX		100.0																		
18.2 Products Liab—Claims-Made		XXX		100.0																		
19.1 Priv Passenger Auto No-Fault		XXX		100.0																		
19.2 Other Priv Passenger Auto Liab		XXX		100.0																		
19.3 Commercial Auto No-Fault		XXX		100.0																		
19.4 Other Commercial Auto Liability		XXX		100.0																		
21.1 Priv Passenger Auto Phys Damage		XXX		100.0																		
21.2 Commercial Auto Phys 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. Warranty		XXX		100.0																		
31. Reins-Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins-Nonproportional Assumed Liab	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins-Nonproportional Assumed Fin Lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggr Write-Ins for Other Lines of Bus		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								Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
		Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred					
		23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1.	Fire												
2.1	Allied Lines												
2.2	Multiple Peril Crop												
2.3	Federal Flood												
2.4	Private Crop												
2.5	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril												
5.1	Comm Mult Peril (Non-Liab)												
5.2	Comm Mult Peril (Liab)												
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.1	Inland Marine												
9.2	Pet Insurance Plans												
10.	Financial Guaranty												
11.1	Med Prof Liab—Occurrence												
11.2	Med Prof Liab—Claims-Made												
12.	Earthquake												
13.1	Comprehensive Individual												
13.2	Comprehensive Group												
14.	Credit A&H												
15.1	Vision Only												
15.2	Dental Only												
15.3	Disability Income												
15.4	Medicare Supplement												
15.5	Medicaid Title XIX												
15.6	Medicare Title XVIII												
15.7	Long-Term Care												
15.8	FEHBP												
15.9	Other Health												
16.	Workers' Compensation												
17.1	Other Liability—Occurrence												
17.2	Other Liability—Claims-Made												
17.3	Excess Workers' Compensation												
18.1	Products Liab—Occurrence												
18.2	Products Liab—Claims-Made												
19.1	Priv Passenger Auto No-Fault												
19.2.	Other Priv Passenger Auto Liab												
19.3	Commercial Auto No-Fault												
19.4.	Other Commercial Auto Liability												
21.1	Priv Passenger Auto Phys Damage												
21.2	Commercial Auto Phys Damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and Theft												
27.	Boiler and Machinery												
28.	Credit												
29.	International												
30.	Warranty												
31.	Reins-Nonproportional Assumed Property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32.	Reins-Nonproportional Assumed Liab	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33.	Reins-Nonproportional Assumed Fin Lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34.	Aggr Write-Ins for Other Lines of Bus												
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												
3499.	TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)												

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2024
(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>2</u>	<u>3</u>	<u>4</u>
	<u>Issuer</u>	<u>Description of Exposure</u>	<u>Amount</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>1</u>	<u>2</u>		<u>Preferred Stocks</u>	<u>3</u>	<u>4</u>
3.01	NAIC 1	\$ %	3.07	NAIC 1	\$ %
3.02	NAIC 2	\$ %	3.08	NAIC 2	\$ %
3.03	NAIC 3	\$ %	3.09	NAIC 3	\$ %
3.04	NAIC 4	\$ %	3.10	NAIC 4	\$ %
3.05	NAIC 5	\$ %	3.11	NAIC 5	\$ %
3.06	NAIC 6	\$ %	3.12	NAIC 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>Issuer</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 14.02 through 14.05.

	<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 \$. %

Ten largest fund managers:

	<u>1</u> <u>Fund Manager</u>	<u>2</u> <u>Total Invested</u>	<u>3</u> <u>Diversified</u>	<u>4</u> <u>Nondiversified</u>
14.06	\$	\$	\$
14.07	\$	\$	\$
14.08	\$	\$	\$
14.09	\$	\$	\$
14.10	\$	\$	\$
14.11	\$	\$	\$
14.12	\$	\$	\$
14.13	\$	\$	\$
14.14	\$	\$	\$
14.15	\$	\$	\$

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:

<u>Loan-to-Value</u>		<u>Residential</u>		<u>Commercial</u>		<u>Agricultural</u>	
		<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.

	<u>1</u>	<u>2</u>	<u>3</u>
19.02 Aggregate statement value of investments held in mezzanine real estate loans:	\$	%

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>
				<u>3</u>	<u>4</u>	<u>5</u>
23.01	Hedging	\$ %	\$.....	\$.....	\$.....
23.02	Income generation	\$ %	\$.....	\$.....	\$.....
23.03	Replications	\$ %	\$.....	\$.....	\$.....
23.04	Other	\$ %	\$.....	\$.....	\$.....

Not for Distribution

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 1

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

OF THE NAIC COMPANY CODE

Direct Business in the State of

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Fund Deposits	Accident & Health Premiums	Unallocated Annuity and Other Unallocated Fund Deposits
DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account:				
2.1 Contract fees for variable contracts with guarantees				
2.2 Reporting entity contributions to employee benefits plans				
2.3 Dividends or refunds applied to purchase paid-up additions and annuities				
2.4 Dividends or refunds applied to shorten endowment or premium paying period				
2.5 Premium and annuity considerations waived under disability or other contract provisions				
2.6 Aggregate write-ins for other considerations, if any				
2.99 Total (Lines 2.1 through 2.6)				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
3.99 Total (Lines 3.1 through 3.5)				
4. Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2:				
4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99, and 3.99	XXX		XXX	
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code that are included in Column 4, Lines 1, 2.99 and 3.99	XXX		XXX	
4.3 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1)	XXX		XXX	
4.4 Enter in Column 4, as a positive number, and Column 2 as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2.	XXX		XXX	
4.99 Total (Lines 4.1 through 4.4)	XXX		XXX	
5. Total (Lines 1 + 2.99 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9.				
6. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder				
7. Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5				
8. Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium				
9. Dividends paid or credited, but only if NOT guaranteed in advance				
ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10. Current Year before Part 2 additional adjustments (Line 5 – 6 – 7 – 8 – 9)				
DETAILS OF WRITE-INS				
2.601				
2.602				
2.603				
2.698 Summary of remaining write-ins for Line 2.6 from overflow page				
2.699 Total (Lines 2.601 through 2.603 plus 2.698) (Line 2.6 above)				
3.501				
3.502				
3.503				
3.598 Summary of remaining write-ins for Line 3.5 from overflow page				
3.599 Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above)				

Footnote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI" - include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.

1 a) Disability income (include both short and long term)	XXX	XXX	XXX
1 b) Long-term care	XXX	XXX	XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)

Individual name	
Title	
Department	
Street address	
City, State ZIP	
Direct phone number	
Email address	

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 2For The Year Ended December 31, _____
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE

Direct Business in the State of

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity & Other Unallocated Fund Deposits
11. Line 10 of the Assessable Premium Exhibit – Part 1				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
12. Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1 Amounts in excess of \$1 million	XXX	XXX	XXX	XXX
12.2 Amounts in excess of \$5 million	XXX	XXX	XXX	XXX
13. Excludable premiums for accident and health contracts:				
13.1 Federal Employees Health Benefit Program.....	XXX	XXX	XXX	XXX
13.2 Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX	XXX	XXX
13.3 Medicare Part D stand alone plans.....	XXX	XXX	XXX	XXX
13.4 Medicaid Title XIX.....	XXX	XXX	XXX	XXX
13.5 Stop loss contracts.....	XXX	XXX	XXX	XXX
13.6 MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured.....	XXX	XXX	XXX	XXX
13.7 State Children's Health Insurance Program Title XXI.....	XXX	XXX	XXX	XXX
13.99 Total (Lines 13.1 through 13.7).....	XXX	XXX	XXX	XXX
14. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans.....	XXX		XXX	
15. Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
15.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
15.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	
15.4 Total (Lines 15.1 + 15.2 + 15.3).....	XXX	XXX	XXX	
15.5 Amounts NOT in excess of \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	
15.6 Amounts in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	
16. Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
16.2 All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	
16.3 Amounts in excess of \$2 million per contract that are NOT issued to a specific employee, union, or association of natural persons benefit plans (New Jersey only).....	XXX	XXX	XXX	
17. Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor, which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
17.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
17.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
17.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	
17.4 Total (Lines 17.1 + 17.2 + 17.3).....	XXX	XXX	XXX	
17.5 Amounts up to \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	
18. Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1 Amounts NOT in excess of \$2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (New Jersey only).....	XXX	XXX	XXX	
18.2 Amounts NOT in excess of \$5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (Iowa only)	XXX	XXX	XXX	
19. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1 Amounts NOT in excess of \$1 million per contract	XXX		XXX	
19.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX		XXX	
19.3 Amounts in excess of \$5 million per contract	XXX		XXX	
19.4 Total (Lines 19.1 + 19.2 + 19.3).....	XXX		XXX	
19.5 Amounts NOT in excess of \$10 million per contract (Minnesota Only).....	XXX	XXX	XXX	
19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	
19.7 Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only)	XXX	XXX	XXX	
19.8 Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only)	XXX		XXX	XXX
20. Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
20.2 All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	
21. Aggregate write-ins for other deductions				
22. ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
DETAILS OF WRITE-INS				
21.01				
21.02				
21.03				
21.98 Summary of remaining write-ins for Line 21 from overflow page.....				
21.99 Totals (Lines 21.01 through 21.03 plus 21.98) (Line 21 above)				

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
STAND-ALONE LTC ONLY (\$000 OMITTED)
REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1	2	3	4	5	6	7	8	9	10	11
	Earned Premiums	Incurred Claims ^(a)	Number of Claims Opened	Number of Claims Closed	Number of Claims Remaining Open	Number of Terminations	Number of Policies In Force Year-End	Number of Lives In Force Year-End	Active Life Reserves	Claim Reserves	Other Reserves
Individual											
Direct											
1. Current											
2. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
3. Current											
Ceded											
4. Current											
Net (Direct+Assumed-Ceded)											
5. Current											
Group											
Direct											
6. Current											
7. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
8. Current											
Ceded											
9. Current											
Net (Direct+Assumed-Ceded)											
10. Current											

(a) Indicate whether policies on claims that have triggered waiver of premium are considered paid-up or paid by waiver.

☐ Paid by Waiver
☐ Paid Up

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) ^(a)
REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
Primarily 2002 and Prior Issue Years								
1. Current (Comprehensive)	XXX	XXX	XXX
2. Total Inception-to-Date (Comprehensive).....	XXX	XXX	XXX
3. Current (Institutional Only)	XXX	XXX	XXX
4. Total Inception-to-Date (Institutional Only)	XXX	XXX	XXX
5. Current (Non-Institutional Only).....	XXX	XXX	XXX
6. Total Inception-to-Date (Non-Institutional Only)	XXX	XXX	XXX
7. Current (Grand Total)	XXX	XXX	XXX
8. Total Inception-to-Date (Grand Total)	XXX	XXX	XXX
Primarily 2003 to 2010 Issue Years								
9. Current (Comprehensive)	XXX	XXX	XXX
10. Total Inception-to-Date (Comprehensive)	XXX	XXX	XXX
11. Current (Institutional Only)	XXX	XXX	XXX
12. Total Inception-to-Date (Institutional Only)	XXX	XXX	XXX
13. Current (Non-Institutional Only).....	XXX	XXX	XXX
14. Total Inception-to-Date (Non-Institutional Only)	XXX	XXX	XXX
15. Current (Grand Total)	XXX	XXX	XXX
16. Total Inception-to-Date (Grand Total)	XXX	XXX	XXX
Primarily 2011 and Later Issue Years								
17. Current (Comprehensive)	XXX	XXX	XXX
18. Total Inception-to-Date (Comprehensive)	XXX	XXX	XXX
19. Current (Institutional Only)	XXX	XXX	XXX
20. Total Inception-to-Date (Institutional Only)	XXX	XXX	XXX
21. Current (Non-Institutional Only).....	XXX	XXX	XXX
22. Total Inception-to-Date (Non-Institutional Only)	XXX	XXX	XXX
23. Current (Grand Total)	XXX	XXX	XXX
24. Total Inception-to-Date (Grand Total)	XXX	XXX	XXX

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy or per-policy form basis.

☐ Policy
☐ Policy Form

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) ^(a)REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
A. Individual								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	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. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 3 – Transferred Reserves								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 4 – Present Value of Incurred Claims								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior
2. 2017
3. 2018	XXX
4. 2019	XXX	XXX
5. 2020	XXX	XXX	XXX
6. 2021	XXX	XXX	XXX	XXX
7. 2022	XXX	XXX	XXX	XXX	XXX
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX
9. 2024	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. 2017
3. 2018	XXX
4. 2019	XXX	XXX
5. 2020	XXX	XXX	XXX
6. 2021	XXX	XXX	XXX	XXX
7. 2022	XXX	XXX	XXX	XXX	XXX
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 – Transferred Reserves								
1. Prior
2. 2017
3. 2018	XXX
4. 2019	XXX	XXX
5. 2020	XXX	XXX	XXX
6. 2021	XXX	XXX	XXX	XXX
7. 2022	XXX	XXX	XXX	XXX	XXX
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 – Present Value of Incurred Claims								
1. Prior
2. 2017
3. 2018	XXX
4. 2019	XXX	XXX
5. 2020	XXX	XXX	XXX
6. 2021	XXX	XXX	XXX	XXX
7. 2022	XXX	XXX	XXX	XXX	XXX
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	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. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 3 – Transferred Reserves								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx
PART 4 – Present Value of Incurred Claims								
1. Prior
2. 2017
3. 2018	xxx
4. 2019	xxx	xxx
5. 2020	xxx	xxx	xxx
6. 2021	xxx	xxx	xxx	xxx
7. 2022	xxx	xxx	xxx	xxx	xxx
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx

(a) Indicate whether claim reserves and liabilities for prior years are based on historical or current reserving assumptions: ☐ Historical
☐ Current

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
DIRECT GROUP EXPERIENCE – STAND-ALONE ONLY (\$000 OMITTED)
REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Third Party Funding (%)	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
1. Current (Comprehensive)
2. Total Inception-to-Date (Comprehensive).....	XXX	XXX	XXX
3. Current (Institutional Only)
4. Total Inception-to-Date (Institutional Only)	XXX	XXX	XXX
5. Current (Non-Institutional Only).....
6. Total Inception-to-Date (Non-Institutional Only)	XXX	XXX	XXX
7. Current (Grand Total)
8. Total Inception-to-Date (Grand Total)	XXX	XXX	XXX

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
STAND-ALONE AND HYBRID PRODUCTS – DIRECT STATE REPORTING (\$000 OMITTED)
 REPORTING YEAR 20_____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1	2	3	4	5	6	7	8	9	10
	Number of New Lives Insured	Number of Lives In Force Year End	Earned Premiums	Incurred LTC Claims	Incurred Extended Benefits Claims	Number of Claims Remaining Open	Number of Claims Opened	Number of New Extended Benefits Claims	Accelerated Benefits Available	Extended Benefits Available
Stand-Alone LTC										
1. Current.....	XXX	XXX	XXX	XXX
2. Total Inception-to-Date.....	XXX	XXX	XXX	XXX	XXX	XXX
LTC Hybrid Policies and Riders										
3. Current (Acceleration Only).....	XXX	XXX	XXX
4. Total Inception-to-Date (Acceleration Only).....	XXX	XXX	XXX	XXX	XXX	XXX
5. Current (Extended Benefits Policies).....
6. Total Inception-to-Date (Extended Benefits Policies)	XXX	XXX	XXX	XXX

Telephone Number _____

GENERAL INTERROGATORIES

- P/C

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	

Affix Bar Code Above

PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

Of the Insurance Company
NAIC Group Code NAIC Company Code Employer's ID Number

Line of Business	Premiums					Losses				9	10	Loss Adjustment Expenses		
	1	2	3	4	5	Unpaid December 31			Unpaid December 31			13		
	Attributed	Prior Year	Current Year	Earned Premium	Paid	6 Adjusted or in Process	7 Incurred But Not Reported	8 Prior Year Total	11 Current Year			12 Prior Year	Incurred	
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
2.4 Private crop														
2.5 Private flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9.1 Inland marine														
9.2 Pet insurance plans														
10. Financial guaranty														
11.1 Medical professional liability occurrence														
11.2 Medical professional liability claims-made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) individual														
13.2 Comprehensive (hospital and medical) group														
14. Credit accident and health (group and individual)														
15.1 Vision Only														
15.2 Dental only														
15.3 Disability income														
15.4 Medicare supplement														
15.5 Medicaid Title XIX														
15.6 Medicare Title XVIII														
15.7 Long-term care														
15.8 Federal employees health benefits plan														
15.9 Other 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 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other 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. 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. Total (Lines 3401 through 3403 plus 3498) (Line 34 above)														

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Affix Bar Code Above

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2024

To Be Filed by March 1

NAIC Group Code.....

NAIC Company Code.....

(A) Financial Impact				
		1	2	3
		As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01.	Assets			
A02.	Liabilities			
A03.	Surplus as regards to policyholders			
A04.	Income before taxes			

[illegible]

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE, ACCIDENT AND HEALTH/FRATERNAL,
TITLE AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

COMPANY

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's Annual Statement (indicate answer in Column B)?

To be answered by Life, Accident and Health 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.....

[illegible]

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

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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 58003 plus								
58998) (Line 58 above)								

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Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT

For The Year Ended December 31, 2024
(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 [].
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?
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 []

Yes [] No []

Yes [] No []

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

[illegible]

PART 3 – DIRECTOR COMPENSATION

[illegible]

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.

for Distribution

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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 _____

TRUSTEED SURPLUS STATEMENT

SCHEDULE A – DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

[illegible]

SCCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01.....	Cash.....
2.02.....	Bonds
2.03.....	Preferred stock
2.04.....	Common stock
2.05.....	Mortgage loans on real estate
2.06.....	Real estate
2.07.....	Short-term investments
2.08.....	Other invested assets.....
2.09.....	Miscellaneous assets not included in any of the above categories.....
2.98.....	Accrued investment income.....	XXX	XXX
2.99	Totals		

SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01.....	Cash.....
3.02.....	Bonds
3.03.....	Preferred stock
3.04.....	Common stock
3.05.....	Mortgage loans on real estate
3.06.....	Real estate
3.07.....	Short-term investments
3.08.....	Other invested assets
3.09.....	Miscellaneous assets not included in any of the above categories
3.98.....	Accrued investment income	XXX	XXX
3.99.....	Totals

SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01.....	Cash.....
4.02.....	Bonds
4.03.....	Preferred stock
4.04.....	Common stock
4.05.....	Mortgage loans on real estate
4.06.....	Real estate
4.07.....	Short-term investments
4.08.....	Other invested assets.....
4.09.....	Miscellaneous assets not included in any of the above categories.....
4.98.....	Accrued investment income.....	XXX	XXX
4.99.....	Totals			

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.....	
7.4	Reciprocal jurisdiction 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)	

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

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BAIL BOND 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 bail bond business, please provide the following:

1. Is the bail bond premium reported on a gross basis?

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

Yes ☐ No ☐
3. If the answer to #2 was no, please explain

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

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

Yes ☐ No ☐
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		% of NPE	% of GPE	% of NPE
13. Direct premiums earned (gross).....	\$.....		\$.....			
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 BUF 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)		

.....
Affix Bar Code Above

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 assumptions: \$
- 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
\$	\$	\$	\$	%	%

CYBERSECURITY 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 primary cybersecurity insurance coverage? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| | If yes, complete Part 2. | |
| 2. | Does the reporting entity write any cybersecurity insurance coverage provided as an excess policy ? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| | If yes, complete Part 3. | |
| 3. | Does the reporting entity write any cyber security insurance coverage provided as an endorsement? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| | If yes, complete Part 4. | |
| 4. | Does the reporting entity answer “YES” to questions 1, 2, or 3? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| | If yes, complete Part 5. | |

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

PART 2 – PRIMARY CYBERSECURITY POLICY/COVERAGE FORM
POLICY AND CLAIMS DATA

	1 Cybersecurity 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. Number of policies in force
Number of Claims Reported	
8. First party
9. Third party.....
10. Total (8 + 9)
Number of Claims Open	
11. First party
12. Third party.....
13. Total (11 + 12)
Number of Claims Closed with Payment	
14. First party
15. Third party.....
16. Total (14 + 15)
Number of Claims Closed without Payment	
17. First party
18. Third party.....
19. Total (17 + 18)

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

PART 3 – EXCESS CYBERSECURITY POLICY/COVERAGE FORM
POLICY AND CLAIMS DATA

	1 Cybersecurity 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. Number of policies in force
Number of Claims Reported	
8. First party
9. Third party.....
10. Total (8 + 9)
Number of Claims Open	
11. First party
12. Third party.....
13. Total (11 + 12)
Number of Claims Closed with Payment	
14. First party
15. Third party.....
16. Total (14 + 15)
Number of Claims Closed without Payment	
17. First party
18. Third party.....
19. Total (17 + 18)

NEW PAGE

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

PART 4 – CYBERSECURITY COVERAGE AS AN ENDORSEMENT
POLICY AND CLAIMS DATA

	1 Cybersecurity Insurance
Direct Premiums Estimated Using Reasonable Assumptions	
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. Number of policies in force
Number of Claims Reported	
8. First party
9. Third party.....
10. Total (8 + 9)
Number of Claims Open	
11. First party
12. Third party.....
13. Total (11 + 12)
Number of Claims Closed with Payment	
14. First party
15. Third party.....
16. Total (14 + 15)
Number of Claims Closed without Payment	
17. First party
18. Third party.....
19. Total (17 + 18)

NEW PAGE

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

PART 5 – CYBERSECURITY COVERAGE BY STATE

State	1 Stand-Alone	2 Packaged	3 Excess	4 Endorsement
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

For The Year Ended December 31, 20__ (\$000 Omitted)
(To Be Filed by March 1)

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PRIVATE FLOOD INSURANCE SUPPLEMENTFor The Year Ended December 31, 20__
(To Be Filed by April 1)

NAIC Group Code

NAIC Company Code

PART 1 - INTERROGATORIES**Private Flood Insurance Coverage:**

1. Does the reporting entity write any stand-alone first-dollar residential private flood? Yes [] No []

If yes, complete Part 2

2. Does the reporting entity write any stand-alone excess residential private flood? Yes [] No []

If yes, complete Part 3

3. Does the reporting entity write any first-dollar residential private flood provided as an endorsement? Yes [] No []

If yes, complete Part 4

4. Does the reporting entity write any excess residential private flood insurance provided as an endorsement? Yes [] No []

If yes, complete Part 5

5. Does the reporting entity write any commercial private flood insurance provided as either a stand-alone or package policy? (include both first-dollar and excess) Yes [] No []

If yes, complete Part 6

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 2
Stand-Alone Residential Private Flood Policies – First-Dollar
Policy and Claims Data

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
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. Totals														

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 3
Stand-Alone Residential Private Flood Policies – Excess
Policy and Claims Data

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
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. Totals														

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 4
Residential Private Flood Policy Endorsements – First-Dollar
Policy and Claims Data

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
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. Totals														

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 5
Residential Private Flood Policy Endorsements – Excess
Policy and Claims Data

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
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. Totals														

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 6
Commercial Private Flood Policies – First Dollar and Excess
Policy and Claims Data

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
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. Totals														

MORTGAGE GUARANTY INSURANCE EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 20XX

(To Be Filed by April 1)

Of:

NAIC Group Code NAIC Company Code Employer's ID Number

Not for Distribution

MORTGAGE GUARANTY INSURANCE EXHIBIT
PART 1 – SUMMARY
(\$000 OMITTED)

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26	27	28	29	30	31	
		Direct	Assumed	Ceded	Net	Direct Basis	Net Basis	
1. Prior		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017								
5. 2018								
6. 2019								
7. 2020								
8. 2021								
9. 2022								
10. 2023								
11. 2024								
12. Totals		XXX	XXX	XXX	XXX	XXX	XXX	XXX

MORTGAGE GUARANTY INSURANCE EXHIBIT
PART 1A – PRIMARY FLOW AND BULK BUSINESS
(\$000 OMITTED)

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26	27	28	29	30	31	
		Direct	Assumed	Ceded	Net	Direct Basis	Net Basis	
1. Prior		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017								
5. 2018								
6. 2019								
7. 2020								
8. 2021								
9. 2022								
10. 2023								
11. 2024								
12. Totals		XXX	XXX	XXX	XXX	XXX	XXX	XXX

MORTGAGE GUARANTY INSURANCE EXHIBIT
PART 1B – POOL BUSINESS
(\$000 OMITTED)

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26	27	28	29	30	31	
		Direct	Assumed	Ceded	Net	Direct Basis	Net Basis	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017	XXX							
5. 2018	XXX							
6. 2019	XXX							
7. 2020	XXX							
8. 2021	XXX							
9. 2022	XXX							
10. 2023	XXX							
11. 2024	XXX							
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

PART 2A – POLICY YEAR DIRECT INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES

Years in Which Policies Were Written	Incurred Losses and Defense and Cost Containment Expenses at Year-End Including Known Losses and IBNR on Unreported Claims (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2B – POLICY YEAR DIRECT PAID LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES

Years in Which Policies Were Written	Cumulative Paid Losses and Defense and Cost Containment Expenses at Year-End (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2C – POLICY YEAR DIRECT CURRENT RISK IN FORCE

Years in Which Policies Were Written	Direct Current Risk In Force (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2D – POLICY YEAR DIRECT EARNED PREMIUM

Years in Which Policies Were Written	Cumulative Direct Earned Premium (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2E – POLICY YEAR DIRECT CALCULATED STATE REGULATED MORTGAGE INSURANCE CAPITAL STANDARD (SRMICS)

Years in Which Policies Were Written	Direct Calculated SRMICS (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2F – POLICY YEAR DIRECT DELINQUENCIES

Years in Which Policies Were Written	Number of Delinquencies (Direct)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2005										
3. 2006										
4. 2007										
5. 2008										
6. 2009										
7. 2010										
8. 2011										
9. 2012										
10. 2013										
11. 2014										
12. 2015										
13. 2016	XXX									
14. 2017	XXX	XXX								
15. 2018	XXX	XXX	XXX							
16. 2019	XXX	XXX	XXX	XXX						
17. 2020	XXX	XXX	XXX	XXX	XXX					
18. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

.....
Affix Bar Code Above

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS
AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES
(To Be Filed by March 1)

NAIC Group Code.....

NAIC Company Code.....

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations
2. Errors & omissions (E&O)
3. Directors & officers (D&O)
4. Environmental liability
5. Excess workers' compensation.....
6. Commercial excess & umbrella.....
7. Personal umbrella
8. Employment liability
9. Aggregate write-ins for facilities and premises (CGL).....
10. Internet & cyber liability
11. Aggregate write-ins for other
12. Total ASL 17 – other liability (sum of lines 1 through 11)
DETAILS OF WRITE-INS				
0901.
0902.
0903.
0998. Summary of remaining write-ins for line 9 from overflow page.....
0999. Total (lines 0901 through 0903 plus 0998) (Line 9 above)
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)

.....
Affix Bar Code Above

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

MCAS LINE OF BUSINESS	¹ MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income
2. Health
3. Homeowners
4. Individual annuity
5. Individual life.....
6. Lender-placed home and auto.....
7. Long-term care
8. Other health.....
9. Private flood
10. Private passenger auto
11. Short-term limited duration health plans
12. Travel

Not for Distribution

The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.

For more information, visit www.naic.org.