



Official NAIC Annual Statement Blank

Property/Casualty

For the 2018 reporting year

Not for Distribution



National Association of
Insurance Commissioners

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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, 2018

PROPERTY AND CASUALTY

2018

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ANNUAL STATEMENT
For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

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

Table with 4 columns: Name, Title, Name, Title. Section header: OFFICERS.

Section header: DIRECTORS OR OFFICERS. Multiple blank lines for listing names and titles.

State of
County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period 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 laws 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 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 lines and Printed Name lines for three individuals.

Subscribed and sworn to before me this day of 2018

- 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	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....				
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
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).....				
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28. Total (Lines 26 and 27).....				
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2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

LIABILITIES, SURPLUS AND OTHER FUNDS

	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).....		
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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 \$.....		
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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 29).....		
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STATEMENT OF INCOME

UNDERWRITING INCOME	1 Current Year	2 Prior Year
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 36, Column 1).....		
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.....		
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 1 minus Column 2).....		
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 34.1 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).....		
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3702.....		
3703.....		
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3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
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 16.6 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 Per Year (Cols. 2 - 3)
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
17.3 Excess workers' compensation				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability				
33. Reinsurance-nonproportional assumed financial lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS				
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				

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

Line of Business	1 Amount Uncearned (Running One Year or Less from Date of Policy) (a)	2 Amount Uncearned (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 Uncearned Premiums Cols. 2+3+4
1. Fire					
2. Allied lines					
3. Farmowners multiple peril					
4. Homeowners multiple peril					
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. Auto physical damage					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance-nonproportional assumed property					
32. Reinsurance-nonproportional assumed liability					
33. Reinsurance-nonproportional assumed financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS					
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Sum. of remaining write-ins for Line 34 from overflow page					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)					

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

.....

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

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3- 4-5
		2 From Affiliates	3 From Non- Affiliates	4 To Affiliates	5 To Non- Affiliates	
1. Fire						
2. Allied lines						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability—occurrence						
11.2 Medical professional liability—claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made						
17.3 Excess workers' compensation						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1,19.2 Private passenger auto liability						
19.3,19.4 Commercial auto liability						
21. Auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance-nonproportional assumed property	XXX					
32. Reinsurance-nonproportional assumed liability	XX					
33. Reinsurance-nonproportional assumed financial lines	XX					
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 Description	Losses Paid Less Salvage					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)	5 Net Losses Unpaid Current Year (Part 2A, Col. 8)			6 Net Losses Unpaid Prior Year
1. Fire							
2. Allied lines							
3. Farmowners multiple peril							
4. Homeowners multiple peril							
5. Commercial multiple peril							
6. Mortgage guaranty							
7. Ocean marine							
8. Inland marine							
9. Financial guaranty							
10. Medical professional liability—occurrence							
11.1 Medical professional liability—claims-made							
11.2 Medical professional liability—claims-made							
12. Earthquake							
13. Group accident and health							
14. Credit accident and health (group and individual)							
15. Other accident and health							
16. Workers' compensation							
17.1 Other liability—occurrence							
17.2 Other liability—claims-made							
17.3 Excess workers' compensation							
18.1 Products liability—occurrence							
18.2 Products liability—claims-made							
19.1, 19.2 Private passenger auto liability							
19.3, 19.4 Commercial auto liability							
21. Auto physical damage							
22. Aircraft (all perils)							
23. Fidelity							
24. Surety							
26. Burglary and theft							
27. Boiler and machinery							
28. Credit							
29. International							
30. Warranty							
31. Reinsurance-nonproportional assumed property	XXX						
32. Reinsurance-nonproportional assumed liability	XXX						
33. Reinsurance-nonproportional assumed financial lines	XXX						
34. Aggregate write-ins for other lines of business							
35. TOTALS							
DETAILS OF WRITE-INS							
3401.							
3402.							
3403.							
3498. Sum of remaining write-ins for Line 34 from overflow page							
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)							

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

Line	Reported Losses		Incurred But Not Reported			8	9		
	1	2	3	4	5			6	7
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire									
2. Allied lines									
3. Farmowners multiple peril									
4. Homeowners multiple peril									
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health									
14. Credit accident and health (group and individual)									
15. Other accident and health									
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1, 19.2 Private passenger auto liability									
19.3, 19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	XXX								
32. Reinsurance-nonproportional assumed liability	XXX								
33. Reinsurance-nonproportional assumed financial lines	XXX								
34. Aggregate write-ins for other lines of business									
35. TOTALS									
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498.									
3499.									

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

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

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....				
1.2 Reinsurance assumed.....				
1.3 Reinsurance ceded.....				
1.4 Net claim adjustment services (1.1+1.2-1.3).....				
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....				
2.2 Reinsurance assumed, excluding contingent.....				
2.3 Reinsurance ceded, excluding contingent.....				
2.4 Contingent—direct.....				
2.5 Contingent—reinsurance assumed.....				
2.6 Contingent—reinsurance ceded.....				
2.7 Policy and membership fees.....				
2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+2.5-2.6+2.7).....				
3. Allowances to manager and agents.....				
4. Advertising.....				
5. Boards, bureaus and associations.....				
6. Surveys and underwriting reports.....				
7. Audit of assureds' records.....				
8. Salary and related items:				
8.1 Salaries.....				
8.2 Payroll taxes.....				
9. Employee relations and welfare.....				
10. Insurance.....				
11. Directors' fees.....				
12. Travel and travel items.....				
13. Rent and rent items.....				
14. Equipment.....				
15. Cost or depreciation of EDP equipment and software.....				
16. Printing and stationery.....				
17. Postage, telephone and telegraph, exchange and express.....				
18. Legal and auditing.....				
19. Totals (Lines 3 to 18).....				
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....				
20.2 Insurance department licenses and fees.....				
20.3 Gross guaranty association assessments.....				
20.4 All other (excluding federal and foreign income and real estate).....				
20.5 Total taxes, licenses and fees (20.1+20.2+20.3+20.4).....				
21. Real estate expenses.....				
22. Real estate taxes.....				
23. Reimbursements by uninsured plans.....				
24. Aggregate write-ins for miscellaneous expenses.....				
25. Total expenses incurred.....				(a).....
26. Less unpaid expenses—current year.....				
27. Add unpaid expenses—prior year.....				
28. Amounts receivable relating to uninsured plans, prior year.....				
29. Amounts receivable relating to uninsured plans, current year.....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 - 29).....				
DETAILS OF WRITE-INS				
2401.				
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page.....				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....				

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e)	
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		
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 extensions, less \$ _____ 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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 and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standard 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental authority during the reporting period? Yes No

6.2 If yes, give all information.....

7.1 Do 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, _____%

7.3 State the percentage of foreign control _____%
7.4 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 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant 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/certificate?
- 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 branches for the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entity 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 reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability and 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 position 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 received from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 23.2 If yes, indicate any amounts received from parent included in the Page 2 amount: \$ _____

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes No
- 24.02 If no, give full and complete information, relating thereto.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is reported on off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.04 Does the reporting entity's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ _____
- 24.07 Do your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A

GENERAL INTERROGATORIES

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No []

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

- 25.21 Subject to repurchase agreements \$ _____
- 25.22 Subject to reverse repurchase agreements \$ _____
- 25.23 Subject to dollar repurchase agreements \$ _____
- 25.24 Subject to reverse dollar repurchase agreements \$ _____
- 25.25 Placed under option agreements \$ _____
- 25.26 Letter stock or securities restricted as to sale – excluding FHEB Capital Stock \$ _____
- 25.27 FHLB Capital Stock \$ _____
- 25.28 On deposit with states \$ _____
- 25.29 On deposit with other regulatory bodies \$ _____
- 25.30 Pledged as collateral – excluding collateral pledged to FHLB \$ _____
- 25.31 Pledged as collateral to FHLB – including assets backing lending agreements \$ _____
- 25.32 Other \$ _____

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
- If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____
- 28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgages, loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

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

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

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

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No
- 28.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation

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

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes No

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes No

29.2 If yes, complete the following schedule:

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

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

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

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

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

30.4 Describe the pricing methods utilized in determining the fair values:

31.1 Was the fair value used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic) for all brokers or custodians used as a pricing source? Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value in Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating SGI securities, the reporting entity is certifying the following elements of each self-designated SGI 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 SGI securities? Yes No

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

OTHER

- 35.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? \$ _____
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount
	\$
	\$
	\$
	\$

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

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

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

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

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No []

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

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding _____

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned _____

1.62 Total incurred claims \$ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned _____

1.65 Total incurred claims \$ _____

1.66 Number of covered lives _____

1.7 Group policies:

Most current three years:

1.71 Total premium earned _____

1.72 Total incurred claims \$ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned _____

1.75 Total incurred claims \$ _____

1.76 Number of covered lives _____

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator \$ _____	\$ _____	\$ _____
2.2 Premium Denominator _____	_____	_____
2.3 Premium Ratio (2.1/2.2) _____	_____	_____
Reserve Numerator \$ _____	\$ _____	\$ _____
Reserve Denominator \$ _____	\$ _____	\$ _____
2.6 Reserve Ratio (4/2.5) _____	_____	_____

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

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ _____

3.22 Non-participating policies \$ _____

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes [] No []

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

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? _____ %

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

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:

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

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

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

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

5.5 If yes, give the 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 unreinsured 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 a obligation to 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 reinsurer;
 (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 other 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 controlled, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer 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 primary objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of *SSAP No. 62R—Property and Casualty Reinsurance*, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes No
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently under GAAP and SAP.
- 9.6 This 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 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that **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	\$ _____

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

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____

18.3 Do you act as an administrator for health savings accounts? Yes No

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

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing at least one state other than the state of domicile of the reporting entity? Yes No

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 2018	2 2017	3 2016	4 2015	5 2014
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 42-47					
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 2018	2 2017	3 2016	4 2015	5 2014
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....					
52. Dividends to stockholders (Line 35).....					
53. Change in surplus as regards policyholders for the year (Line 38).....					
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....					
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....					
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....					
68. Loss expenses incurred (Line 3).....					
69. Other underwriting expenses incurred (Line 4).....					
70. Net underwriting gain (loss) (Line 8).....					
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 divided by Page 4, Line 1, 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, Line 1B, Col. 6, Line 1 divided by Page 3, Line 37, Col. 1 x 100.0).....					
One-Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....					
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0).....					
Two-Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....					
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year-end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....					

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—Accounting Changes and Correction of Errors?

If no, please explain.....

Yes [] No []

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

Line of Business	BUSINESS IN THE STATE OF		DURING THE YEAR								NAIC Company Code	
	1	2	3	4	5	6	7	8	9	10	11	12
1. Premiums, including Dividends, Reinsurance Premiums, and Other Income	Direct Premiums Earned	Less: Reinsurance Premiums and Other Income Earned	Dividends Paid or Credited to Policyholders from Direct Business	Direct Unearned Reserves	Direct Losses Paid (including Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Expense Paid	Direct Defense and Cost Expense Incurred	Direct Defense and Cost Expense Unpaid	Commissions and Expenses	Taxes, Licenses, and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Flood												
2.5 Private Flood												
3. Earthquake Multiple Peril												
4. Homeowners Multiple Peril												
5. Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
7. Inland Marine												
8. Financial Guaranty												
9. Medical Professional Liability												
10. Financial Guaranty												
11. Earthquake and Health (b)												
12. Credit A&H (Group and Individual)												
13. Collectively Renewable A&H (b)												
14. Non-Conceivable A&H (b)												
15. Non-Conceivable A&H (b)												
15.1 Non-Conceivable A&H (b)												
15.2 Non-Conceivable A&H (b)												
15.3 Non-Conceivable A&H (b)												
15.4 Non-Conceivable A&H (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees (b)												
15.7 Federal Employees Health Benefits Plan Premium												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private/Passenger Auto No-Fault/Personal Protection												
19.2 Other Private/Passenger Auto Liability												
19.3 Commercial Auto No-Fault/Personal Injury Protection												
19.4 Other Commercial Auto Liability												
20. Commercial Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety - Bond and Theft												
25. Boiler and Machinery												
26. Credit												
27. Warranty												
28. Aggregate Write-In for Other Lines of Business												
29. TOTAL (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3498.												
3499.												
3499.												
3499.												

(a) Figures and service charges not included in Lines 1 to 33.
 (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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID Number	NAC Company Code	No. of Reinsured	Dependency Information	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Reinsurance On Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Powed	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
9999999 Totals														

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SCHEDULE F – PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
ID Number	NAIC Company Code	Name of Reinsurer	Division Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers [17 + 18]	Funds Held by Company Under Reinsurance Treaties	
99999999	Totals																			

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
				Contract	Rating or Confirming Bank Reference Number	Single Beneficiary Trusts or Other Assets Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 73)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (17)(18)(20) but not in excess of (Col. 29)	Stressed Net Recoverable (Col. 29 - 30)	Total Ceded (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent in Col. 34	Credit Risk on Collateralized Recoverables (Col. 32 + Factor Applied to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 + Factor Applied to Reinsurer Designation Equivalent in Col. 34)	
999999	Trusts				XXX													

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Amounts Recoverable on Paid Losses and Paid Loss Adjustment Expenses										53						
		37	38	39	40	41	42	43	44	45	46		47	48	49	50	51	52
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Overdue	Total Overdue, Cols. 38 + 39 + 40 + 41	Total Due, Col. 43 (Its total should equal Cols. 7 + 8)	Total Receivable on Paid Losses, Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over Dispute Amounts Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Over Dispute Amounts (Cols. 41 - 44)	Recoverable on Paid Losses & LAE Over Dispute Amounts Not in Dispute (Cols. 40 + 41 - 45)	Percentage Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue in Dispute (Col. 47/Cols. 46 + 48)	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
099999	Trask																XXX	

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent of Collateral Reinsured (100 through 1000)	Ceded Reinsurer's Rating (1 through 6)	Net Reinsurable Subject to Collateral Requirements for Ceded Reinsurer (Col. 57)	Dollar Amount of Collateral Reinsured (Col. 58)	Percent of Collateral Reinsured (100 through 1000)	Percent Credits Allowed on Net Reinsurable Subject to Collateral Requirements (Col. 60)	20% of Receivables on Paid Losses & LAE Over 90 Days Past Due Amounts (Col. 61)	Amount of Credit Allowed for Net Reinsurable (Col. 62)	Provision for Certified Reinsurers Due to Collateral Requirements (Col. 63)	20% of Receivables on Paid Losses & LAE Over 90 Days Past Due Amounts (Col. 64)	Total Collateral Provided (Col. 20 + Col. 21 - Col. 22 + Col. 24; Exceed Col. 63)	Net Unsecured Receivable for Which Credit Allowed (Col. 65 - Col. 68)	20% of Amount in Col. 67	Provision for Reinsurers Ceded to Certified Reinsurers (Greater of Col. 63 or 65 + Col. 68; Exceed Col. 63)	
																		Complete if Col. 12 = "No", Otherwise Enter 0
9999999	Total								XXX									

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SCHEDULE F – PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

70	71	72	73	74	75	76	77	78	
ID Number From Col. 1	None of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Paid Due Amounts Not in Dispute + 20% of Amounts in Dispute (Col. 47 + 20%)	Provisions for Uninsured Reinsurers for Uninsured Reinsurers (Col. 26)	Provision for Overhead Reinsurance Complete if Col. 52 = "Yes"; Otherwise Enter 0	Provision for Uninsured Reinsurance Complete if Col. 52 = "Yes"; Otherwise Enter 0	Provision for Overhead Authorized Reinsurance Complete if Col. 52 = "No"; Otherwise Enter 0	Provision for Amounts Ceded to Authorized of Col. 15	Provision for Amounts Ceded to Certified (Col. 64 + 69)	Total Provision for Reinsurance (Col. 75 + 76 + 77)
9999999 Totals									

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

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

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

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Net 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 ceded 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).....			

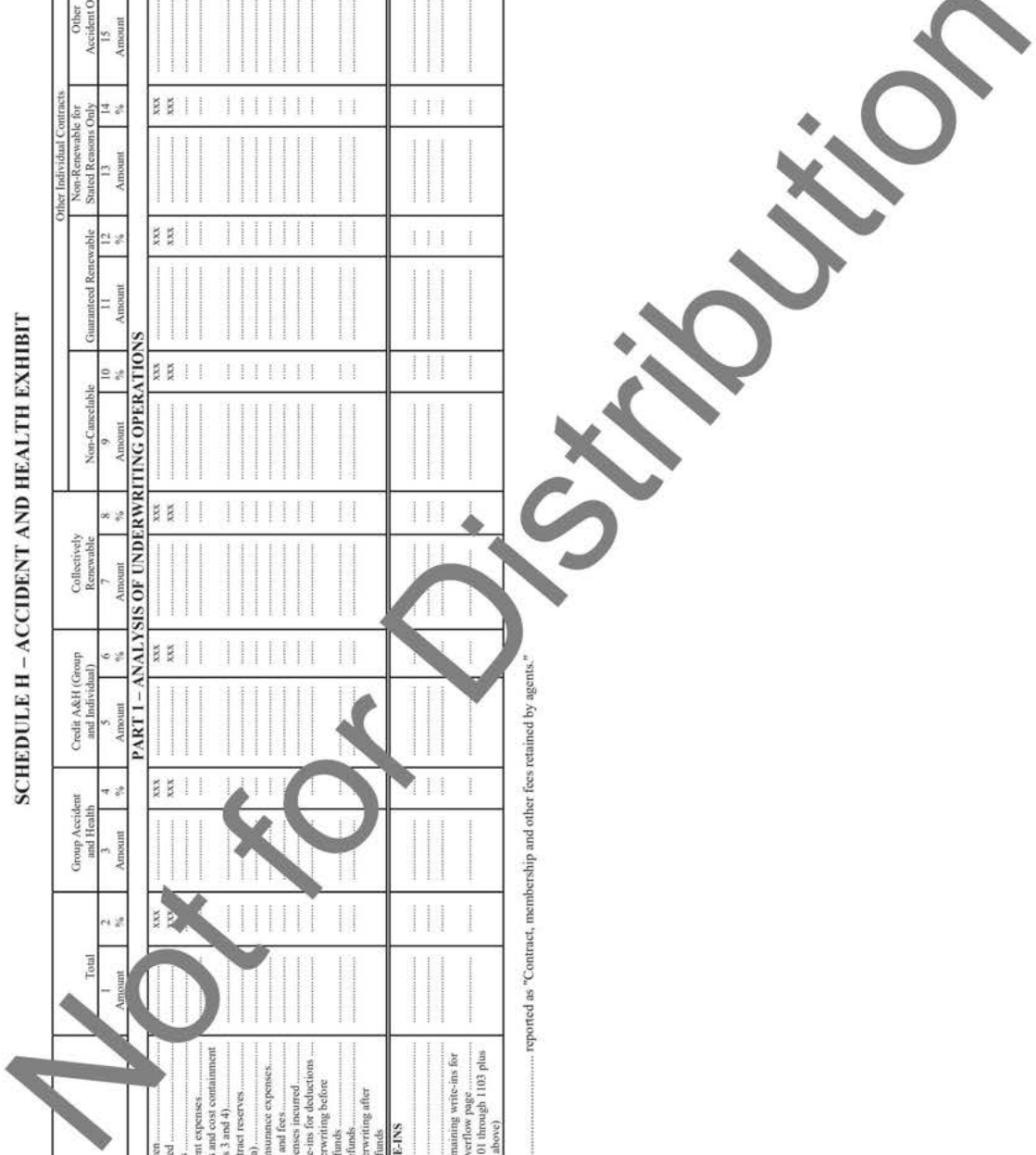
NOTE: Is the restatement in this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No []

If "Yes," give explanation: _____

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

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

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



SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Other Individual Contracts Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 – RESERVES AND LIABILITIES									
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. Claim paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

SCHEDULE H – PART 5 – HEALTH CLAIMS

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

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

**SCHEDULE P – PART 1 – SUMMARY
(S000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						11 Total Net Loss (Cols. 4 - 9) 6 - 7 + 8 - 9	12 Number of Claims Reported and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	4 Loss Payments		6 Defense and Cost Containment Payments		8 Adjusting and Other Payments			
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded		
1. Prior.....	XXX	XXX	XXX								XXX
2. 2009.....											XXX
3. 2010.....											XXX
4. 2011.....											XXX
5. 2012.....											XXX
6. 2013.....											XXX
7. 2014.....											XXX
8. 2015.....											XXX
9. 2016.....											XXX
10. 2017.....											XXX
11. 2018.....											XXX
12. Totals	XXX	XXX	XXX								XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	13 Case Basis		15 Bulk + IBNR		17 Case Basis		19 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 Assumed	22 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 Proportion)			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		

Note: Parts 2 and 4 are gross of all discounts, including nontabular 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year	
1. Prior.....													
2. 2009.....													
3. 2010.....	XXX												
4. 2011.....	XXX	XXX											
5. 2012.....	XXX	XXX	XXX										
6. 2013.....	XXX	XXX	XXX	XXX									
7. 2014.....	XXX	XXX	XXX	XXX	XXX								
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	
11. 2018.....	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior.....	000										XXX	XXX
2. 2009.....											XXX	XXX
3. 2010.....	XXX										XXX	XXX
4. 2011.....	XXX	XXX									XXX	XXX
5. 2012.....	XXX	XXX	XXX								XXX	XXX
6. 2013.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS
(S000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting & Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims 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)			Net Balance Sheet Reserves After Discount		34 Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense			
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Net Balance Sheet Reserves After 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 1C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								XXX	
2. 2009.....												
3. 2010.....												
4. 2011.....												
5. 2012.....												
6. 2013.....												
7. 2014.....												
8. 2015.....												
9. 2016.....												
10. 2017.....												
11. 2018.....												
12. Totals	XXX	XXX	XXX								XXX	

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

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

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

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 XXX	
	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									
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 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.													
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6.													
7.													
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9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Catastrophic Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
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
(S000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded	
	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.											
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7.											
8.											
9.											
10.											
11.											
12.											

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

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded		
	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)			Net Balance Sheet Reserves After Discount		34 Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense			
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
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 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. 2009.....												
3. 2010.....												
4. 2011.....												
5. 2012.....												
6. 2013.....												
7. 2014.....												
8. 2015.....												
9. 2016.....												
10. 2017.....												
11. 2018.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded		
	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)				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	34 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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009											XXX	
3. 2010											XXX	
4. 2011											XXX	
5. 2012											XXX	
6. 2013											XXX	
7. 2014											XXX	
8. 2015											XXX	
9. 2016											XXX	
10. 2017											XXX	
11. 2018											XXX	
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 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 Percentages (Incurred Premiums Earned)			Contingent Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded	
	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)			Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	34 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 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded	
	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)			Net Balance Sheet Reserves After Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P – PART II – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)
(S000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								XXX	
2. 2017.....											XXX	
3. 2018.....											XXX	
4. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Loss and Expenses Paid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.													
2.													
3.													
4.													

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

SCHEDULE P – PART 1J – AUTO PHYSICAL DAMAGE
(S000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									
2. 2017												
3. 2018												
4. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Salvage and Subrogation Anticipated	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded				
1.												
2.												
3.												
4.												

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Nontabular Accounting			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 Expenses	34 Company Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1K – FIDELITY/SURETY
(S000 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. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Totals.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Losses Paid and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.
2.
3.
4.

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Nontabular Amount			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	34 Including Company Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2017											XXX	
3. 2018											XXX	
4. Totals	XXX	XXX	XXX									

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Losses Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.													
2.													
3.													
4.													

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

SCHEDULE P – PART 1M – INTERNATIONAL
(S000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct 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
				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. 2009											XXX	
3. 2010											XXX	
4. 2011											XXX	
5. 2012											XXX	
6. 2013											XXX	
7. 2014											XXX	
8. 2015											XXX	
9. 2016											XXX	
10. 2017											XXX	
11. 2018											XXX	
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct 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)			Non-Admitted Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009											XXX	
3. 2010											XXX	
4. 2011											XXX	
5. 2012											XXX	
6. 2013											XXX	
7. 2014											XXX	
8. 2015											XXX	
9. 2016											XXX	
10. 2017											XXX	
11. 2018											XXX	
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 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	XXX
2.												XXX	XXX
3.												XXX	XXX
4.												XXX	XXX
5.												XXX	XXX
6.												XXX	XXX
7.												XXX	XXX
8.												XXX	XXX
9.												XXX	XXX
10.												XXX	XXX
11.												XXX	XXX
12.												XXX	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentages (Incurred/Premiums Earned)			Annuity 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 10 – REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2009												XXX	
3. 2010												XXX	
4. 2011												XXX	
5. 2012												XXX	
6. 2013												XXX	
7. 2014												XXX	
8. 2015												XXX	
9. 2016												XXX	
10. 2017												XXX	
11. 2018												XXX	
12. Totals	XXX	XXX	XXX									XXX	

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentages (Incurred/Premiums Earned)			Catastrophic Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009											XXX	
3. 2010											XXX	
4. 2011											XXX	
5. 2012											XXX	
6. 2013											XXX	
7. 2014											XXX	
8. 2015											XXX	
9. 2016											XXX	
10. 2017											XXX	
11. 2018											XXX	
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 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	XXX
2.												XXX	XXX
3.												XXX	XXX
4.												XXX	XXX
5.												XXX	XXX
6.												XXX	XXX
7.												XXX	XXX
8.												XXX	XXX
9.												XXX	XXX
10.												XXX	XXX
11.												XXX	XXX
12.												XXX	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentages (Incurred/Premiums Earned)			Amortization 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 1R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX								XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Non-Admitted 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 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		24 Salvage and Subrogation Anticipated	25 Total Net Losses and Expenses Unpaid	26 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)				Non-regular 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 Loss	32 Expense	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 1S – FINANCIAL GUARANTY/MORTGAGE GUARANTY
(S000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct 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. 2017.....											XXX	
3. 2018.....											XXX	
4. Totals	XXX	XXX	XXX									

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Losses Expected Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1.													
2.													
3.													
4.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Nontabular Account			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	34 Company Policy Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								XXX	
2. 2017.....												
3. 2018.....												
4. Totals.....	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.													
2.													
3.													
4.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred Premiums Earned)			Nontabular Accounting		Insurance Company Participating 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 Expenses		34 Loss Expenses	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX			
2.												
3.												
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals.....												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals.....												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals.....												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals.....												

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....												
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

SCHEDULE P – PART 2K – FIDELITY, SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

SCHEDULE P – PART 2M – INTERNATIONAL

1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	11. Totals											

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

1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	12. Totals											

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	4. Totals											

SCHEDULE P – PART 2T – WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	4. 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior	000												
2. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

Years in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior.....	000												
2. 2009.....													
3. 2010.....	XXX												
4. 2011.....	XXX	XXX											
5. 2012.....	XXX	XXX	XXX										
6. 2013.....	XXX	XXX	XXX	XXX									
7. 2014.....	XXX	XXX	XXX	XXX	XXX								
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior.....	000												
2. 2009.....													
3. 2010.....	XXX												
4. 2011.....	XXX	XXX											
5. 2012.....	XXX	XXX	XXX										
6. 2013.....	XXX	XXX	XXX	XXX									
7. 2014.....	XXX	XXX	XXX	XXX	XXX								
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018.....	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. 2009.....												XXX	XXX
3. 2010.....	XXX											XXX	XXX
4. 2011.....	XXX	XXX										XXX	XXX
5. 2012.....	XXX	XXX	XXX									XXX	XXX
6. 2013.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2014.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

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

1. Prior.....	000												
2. 2009.....													
3. 2010.....	XXX												
4. 2011.....	XXX	XXX											
5. 2012.....	XXX	XXX	XXX										
6. 2013.....	XXX	XXX	XXX	XXX									
7. 2014.....	XXX	XXX	XXX	XXX	XXX								
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior.....	000												
2. 2009.....													
3. 2010.....	XXX												
4. 2011.....	XXX	XXX											
5. 2012.....	XXX	XXX	XXX										
6. 2013.....	XXX	XXX	XXX	XXX									
7. 2014.....	XXX	XXX	XXX	XXX	XXX								
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	.....	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	.....	.....	.....
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....

SCHEDULE P – PART 3K – FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	.....	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	.....	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

SCHEDULE P – PART 3M – INTERNATIONAL

1. Prior	000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
2. 2009 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
3. 2010	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
4. 2011	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
5. 2012	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior	000											XXX	XXX
2. 2009	XXX											XXX	XXX
3. 2010	XXX	XXX										XXX	XXX
4. 2011	XXX	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	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. 2009	XXX											XXX	XXX
3. 2010	XXX	XXX										XXX	XXX
4. 2011	XXX	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	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. 2009	XXX											XXX	XXX
3. 2010	XXX	XXX										XXX	XXX
4. 2011	XXX	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior	000												
2. 2009	XXX												
3. 2010	XXX	XXX											
4. 2011	XXX	XXX	XXX										
5. 2012	XXX	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000												
2. 2009	XXX												
3. 2010	XXX	XXX											
4. 2011	XXX	XXX	XXX										
5. 2012	XXX	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000				XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3T – WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000					
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2008	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4K – FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4M – INTERNATIONAL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 4S – WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009	XXX									
3. 2010	XXX	XXX								
4. 2011	XXX	XXX	XXX							
5. 2012	XXX	XXX	XXX	XXX						
6. 2013	XXX	XXX	XXX	XXX	XXX					
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See P-Pt 1)											XXX

**SCHEDULE P – PART 6D – WORKERS' COMPENSATION
(EXCLUDING EMPLOYERS' 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009	XXX										
3. 2010	XXX	XXX									
4. 2011	XXX	XXX	XXX								
5. 2012	XXX	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6H – OTHER LIABILITY – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009	XXX										
3. 2010	XXX	XXX									
4. 2011	XXX	XXX	XXX								
5. 2012	XXX	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009	XXX										
3. 2010	XXX	XXX									
4. 2011	XXX	XXX	XXX								
5. 2012	XXX	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

**SCHEDULE P – PART 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009	XXX										
3. 2010	XXX	XXX									
4. 2011	XXX	XXX	XXX								
5. 2012	XXX	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009	XXX										
3. 2010	XXX	XXX									
4. 2011	XXX	XXX	XXX								
5. 2012	XXX	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XXX								
6. 2013	XXX	XXX	XXX	XXX							
7. 2014	XXX	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (See P-Pt 1)											XXX

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

SECTION 1

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

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	ADDED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

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

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

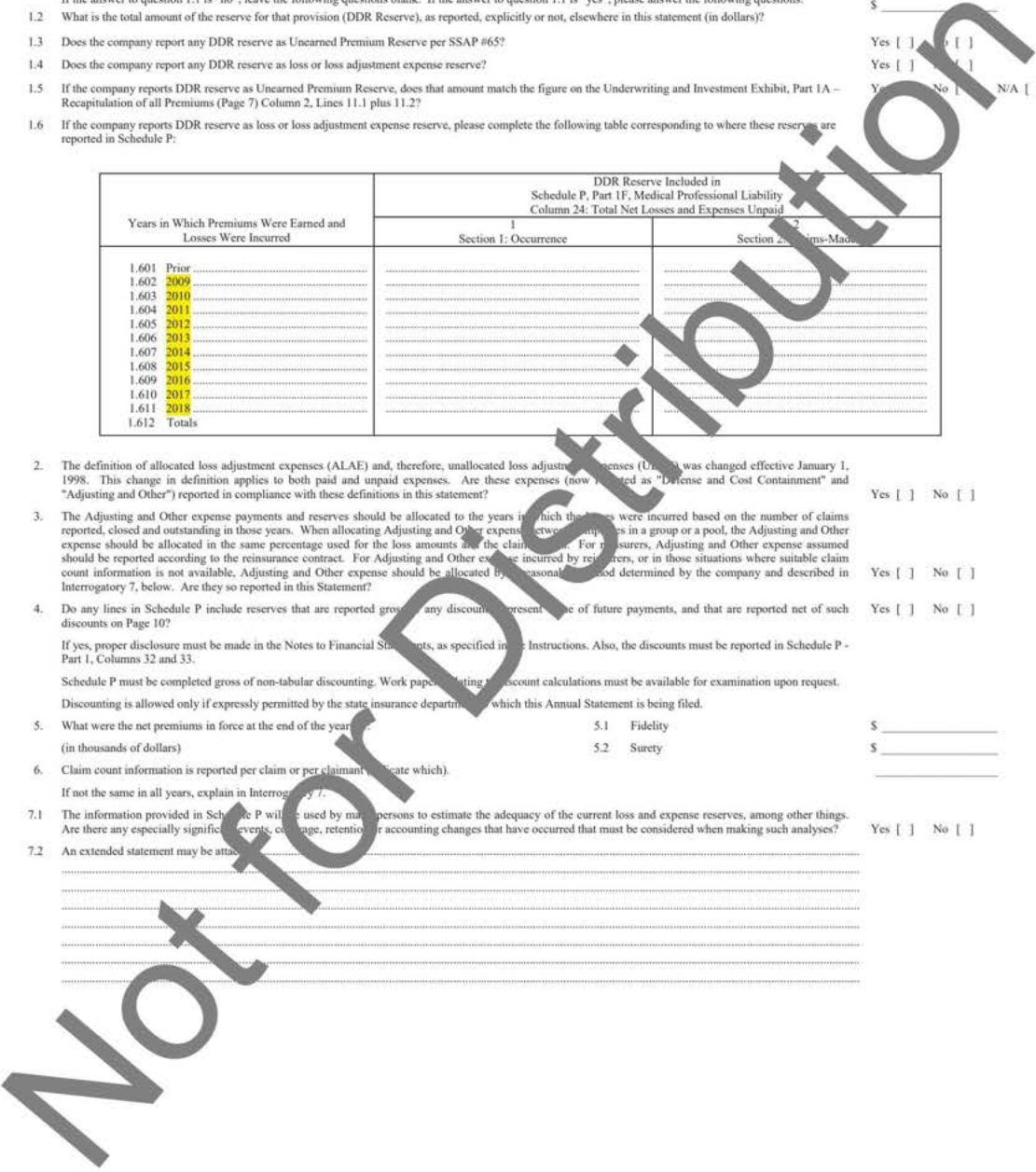
Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR-END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 [] No []
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
 - 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ _____
 - 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []
 - 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
 - 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part IA – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []
 - 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section I: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602 2009
1.603 2010
1.604 2011
1.605 2012
1.606 2013
1.607 2014
1.608 2015
1.609 2016
1.610 2017
1.611 2018
1.612 Totals

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



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 Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL									
2. Alaska.....AK									
3. Arizona.....AZ									
4. Arkansas.....AR									
5. California.....CA									
6. Colorado.....CO									
7. Connecticut.....CT									
8. Delaware.....DE									
9. Dist. Columbia.....DC									
10. Florida.....FL									
11. Georgia.....GA									
12. Hawaii.....HI									
13. Idaho.....ID									
14. Illinois.....IL									
15. Indiana.....IN									
16. Iowa.....IA									
17. Kansas.....KS									
18. Kentucky.....KY									
19. Louisiana.....LA									
20. Maine.....ME									
21. Maryland.....MD									
22. Massachusetts.....MA									
23. Michigan.....MI									
24. Minnesota.....MN									
25. Mississippi.....MS									
26. Missouri.....MO									
27. Montana.....MT									
28. Nebraska.....NE									
29. Nevada.....NV									
30. New Hampshire.....NH									
31. New Jersey.....NJ									
32. New Mexico.....NM									
33. New York.....NY									
34. No. Carolina.....NC									
35. No. Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....RI									
41. So. Carolina.....SC									
42. So. Dakota.....SD									
43. Tennessee.....TN									
44. Texas.....TX									
45. Utah.....UT									
46. Vermont.....VT									
47. Virginia.....VA									
48. Washington.....WA									
49. West Virginia.....WV									
50. Wisconsin.....WI									
51. Wyoming.....WY									
52. American Samoa.....AS									
53. Guam.....GU									
54. Puerto Rico.....PR									
55. U.S. Virgin Islands.....VI									
56. Northern Mariana Islands.....MP									
57. Canada.....CAN									
58. Aggregate other alien.....OT									
59. Totals	XXX								
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page.....									
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX								

Explanation of basis of allocation of premiums by states, etc.

(a) Active Status Code: _____
 _____ Registered insurance carrier or domiciled RRG
 _____ Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) _____ R - Registered - Non-domiciled RRGs
 _____ Domiciled Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile. _____ Q - Qualified - Qualified or accredited reinsurer
 _____ N - None of the above - Not allowed to write business in the state

SCHEDULE T – PART 2

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE

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

PART I – ORGANIZATIONAL CHART

Not for Distribution

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Parent, Subsidiary or Affiliate	Shareholder	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Underwrites for any Affiliate(s)	Management Agreements and Services Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Transfers (Liability)
99999999	Control Totals								XXX			

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

RESPONSES

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

APRIL FILING

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

MAY FILING

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

JUNE FILING

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

AUGUST FILING

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

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business specified 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

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

APRIL FILING

- 29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
30. Will the Long-term Care Insurance Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
34. Will the Cyber Security and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?
35. Will the Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

- 37. 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

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

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

NAIC Designation	1 Year or Less	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 11.7	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

	1	2	3	4	5	6	7	8	9	10	11	12
	Over 1 Year Through 5 Years 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 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Hybrid Securities												
7.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. Bank Loans												
10.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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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 Year	2	3	4	5	6	7	8	9	10	11	12
	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 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)	
11. Total Bonds Current Year												
11.1 NAIC 1	XXX	XXX	XXX	.....	.....
11.2 NAIC 2
11.3 NAIC 3
11.4 NAIC 4
11.5 NAIC 5
11.6 NAIC 6
11.7 Totals	XXX	XXX	XXX	.....	.....
11.8 Line 11.7 as a % of Col. 7
12. Total Bonds Prior Year												
12.1 NAIC 1
12.2 NAIC 2
12.3 NAIC 3
12.4 NAIC 4
12.5 NAIC 5
12.6 NAIC 6
12.7 Totals
12.8 Line 12.7 as a % of Col. 9
13. Total Publicly Traded Bonds												
13.1 NAIC 1
13.2 NAIC 2
13.3 NAIC 3
13.4 NAIC 4
13.5 NAIC 5
13.6 NAIC 6
13.7 Totals
13.8 Line 13.7 as a % of Col. 7
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11
14. Total Privately Placed Bonds												
14.1 NAIC 1
14.2 NAIC 2
14.3 NAIC 3
14.4 NAIC 4
14.5 NAIC 5
14.6 NAIC 6
14.7 Totals
14.8 Line 14.7 as a % of Col. 7
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11

(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. \$ _____ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because the issuer provides the security class is under regulatory review.
 (c) Includes \$ _____ current year of bonds with 5G1 designations. \$ _____ prior year of bonds with 5* or 5G1 designations and \$ _____ current year of bonds with 6* designations. "5G1" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____.

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

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 117	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations.....						XXX						
1.2 Residential Mortgage-Backed Securities.....						XXX						
1.3 Commercial Mortgage-Backed Securities.....						XXX						
1.4 Other Loan-Backed and Structured Securities.....						XXX						
1.5 Totals.....						XXX						
2. All Other Governments												
2.1 Issuer Obligations.....						XXX						
2.2 Residential Mortgage-Backed Securities.....						XXX						
2.3 Commercial Mortgage-Backed Securities.....						XXX						
2.4 Other Loan-Backed and Structured Securities.....						XXX						
2.5 Totals.....						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations.....						XXX						
3.2 Residential Mortgage-Backed Securities.....						XXX						
3.3 Commercial Mortgage-Backed Securities.....						XXX						
3.4 Other Loan-Backed and Structured Securities.....						XXX						
3.5 Totals.....						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations.....						XXX						
4.2 Residential Mortgage-Backed Securities.....						XXX						
4.3 Commercial Mortgage-Backed Securities.....						XXX						
4.4 Other Loan-Backed and Structured Securities.....						XXX						
4.5 Totals.....						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations.....						XXX						
5.2 Residential Mortgage-Backed Securities.....						XXX						
5.3 Commercial Mortgage-Backed Securities.....						XXX						
5.4 Other Loan-Backed and Structured Securities.....						XXX						
5.5 Totals.....						XXX						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations.....						XXX						
6.2 Residential Mortgage-Backed Securities.....						XXX						
6.3 Commercial Mortgage-Backed Securities.....						XXX						
6.4 Other Loan-Backed and Structured Securities.....						XXX						
6.5 Totals.....						XXX						
7. Hybrid Securities												
7.1 Issuer Obligations.....						XXX						
7.2 Residential Mortgage-Backed Securities.....						XXX						
7.3 Commercial Mortgage-Backed Securities.....						XXX						
7.4 Other Loan-Backed and Structured Securities.....						XXX						
7.5 Totals.....						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations.....						XXX						
8.2 Residential Mortgage-Backed Securities.....						XXX						
8.3 Commercial Mortgage-Backed Securities.....						XXX						
8.4 Other Loan-Backed and Structured Securities.....						XXX						
8.5 Totals.....						XXX						

Not for Distribution

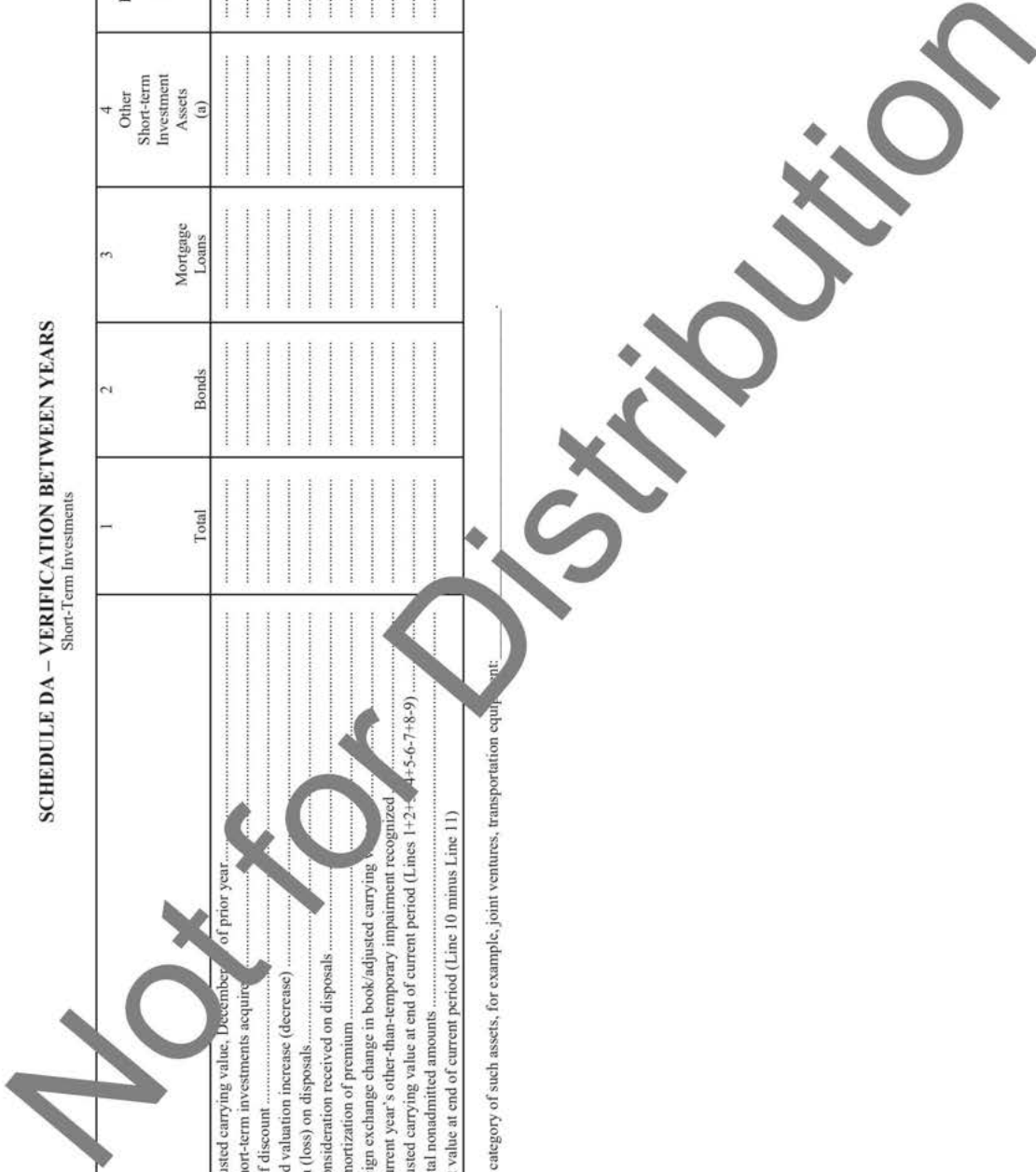
SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 117	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.3 Totals	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
10. Bank Loans												
10.1 Bank Loans - Issued						XXX			XXX	XXX		
10.2 Bank Loans - Acquired						XXX			XXX	XXX		
10.3 Totals						XXX			XXX	XXX		
11. Total Bonds Current Year												
11.1 Issuer Obligations						XXX			XXX	XXX		
11.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
11.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
11.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
11.6 Bank Loans						XXX			XXX	XXX		
11.7 Totals						XXX			XXX	XXX		
11.8 Lines 117 as a % of Col. 7								XXX	XXX	XXX		
12. Total Bonds Prior Year												
12.1 Issuer Obligations						XXX			XXX	XXX		
12.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.6 Bank Loans						XXX			XXX	XXX		
12.7 Totals						XXX			XXX	XXX		
12.8 Line 127 as a % of Col. 9								XXX	XXX	XXX		XXX
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations						XXX			XXX	XXX		
13.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
13.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
13.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
13.6 Bank Loans						XXX			XXX	XXX		
13.7 Totals						XXX			XXX	XXX		
13.8 Line 137 as a % of Col. 7								XXX	XXX	XXX		XXX
13.9 Line 137 as a % of Line 117, Col. 7, Section 11								XXX	XXX	XXX		XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations						XXX			XXX	XXX		
14.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
14.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
14.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.6 Bank Loans						XXX			XXX	XXX		
14.7 Totals						XXX			XXX	XXX		
14.8 Line 147 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 147 as a % of Line 117, Col. 7, Section 11								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 during year.....
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, 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 9, prior year)	_____
2.	Cost paid/(consideration received) on additions:	
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12	_____
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14	_____
3.	Unrealized valuation increase/(decrease):	
3.1	Section 1, Column 17	_____
3.2	Section 2, Column 19	_____
4.	Total gain (loss) on termination recognized, Section 2, Column 22	_____
5.	Considerations received/(paid) on terminations, Section 2, Column 15	_____
6.	Amortization:	
6.1	Section 1, Column 19	_____
6.2	Section 2, Column 21	_____
7.	Adjustment to the book/adjusted carrying value of hedged item:	
7.1	Section 1, Column 20	_____
7.2	Section 2, Column 23	_____
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Section 1, Column 18	_____
8.2	Section 2, Column 20	_____
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8)	_____
10.	Deduct nonadmitted assets	_____
11.	Statement value at end of current period (Line 9 minus Line 10)	_____

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
Futures Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote and Relative Cash Change Column)	_____
3.1	Add:	
	Change in variation margin on open contracts – High effective hedges:	
3.11	Section 1, Column 15, current year minus	_____
3.12	Section 1, Column 15, prior year	_____
	Change in the variation margin on open contracts – All other:	
3.13	Section 1, Column 18, current year minus	_____
3.14	Section 1, Column 18, prior year	_____
3.2	Add:	
	Change in adjustment to basis of hedged item:	
3.21	Section 1, Column 17, current year to date minus	_____
3.22	Section 1, Column 17, prior year	_____
	Change in amount recognized:	
3.23	Section 1, Column 19, current year to date minus	_____
3.24	Section 1, Column 19, prior year	_____
3.3	Subtotal (Line 3.1 plus Line 3.2)	_____
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)	_____
4.2	Less:	
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)	_____
4.22	Amount recognized (Section 2, Column 16)	_____
4.3	Subtotal (Line 4.1 minus Line 4.2)	_____
5.	Terminations (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 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic Asset) Transactions		Components of the Replication (Synthetic Asset) Transactions													
1 Number	2 Description	Replication (Synthetic Asset) Transactions			Derivative Instrument(s) Open					Cash Instrument(s) Held					
		3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Designation or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value
999999999	Totals					XXXX	XXX	XXX			XXX	XXX	XXX		

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

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
1. Beginning Inventory										
2. Add: 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										

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SCHEDULE DB – VERIFICATION

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

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

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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 _____.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Description of Property	City	State	Deed No.	Deed Date	Deed Price	Deed Cost	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A/C/V (11-9-10)	Total Foreign Exchange Change in B/A/C/V	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred	
0399999 Totals																				

Not for Distribution

SCHEDULE B – PART 1
 Showing All Mortgage Loans Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation
3399999	Totals													XXX

General Interrogatory:

1. Mortgages in good standing \$..... unpaid taxes \$..... interest due and unpaid.
2. Restructured mortgages \$..... unpaid taxes \$..... interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$..... unpaid taxes \$..... interest due and unpaid.
4. Mortgages in process of foreclosure \$..... unpaid taxes \$..... interest due and unpaid.

SCHEDULE B — PART 2
 Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	2	3	4	5	6	7	8	9
Loan Number	Location City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
3399999	Totals							

Not for Distribution

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

1 Loan Number	2 City	3 State	4 Loan Type	5 Date Acquired	6 Maturity Date	7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	8 Change in Book Value/Recorded Investment			11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8/9-10/11)	13 Total Foreign Exchange Change in Book Value	14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
							9 Current Year's (Amortization) Accretion	10 Current Year's Other-Than-Temporary Impairment Recognized	13 Total Foreign Exchange Change in Book Value								
0599999 Totals																	

Not for Distribution

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CUSIP Identification	Name or Description	Class	Country	State	Name of Vendor or General Partner	NAIC Description and Administrative Symbol/Market Indicator	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) or Accretion	Current Year's Capitalized Other Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B/A/C/V	Investment Income	Commitment for Additional Investment	Percentage of Ownership
409999	Totals																		XXX

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SCHEDULE BA – PART 2
 Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	3 Location		4	5	6	7	8	9	10	11
CUSIP Identification	Name	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership	
4699999	Totals										XXX

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CUSIP Identification	Name or Description	City	State	Name of Issuer or Issuing Office of Issue	Date Originally Acquired	Disposal Date	Book/Adjusted Value Last Reporting Period	Unadjusted Value Increase (Decrease)	Current Year's (Depreciation) (Amortization) (Accretion)	Current Year's Other Than Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B.A.C.V. (9+10+11+12)	Total Book/Adjusted Change in B.A.C.V.	Book/Adjusted Carrying Value on Disposal	Consideration	Realized Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
469999	Tenab																		

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SCHEDULE D – PART 1
 Showing All Long-Term BONDS Owned December 31 of Current Year

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

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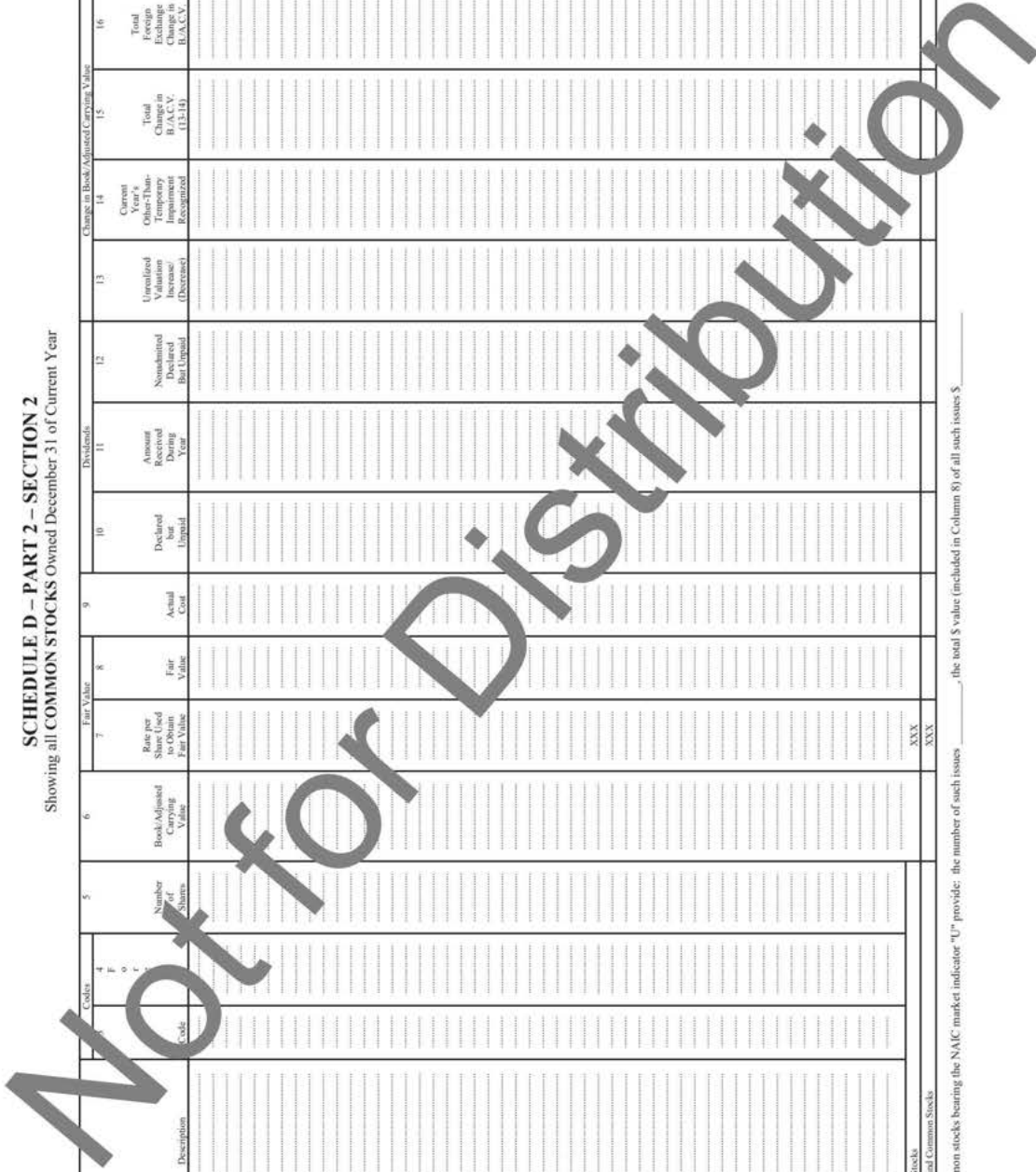
SCHEDULE D – PART 2 – SECTION 1
 Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Code	Number of Shares	Par Value Per Share	Rate Per Share	Book/Carrying Value	Rate per Share Used to Compute Fair Value	Fair Value	Fair Value	Actual Cost	Dividend Amount Paid During Year	Nonadmitted Dividend Not Paid	Unaffiliated Increase/Decrease	Current (Amortization) Accretion	Current Year's Other-Than-Investment Recognized	Total Change R/A/C.V. (15+16-17)	Total Foreign Exchange Change in R/A/C.V.	NAIC Designation and Symbol/Market Indicator	Date Acquired	
8999999	Total Preferred Stocks							XXX											XXX	XXX

Not for Distribution

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

1 CUSIP Identification	2 Description	3 Codes			5 Number of Shares	6 Book-Adjusted Carrying Value	7 Rate per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	10-14 Dividends				15-17 Change in Book-Adjusted Carrying Value			18 Date Acquired
		4 SIC	4 FIC	4 V						10 Declared but Unpaid	11 Amount Received During Year	12 Nonlimited Declared But Unpaid	13 Unrealized Valuation Increase/ Decrease	14 Current Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13-14)	16 Total Foreign Exchange Change in B./A.C.V.		17 NAIC Market Indicator (d)
979999	Total Common Stocks					XXX	XXX									XXX	XXX
009999	Total Preferred and Common Stocks																



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

SCHEDULE D – PART 3
 Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
9999999	Totals							

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Number of Shares Purchased	Cost Basis	Price Year Book/ Adjusted Carrying Value	Number of Shares Sold	Consideration	Per Value	Actual Cost	Unrealized Valuation Increase/ Decrease	Current Year's (Amortization/ Accretion)	Current Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (1/1-12/31)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Book/ Adjusted Carrying Value at Disposal Date	Interest/ Dividends Received During Year	Stated Contractual Maturity Date
999999	Bonds						XXX													XXX

Not for Distribution

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Foreign	Domestic	Number of Bonds or Shares	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Value at Disposal	Unrealized Gain (Increase) or Loss (Decrease)	Current (Amortization)/ Accretion	Current Year's Other-Than-Ordinary Income/Recognized	Total Change in B.A.C.V. (12+13-14)	Total Foreign Exchange Change B.A.C.V.	Foreign Exchange (Loss) or Gain on Disposal	Realized Gain (Loss) on Disposal	Total (Loss) or Gain on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
BONDS																				
939998	Subtotal Bonds																			
STOCKS																				
989999	Subtotal Stocks																			
999999	Total																			

Not for Distribution

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

1 CUSIP Identification	2 Description of Subsidiary, Controlled or Affiliated Company	3 Foreign Company	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	11 Stock of Such Company Owned by Insurer on Statement Date		
										Number of Shares	% of Outstanding	
1999999 Totals											XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EIT goodwill and non-ferred tax assets included therein: \$.....

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

SCHEDULE D – PART 6 – SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Admitted Shown Column 8, Section 1	5 Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date			
				Number of Shares	% of Outstanding		
0399999 Total						XXX	XXX

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Description	Code	Officer	Date Acquired	Name of Vendor	Maturity	Book/ Adjusted Carrying Value	Unrealized Gain/ Increase/ (Decrease)	Change in Book-Adjusted Carrying Value	Current Year's Other-Than- Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec 31 of Current Year Not in Default	Non-Admitted and Accrued	Rate of Interest	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest	
919999 Total																				

SCHEDULE DB – PART A – SECTION I

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

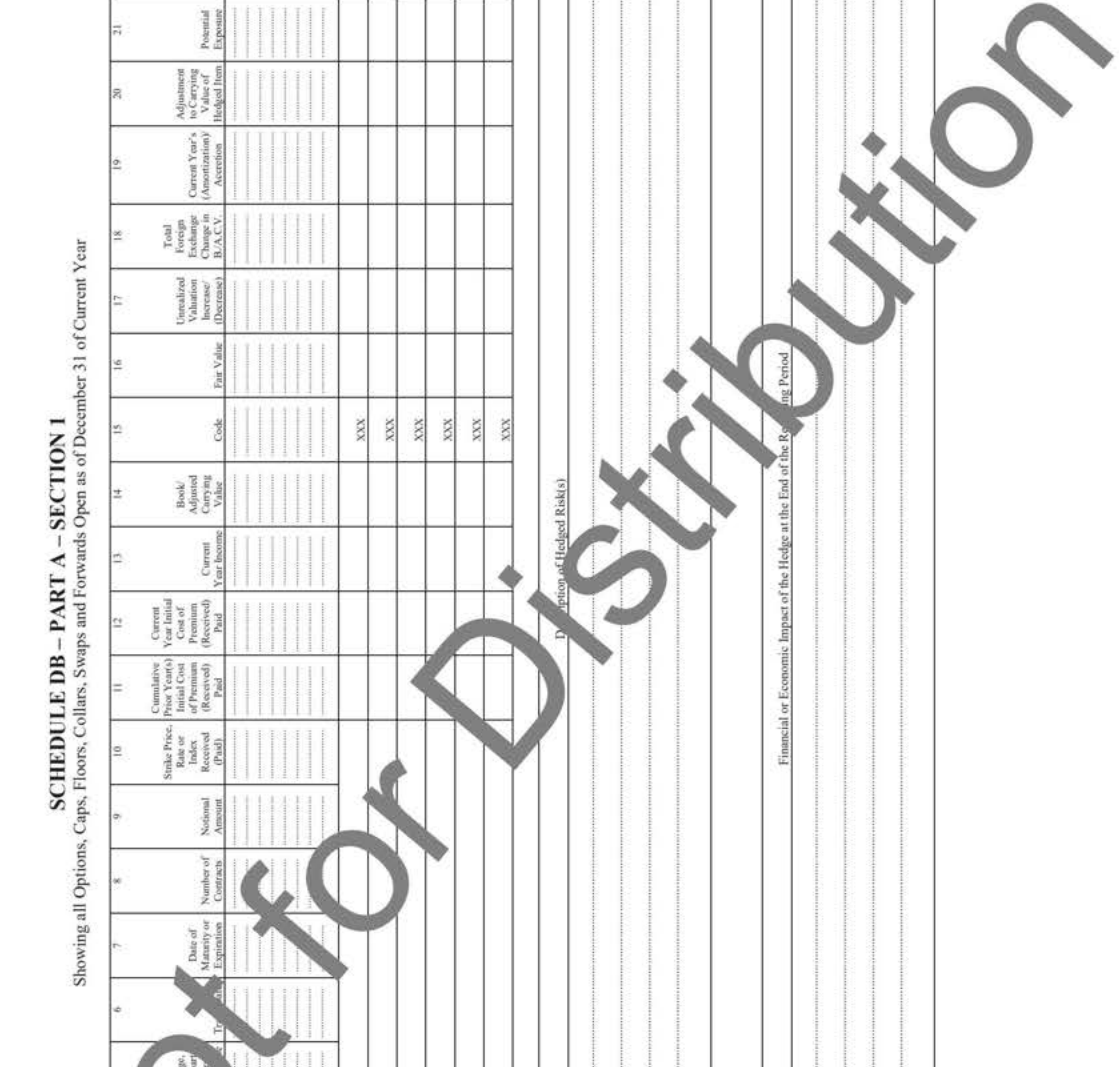
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description of Hedged Item(s) Used for Income Recognition or Replicated	Schedule Identifier	Type of Risk (a)	Exchanges, Forwards or Combinations	Term	Trade Date	Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Received (Paid)	Cumulative Prior Year(s) Initial Cost (Received) / Paid	Current Year Initial Cost (Received) / Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Volatility Increase/ (Decrease)	Total Foreign Exchange Change in B.A.C.V.	Current Year's (Amortization) / Accretion	Adjustment to Value of Hedged Item	Potential Exposure	Credit Default Reference Entity	Hedge Effectiveness At Inception / Year-end
1309999999 Subtotal - Hedging Effective														XXX							XXX	XXX
1409999999 Subtotal - Hedging Other														XXX							XXX	XXX
1419999999 Subtotal - Replication														XXX							XXX	XXX
1429999999 Subtotal - Income Generation														XXX							XXX	XXX
1439999999 Subtotal - Other														XXX							XXX	XXX
1449999999 Totals														XXX							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
.....
.....
.....
.....



SCHEDULE DB – PART A – SECTION 2
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Description of Hedged Item(s) Used for Generation or Replicated	Schedule/ Exhibit Reference (s)	Trade Date	Date of Termination	Indicate Currency, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price Received (Paid)	Cumulative Prior Year's Cost of (Received) Paid	Current Year Initial Cost of (Received) Paid	Consideration Paid on Termination	Current Year Income	Book Value Added Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Hedge Exchange Change in B./A./C.V.	Current Total (A)/Increase/ (Decrease)	Gain (Loss) on Termination - Recognized	Adjustment on Hedged Item	Gain (Loss) on Termination - Deferred	Hedge Effectiveness at Termination (b)					
139999999 Subtotal - Hedging Effective																								XXX	
149999999 Subtotal - Hedging Other																									XXX
141999999 Subtotal - Replication																									XXX
142999999 Subtotal - Income Generation																									XXX
143999999 Subtotal - Other																									XXX
144999999 Totals																									XXX

(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	4	5	6	7	8	9	10	11	12
Description of Exchanges, Counterparty or Central Clearinghouse	Margin (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value				Fair Value		Potential Exposure	Off-Balance Sheet Exposure
				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		
099999999 Gross Totals 1. Offset per SSAP No. 64 2. Net after right of offset per SSAP No. 64											

Not for Distribution

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

Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0199999999	Totals						XXX	XXX

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0299999999	Totals					XXX	XXX	XXX

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

	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
States, etc.						
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM						
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CA						
58. Aggregate Alien and Other.....OI	XXX	XXX				
59. Total	XXX	XXX				
DETAILS - WRITINGS						
5801.....						
5802.....						
5803.....						
5804.....						
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Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT
 For The Year Ended December 31, 2018
 (To Be Filed by March 1)

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
Current: 2. Principal Financial Officer	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
3.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
4.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
5.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
6.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
7.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
8.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
9.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....
10.	2018 2017 2016	.....	.....	.....	.....	.....	.....	.....	.....

PART 3 – DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	2 Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	3 Direct Compensation	4 Stock Awards	5 Option Awards	6 Other		

.....
Affix Bar Code Above

INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by April 1)

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

Not for Distribution

INTERROGATORIES

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

Not for Distribution

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

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

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

	Premiums (Pg. 1B, Col. 6)		Premiums Earned (Pg. 6, Pr. 4, Col. 4)		Dividends to Policyholders (Pg. 4, Line 17)		Incurred Loss (Pg. 4, Pr. 2, Col. 7)		Loss Adjustment Expense (Pg. 10, Pr. 2A, Col. 8)		Loss Adjustment Expense (Pg. 11, Incurred)		Loss Adjustment Expense (Pg. 10, Pr. 2A, Col. 8)		Unearned Premium Reserve (Pg. 10, Pr. 2A, Col. 5)		Agents' Balances							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%		
1. Fire	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
2.1. All Lines	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2.2. Multiple Peril Crop	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
2.3. Multiple Peril Crop	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
2.4. Private Crop	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2.5. Private Flood	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
3. Farmowners Multiple Peril	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
4. Homeowners Multiple Peril (Non-Liability Portion)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
5.1. Commercial Multiple Peril (Non-Liability Portion)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
5.2. Commercial Multiple Peril (Liability Portion)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
6. Mortgage Guaranty	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
7. Ocean Marine	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
8. Inland Marine	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
9. Financial Guaranty	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
10. Financial Guaranty	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
11. Medical Professional Liability	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
12. Earthquake	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
13. Group A&H (See Interrogatory 1)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
14. Other A&H (See Interrogatory 1)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
15. Workers' Compensation	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
16. Other Liability—Claims/Made	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
17.1. Other Liability—Occurrence	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
17.2. Other Liability—Claims/Made	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
17.3. Excess Workers' Compensation	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
18. Products Liability	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
19.1, 19.2. Private Passenger Auto Liability	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
19.3, 19.4. Commercial Auto Liability	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
20. Private Passenger Auto Physical Damage	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
21.1. Commercial Auto Physical Damage	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
21.2. Commercial Auto Physical Damage	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
22. Aircraft (all perils)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
23. Fidelity	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
24. Surety	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
25. Burglary and Theft	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
26. Boiler and Machinery	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
27. Credit	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
28. Financial	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
29. Warranty	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
30. Reinsurance-Nonproportional	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
31, 32, 33. Reinsurance-Nonproportional Assumed	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
34. Aggregate Write-Ins for Other Lines of Business	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
35. TOTAL (Lines 1 through 34)	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
DETAILS OF WRITE-INS																								
3401	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
3402	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
3403	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
3498	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
3499	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
TOTAL (Lines 3401 through 3403 plus 3498 (Line 34 above))																								

Not for Distribution

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

	Other Underwriting Expenses					Other Income Less Other Expenses (Fig. 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 (Fig. 1, Line 24)	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 X Col. 2)	General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Fire																		
2. Allied Lines																		
2.1 Multiple Peril Crop																		
2.2 Multiple Peril Non-Crop																		
2.3 Federal Flood																		
2.4 Private Crop																		
2.5 Private Flood																		
3. Earthquake																		
3.1 Earthquake 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																		
10. Financial Guaranty																		
11. Medical Professional Liability																		
12. Earthquake																		
13. Group A&H (See Interrogatory 1)																		
14. Credit A&H																		
15. Other A&H (See Interrogatory 1)																		
16. Workers Compensation																		
17. Other Liability—Occupational																		
17.2 Other Liability—Crime/Trade																		
17.3 Excess Worker's Compensation																		
18. Products Liability																		
19.1, 19.2. Private Passenger Auto Liability																		
19.3, 19.4. Commercial Auto Liability																		
21.1 Private Passenger Auto Physical Damage																		
21.2 Commercial Auto Physical Damage																		
22. Aircraft (all perils)																		
23. Fidelity																		
24. Surety																		
26. Burglary and Theft																		
27. Boiler and Machinery																		
28. Credit																		
29. International																		
30. Warranty																		
31, 32, 33. Reinsurance Nonproportional Assumed																		
34. Aggregate Write-ins for Other Lines of Business																		
35. TOTAL (Lines 1 through 34)																		
DETAILS OF WRITE-INS																		
3401.																		
3402.																		
3403.																		
3498.																		
3499.																		
TOTAL (Lines 3401 through 3498) (Line 34 above)																		

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

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

Line	Premiums Written (Sch. T, Line 59, Col. 3)		Dividends to Policyholders		Incurred Loss (Sch. T, Line 59, Col. 6)		Loss Adjustment Expense Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense Adjusting and Other Expenses Incurred		Unpaid Losses (Sch. T, Line 59, Col. 7)		Loss Adjustment Expense Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Fire	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.1 Allied Lines	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.2 Multiple Peril Crop	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.3 Federal Flood	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.4 Private Flood	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Private Crop	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Farmowners Multiple Peril	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Homeowners Multiple Peril	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.1 Commercial Multiple Peril (Non- Liability Portion)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.2 Commercial Multiple Peril (Liability Portion)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. Mortgage Guaranty	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Ocean Marine	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Marine	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. Financial Guaranty	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. Medical Professional Liability	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Medical Professional Liability	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Earthquake	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Group A&H (See Interrogatory 1)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
14. Credit A&H	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
15. Other A&H (See Interrogatory 1)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Workers' Compensation	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
17.1 Other Liability—Occurrence	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
17.2 Other Liability—Claims-Made	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
17.3 Excess Workers' Compensation	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
18. Products Liability	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19.1, 19.2 Private Passenger Auto Liability	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19.3, 19.4 Commercial Auto Liability	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21.1 Private Passenger Auto Physical Damage	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21.2 Commercial Auto Physical Damage	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22. Aircraft (all perils)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Fidelity	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
24. Surety	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
26. Burglary and Theft	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
27. Boiler and Machinery	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
28. Credit	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29. International	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30. Warranty	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-ins for Other Lines of Business	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. TOTAL (Lines 1 through 34)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS																						
3401.	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3402.	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3403.	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3498. Summary of remaining write-ins for Line 34 from overflow page.....	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)	XXX	XXX	XXX	100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not for Distribution

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)

	Commission and Brokerage Expenses Incurred				Taxes, Licenses & Fees Incurred				Other Underwriting Expenses				Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment		
	23		24		25		26		27		28		31		33		
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	
1. Fire.....																	
2.1. Allied Lines.....																	
2.2. Multiple Peril Crop.....																	
2.3. Federal Flood.....																	
2.4. Private Crop.....																	
3. Private Auto.....																	
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.....																	
10. Financial Guaranty.....																	
11. Medical Professional Liability.....																	
12. Earthquake.....																	
13. Group A&H (See Interrogatory 1).....																	
14. Credit A&H.....																	
15. Other A&H (See Interrogatory 1).....																	
16. Workers' Compensation.....																	
17.1. Other Liability—Occurrence.....																	
17.2. Other Liability—Claims-Made.....																	
17.3. Professional Liability.....																	
18. Products Liability.....																	
19.1, 19.2. Private Passenger Auto Liability.....																	
19.3, 19.4. Commercial Auto Liability.....																	
21.1. Private Passenger Auto Physical Damage.....																	
21.2. Commercial Auto Physical Damage.....																	
22. Aircraft (all perils).....																	
23. Fidelity.....																	
24. Surety.....																	
26. Burglary and Theft.....																	
27. Boiler and Machinery.....																	
28. Credit.....																	
29. International.....																	
30. Warranty.....																	
34. Aggregate Write-Ins for Other Lines of Business.....																	
35. TOTAL (Lines 1 through 34).....																	
DETAILS OF WRITE-INS																	
3401.....																	
3402.....																	
3403.....																	
3498. Summary of remaining write-ins for Line 34 from overflow page.....																	
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above).....																	

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, **2018**
(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 percentage of the reporting entity's total admitted assets held in that category of investments.

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

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

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

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

- 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 exposure 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>	
	Issuer	NAIC Designation			
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>	
%
13.02	.....	\$ .....	.....	.....%
13.03	.....	\$ .....	.....	.....%
13.04	.....	\$ .....	.....	.....%
13.05	.....	\$ .....	.....	.....%
13.06	.....	\$ .....	.....	.....%
13.07	.....	\$ .....	.....	.....%
13.08	.....	\$ .....	.....	.....%
13.09	.....	\$ .....	.....	.....%
13.10	.....	\$ .....	.....	.....%

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

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

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

14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities \$.....%

Largest three investments held in nonaffiliated, privately placed equities:

14.03%
 14.04%
 14.05%

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

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

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

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.

16.02 Type (Residential, Commercial, Agricultural) \$.....%
 16.03%
 16.04%
 16.05%
 16.06%
 16.07%
 16.08%
 16.09%
 16.10%
 16.11%

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

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

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

Loan-to-Value	<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.

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>
			<u>3</u>	<u>4</u>	<u>5</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>
			<u>3</u>	<u>4</u>	<u>5</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	\$.....%	\$.....	\$.....	\$.....

.....
Affix Bar Code Above

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2018
(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,
TITLE AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENTS 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 and A & H Companies:

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

To be answered by Property and Casualty Companies:

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

To be answered by Title Insurance Companies:

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

To be answered by Health Insurance Companies:

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

Column A		Column B	
Yes	No	Yes	No

.....
Affix Bar Code Here

FINANCIAL GUARANTY INSURANCE EXHIBIT
For the Year Ended December 31, 2018
(To Be Filed by March 1)

Of The..... Insurance Company

NAIC Group Code..... NAIC Company Code..... Employee 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. 2019						
2. 2020						
3. 2021						
4. 2022						
5. 2023						
6. 2024						
7. 2025						
8. 2026						
9. 2027						
10. 2028						
11. 2029						
12. 2030						
13. 2031						
14. 2032						
15. 2033						
16. 2034-38						
17. 2039-43						
18. 2044+						
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			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. 2019								
2. 2020								
3. 2021								
4. 2022								
5. 2023								
6. 2024								
7. 2025								
8. 2026								
9. 2027								
10. 2028								
11. 2029								
12. 2030								
13. 2031								
14. 2032								
15. 2033								
16. 2034-38								
17. 2039-43								
18. 2044+								
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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. 2008 S.P.								
22. 2008 I.P.								
23. 2007 S.P.								
24. 2007 I.P.								
25. 2006 S.P.								
26. 2006 I.P.								
27. 2005 S.P.								
28. 2005 I.P.								
29. 2004 S.P.								
30. 2004 I.P.								
31. 2003 S.P.								
32. 2003 I.P.								
33. 2002 S.P.								
34. 2002 I.P.								
35. 2001 S.P.								
36. 2001 I.P.								
37. 2000 S.P.								
38. 2000 I.P.								
39. 1999 S.P.								
40. 1999 I.P.								
41. Prior to 1999 S.P.								
42. Prior to 1999 I.P.								
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. 2018 S.P.
2. 2018 I.P.
3. 2017 S.P.
4. 2017 I.P.
5. 2016 S.P.
6. 2016 I.P.
7. 2015 S.P.
8. 2015 I.P.
9. 2014 S.P.
10. 2014 I.P.
11. 2013 S.P.
12. 2013 I.P.
13. 2012 S.P.
14. 2012 I.P.
15. 2011 S.P.
16. 2011 I.P.
17. 2010 S.P.
18. 2010 I.P.
19. 2009 S.P.
20. 2009 I.P.
21. 2008 S.P.
22. 2008 I.P.
23. 2007 S.P.
24. 2007 I.P.
25. 2006 S.P.
26. 2006 I.P.
27. 2005 S.P.
28. 2005 I.P.
29. 2004 S.P.
30. 2004 I.P.
31. 2003 S.P.
32. 2003 I.P.
33. 2002 S.P.
34. 2002 I.P.
35. 2001 S.P.
36. 2001 I.P.
37. 2000 S.P.
38. 2000 I.P.
39. 1999 S.P.
40. 1999 I.P.
41. Prior to 1999 S.P.
42. Prior to 1999 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. 2008 S.P.								
22. 2008 I.P.								
23. 2007 S.P.								
24. 2007 I.P.								
25. 2006 S.P.								
26. 2006 I.P.								
27. 2005 S.P.								
28. 2005 I.P.								
29. 2004 S.P.								
30. 2004 I.P.								
31. 2003 S.P.								
32. 2003 I.P.								
33. 2002 S.P.								
34. 2002 I.P.								
35. 2001 S.P.								
36. 2001 I.P.								
37. 2000 S.P.								
38. 2000 I.P.								
39. 1999 S.P.								
40. 1999 I.P.								
41. Prior to 1999 S.P.								
42. Prior to 1999 I.P.								
Totals								

S.P. = Staggered Premiums
I.P. = Instant 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. 2008 S.P.								
22. 2008 I.P.								
23. 2007 S.P.								
24. 2007 I.P.								
25. 2006 S.P.								
26. 2006 I.P.								
27. 2005 S.P.								
28. 2005 I.P.								
29. 2004 S.P.								
30. 2004 I.P.								
31. 2003 S.P.								
32. 2003 I.P.								
33. 2002 S.P.								
34. 2002 I.P.								
35. 2001 S.P.								
36. 2001 I.P.								
37. 2000 S.P.								
38. 2000 I.P.								
39. 1999 S.P.								
40. 1999 I.P.								
41. Prior to 1999 S.P.								
41. Prior to 1999 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. 2008 S.P.								
22. 2008 I.P.								
23. 2007 S.P.								
24. 2007 I.P.								
25. 2006 S.P.								
26. 2006 I.P.								
27. 2005 S.P.								
28. 2005 I.P.								
29. 2004 S.P.								
30. 2004 I.P.								
31. 2003 S.P.								
32. 2003 I.P.								
33. 2002 S.P.								
34. 2002 I.P.								
35. 2001 S.P.								
36. 2001 I.P.								
37. 2000 S.P.								
38. 2000 I.P.								
39. 1999 S.P.								
40. 1999 I.P.								
41. Prior to 1999 S.P.								
41. Prior to 1999 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. 2008 S.P.								
22. 2008 I.P.								
23. 2007 S.P.								
24. 2007 I.P.								
25. 2006 S.P.								
26. 2006 I.P.								
27. 2005 S.P.								
28. 2005 I.P.								
29. 2004 S.P.								
30. 2004 I.P.								
31. 2003 S.P.								
32. 2003 I.P.								
33. 2002 S.P.								
34. 2002 I.P.								
35. 2001 S.P.								
36. 2001 I.P.								
37. 2000 S.P.								
38. 2000 I.P.								
39. 1999 S.P.								
40. 1999 I.P.								
41. Prior to 1999 S.P.								
41. Prior to 1999 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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. 2018 S.P.								
2. 2018 I.P.								
3. 2017 S.P.								
4. 2017 I.P.								
5. 2016 S.P.								
6. 2016 I.P.								
7. 2015 S.P.								
8. 2015 I.P.								
9. 2014 S.P.								
10. 2014 I.P.								
11. 2013 S.P.								
12. 2013 I.P.								
13. 2012 S.P.								
14. 2012 I.P.								
15. 2011 S.P.								
16. 2011 I.P.								
17. 2010 S.P.								
18. 2010 I.P.								
19. 2009 S.P.								
20. 2009 I.P.								
21. Prior to 2009 S.P.								
22. Prior to 2009 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 Exposure Written (Col. 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	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		Losses Unpaid December 31 of Current Year		Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Losses incurred during 2018	Losses incurred during 2017	On losses incurred prior to 2017	On losses incurred during 2018	On losses incurred during 2017	On losses incurred prior to 2017	Total (Cols. 1+2+3 -4-5-6)	Losses paid during 2017 on losses incurred prior to 2017	On losses incurred during 2018	On losses incurred during 2017	On losses incurred prior to 2017	Total Per Col. 5, Part 3A (Cols. 9+10+11)	On losses incurred prior to 2018 (Cols. 2+3+10+11)	On losses incurred prior to 2017 (Cols. 3+8+11)	Dec. 31, 2017 (Col. 15)	Dec. 31, 2016 (Col. 16)	Dec. 31, 2017 (Col. 13 less Col. 15)	Dec. 31, 2016 (Col. 14 less Col. 16)
1. Municipal Obligation Bonds.....																		
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.....																		

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
 For The Year Ended December 31, 2018
 (To Be Filed By March 1)

.....
 Affix Bar Code Above

FOR THE STATE OF _____
 NAC Company Code _____

Address (City, State and Zip Code) _____
 Person Completing This Exhibit _____
 Title _____
 Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018			18
										11	12	13	14	15	16		17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																
0599999 TOTAL EXPERIENCE ON GROUP POLICIES																

GENERAL INTERROGATORIES

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

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

Affix Bar Code Above

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate of alien.....OT								
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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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's
surplus statement together with its related schedules appended hereto is a true statement of the trustee's surplus of said corporation, that the several items of assets 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 mentioned, 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

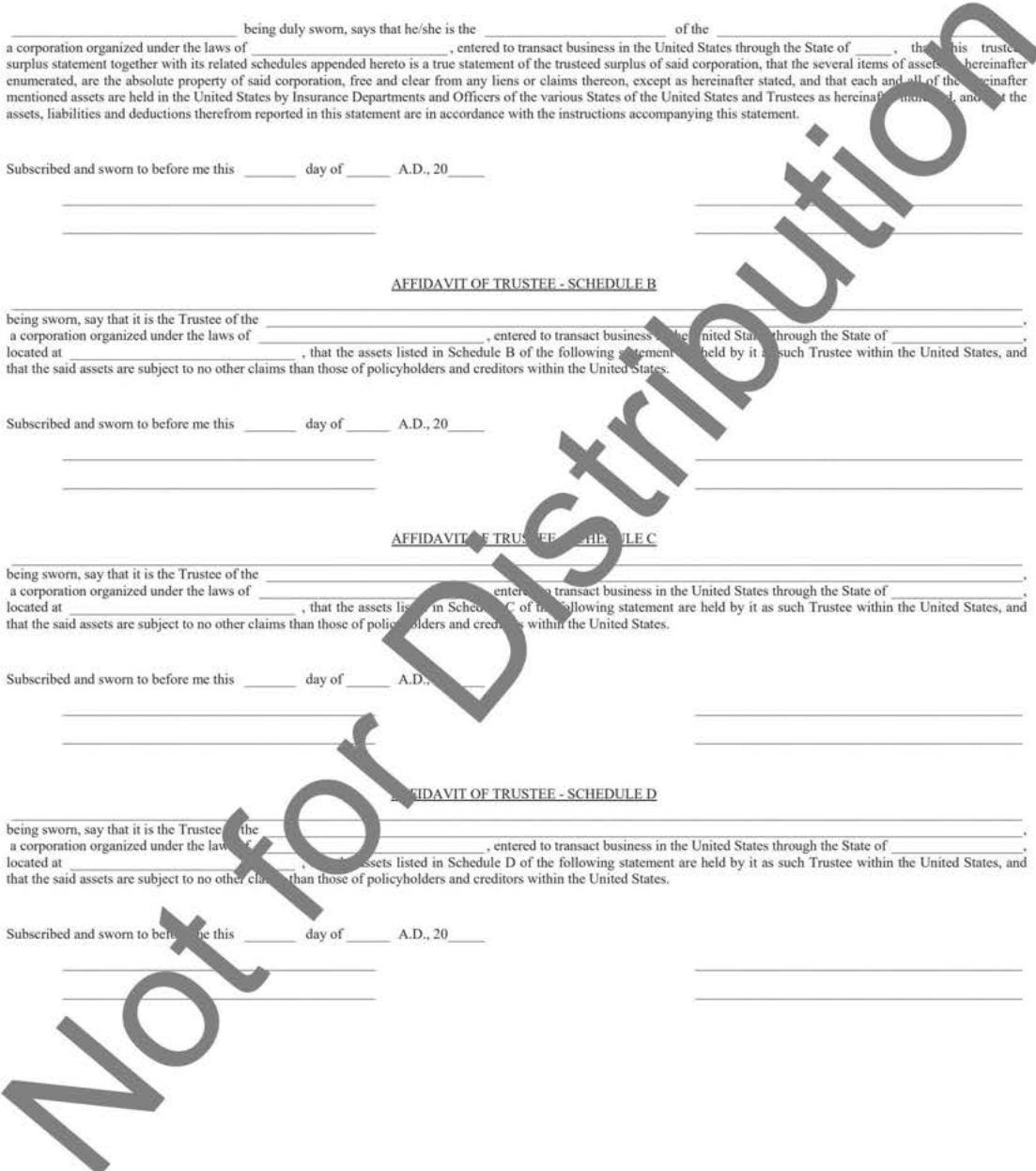
_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within 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 _____



**TRUSTED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

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OVERFLOW PAGE FOR WRITE-INS

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PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT
 For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

Line	Line of Business	Premiums			5	Losses			Loss Adjustment Expenses				
		1	2	3		4	6	7	8	9	10	11	12	13
		Attributed	Current Year	Current Year	Earned Premium	Adjusted or in Process	Incurred But Not Reported	Prior Year Total	Incurred	Paid	Current Year	Prior Year	Incurred
1	Fire												
2	Allied lines												
3	Famowners multiple peril												
4	Homeowners multiple peril												
5	Commercial multiple peril												
6	Mortgage guaranty												
8	Ocean marine												
9	Inland marine												
10	Financial guaranty												
11.1	Medical professional liability occurrence												
11.2	Medical professional liability claims-made												
12	Earthquake												
13	Group accident and health												
14	Credit accident and health (group and individual)												
15	Other accident and health												
16	Workers compensation												
17.1	Other liability—occurrence												
17.2	Other liability—claims-made												
17.3	Excess workers compensation												
18.1	Products liability—occurrence												
18.2	Products liability—claims-made												
19.1	Private passenger auto liability												
19.3	Commercial auto liability												
19.4	Commercial truck liability												
21	Aviation liability												
22	Aircraft (all perils)												
23	Fidelity												
24	Surety												
26	Burglary and theft												
27	Boiler and machinery												
28	Credit												
29	International												
30	Warrenty												
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												
3499	Lines of business not on previous pages												
	Total (Lines 3401-3403 plus 3498)												

OVERFLOW PAGE FOR WRITE-INS

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MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code.....

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			
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
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	
7.12 Without Reinsurance Coverage.....		XXX		XXX	
7.2 Supplemental Benefits.....		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....		XXX		XXX	XXX
10.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
10.2 Supplemental Benefits.....		XXX		XXX	XXX
11. Total Claims.....		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....		XXX		XXX	
15. Expenses Incurred.....		XXX		XXX	XXX
16. Underwriting Gain/Loss.....		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

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

NAIC Group Code..... NAIC Company Code.....
Company Name

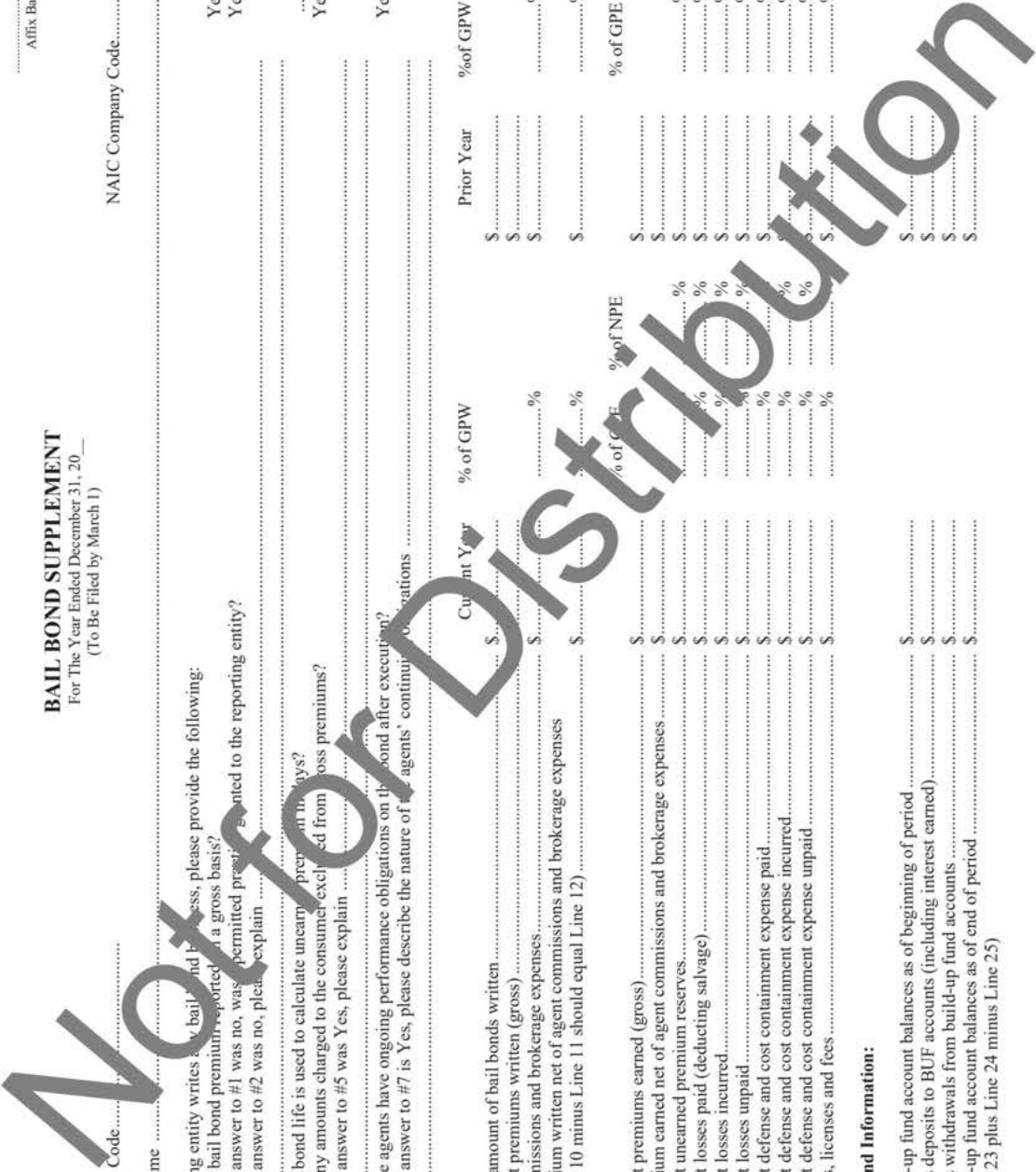
If the reporting entity writes any bail bonds and business, please provide the following:

1. Is the bail bond premium reported on a gross basis? Yes [] No []
2. If the answer to #1 was no, was permitted premium reported 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 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 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)	\$	%	\$	%
13. Direct premiums earned (gross)	\$	% of GPE	\$	% of NPE
14. Premium earned net of agent commissions and brokerage expenses	\$		\$	
15. Direct unearned premium reserves	\$	%	\$	%
16. Direct losses paid (deducting salvage)	\$	%	\$	%
17. Direct losses incurred	\$	%	\$	%
18. Direct losses unpaid	\$	%	\$	%
19. Direct defense and cost containment expense paid	\$	%	\$	%
20. Direct defense and cost containment expense incurred	\$	%	\$	%
21. Direct defense and cost containment expense unpaid	\$	%	\$	%
22. Taxes, licenses and fees	\$	%	\$	%

Build-up Fund Information:

23. Build-up fund account balances as of beginning of period
24. Gross deposits to 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)



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DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code

NAIC Company Code

Company Name

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No []

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No []

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable 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
\$	\$	\$	\$	%	%

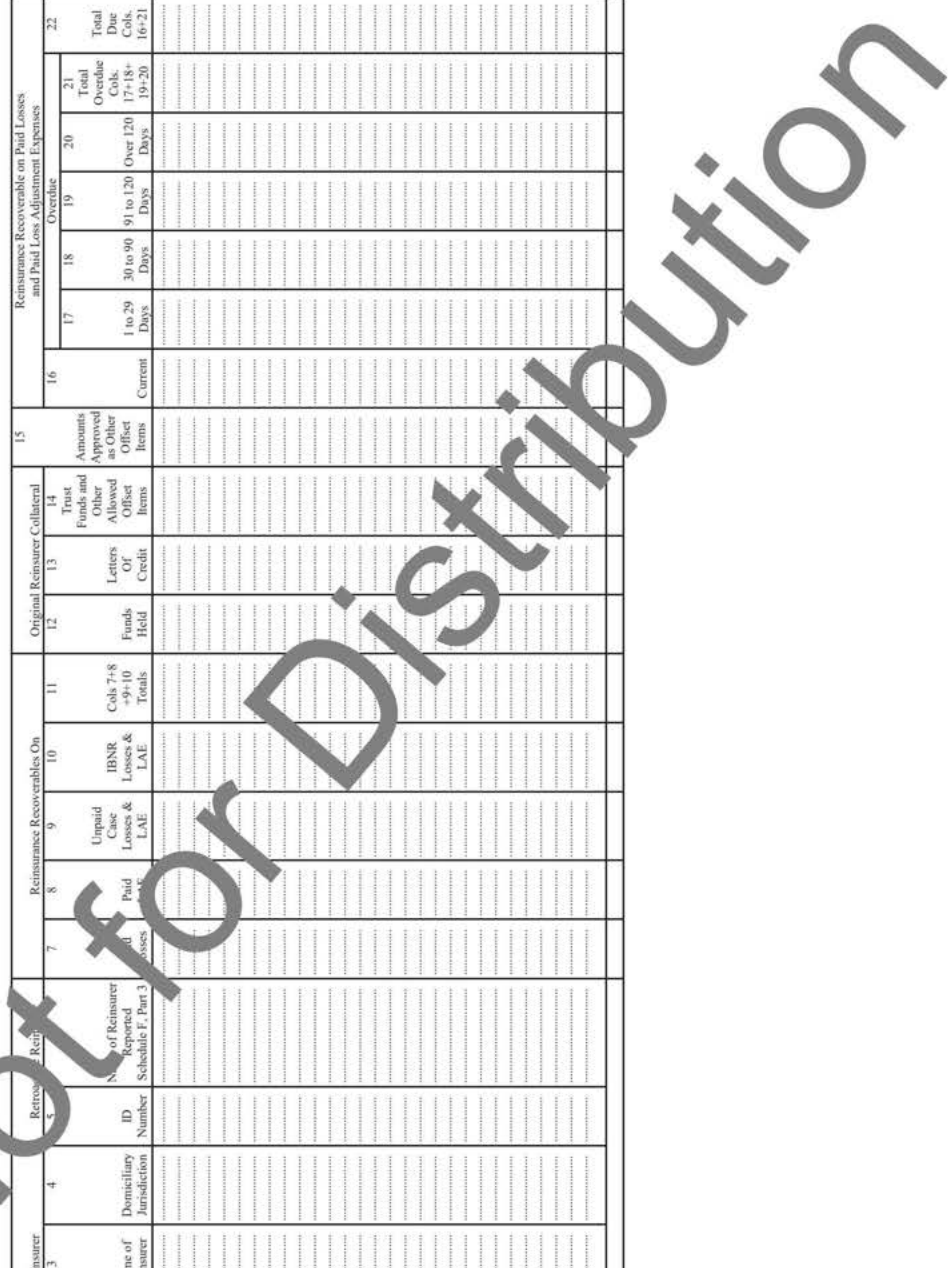
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**SUPPLEMENTAL SCHEDULE FOR REINSURANCE COUNTERPARTY REPORTING EXCEPTION –
ASBESTOS AND POLLUTION CONTRACTS**
For The Year Ended December 31, 20__ (\$000 Omitted)
(To Be Filled by March 1)

1	2	3	4	5	6	7		8			9			10			11			12					23	24
						Retrospective	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer		
ID Number	NAC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	ID Number	Number of Reinsurer Reported Schedule F, Part 3	Retrospective	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer			
9999999 Totals																										



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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by April 1)

Of The..... Insurance Company

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

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

Direct Business in the State of.....

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

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

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

	Open-End		Closed-End		3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint	
1. Earned Premiums:					
1.1 Gross written premium.....					
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].....					

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PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums.....
1.2 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):

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PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

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

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total -Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 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):

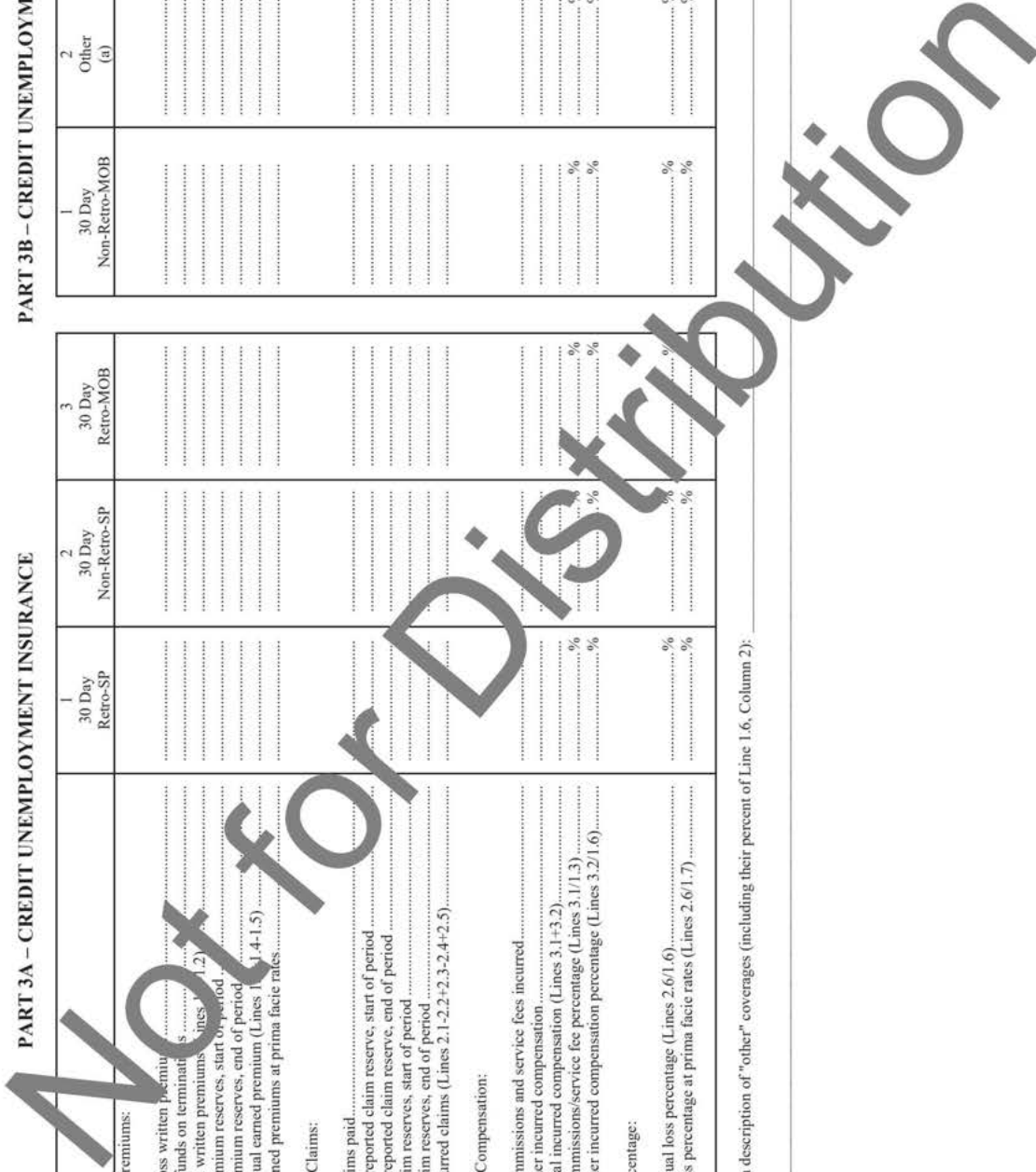
(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

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

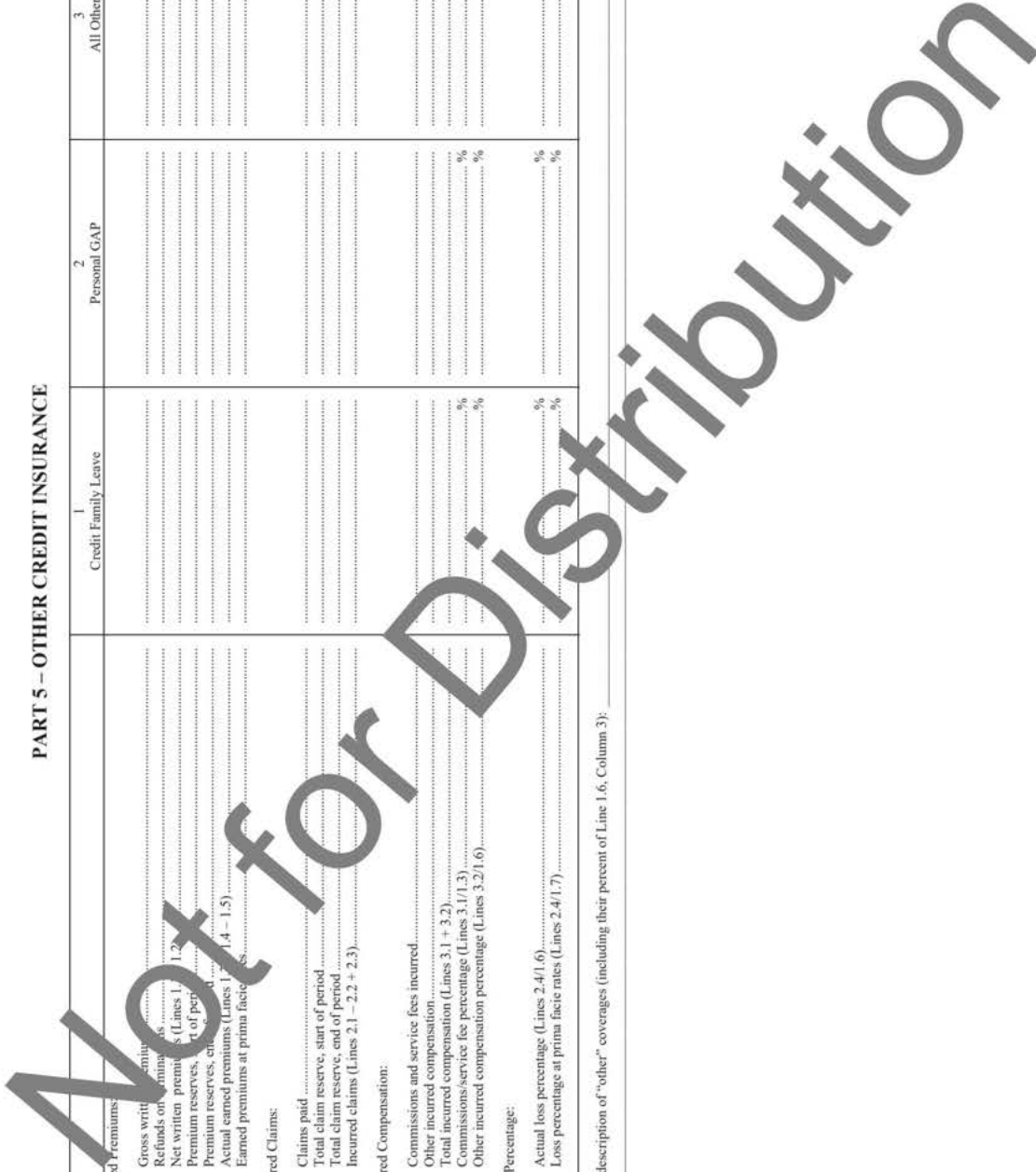
	1 Creditor Placed Home-Single Interest	2 Creditor Placed Home-Dual Interest	3 Creditor Placed Auto-Single Interest	4 Creditor Placed Auto-Dual Interest	5 Personal Property-Single Interest	6 Personal Property-Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds 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							

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

PART 5 – OTHER CREDIT INSURANCE

	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums
1.2 Refunds on premiums
1.3 Net written premiums (Lines 1.1 - 1.2)
1.4 Premium reserves, end of period
1.5 Premium reserves, beginning 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)%%%

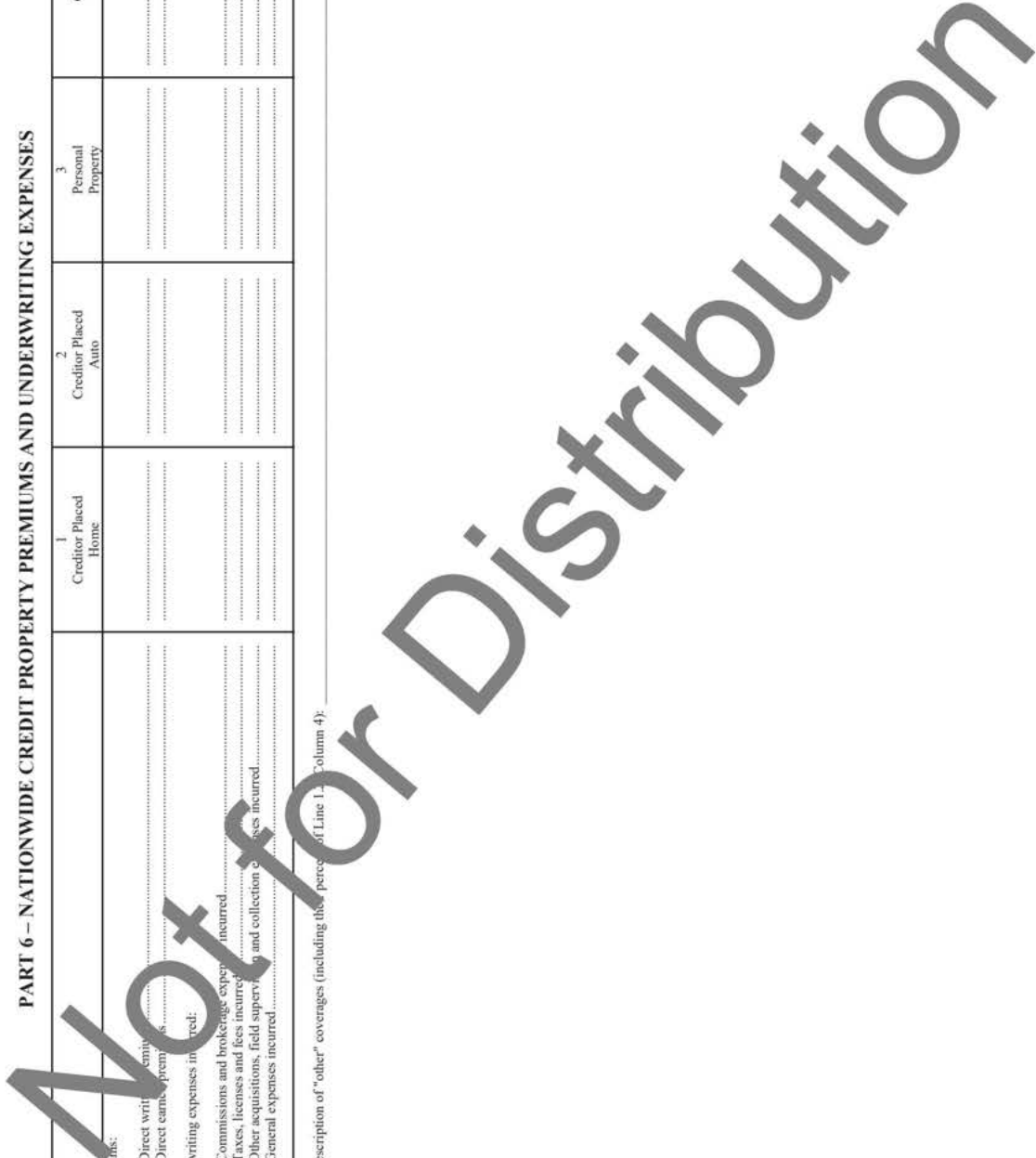
(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):



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 supervisory and collection expenses incurred.....				
2.4 General expenses incurred.....				

(a) Provide a description of "other" coverages (including the percent of Line 1, Column 4): _____



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

NAIC Group Code _____ NAIC Company Code _____

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

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

NAIC Company Code _____

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

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

REPORTING YEAR 20
(To Be Filed By April 1)

NAIC Group Code		1 20	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	NAIC Company Code
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders										
A. Individual										
1. Prior
2. 2011
3. 2012
4. 2013
5. 2014
6. 2015
7. 2016
8. 2017
9. 2018
PART 2 – Sum of Total Amounts Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year										
1. Prior
2. 2011
3. 2012
4. 2013
5. 2014
6. 2015
7. 2016
8. 2017
9. 2018
PART 3 – Transferred Reserves										
1. Prior
2. 2011
3. 2012
4. 2013
5. 2014
6. 2015
7. 2016
8. 2017
9. 2018
PART 4 – Present Value of Incurred Claims										
1. Prior
2. 2011
3. 2012
4. 2013
5. 2014
6. 2015
7. 2016
8. 2017
9. 2018

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

Incurred Year	2011	2012	2013	2014	2015	2016	2017	2018
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX							
5. 2014	XXX	XXX						
6. 2015	XXX	XXX	XXX					
7. 2016	XXX	XXX	XXX	XXX				
8. 2017	XXX	XXX	XXX	XXX	XXX			
9. 2018	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. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX							
5. 2014	XXX	XXX						
6. 2015	XXX	XXX	XXX					
7. 2016	XXX	XXX	XXX	XXX				
8. 2017	XXX	XXX	XXX	XXX	XXX			
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 3 – Transferred Reserve								
1. Prior								
2. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX							
5. 2014	XXX	XXX						
6. 2015	XXX	XXX	XXX					
7. 2016	XXX	XXX	XXX	XXX				
8. 2017	XXX	XXX	XXX	XXX	XXX			
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX	XXX						
5. 2014	XXX	XXX	XXX					
6. 2015	XXX	XXX	XXX	XXX				
7. 2016	XXX	XXX	XXX	XXX	XXX			
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Incurred Year	2011	2012	2013	2014	2015	2016	2017	2018
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 3 – Transferred Reserve								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 4 – Present Value of Incurred Claims								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

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

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

NAIC Group Code _____

NAIC Company Code _____

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

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

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

NAIC Group Code _____

NAIC Company Code _____

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

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2018
(To Be Filed By April 1)

Affix Bar Code Above

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR _____

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

Not for Distribution

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 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. Treatise							
16. Dental							
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. Grand Total Group Business							
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	
4. Administrative Services Contracts	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							

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

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

PART 2 – GROUP POLICIES
SUMMARY

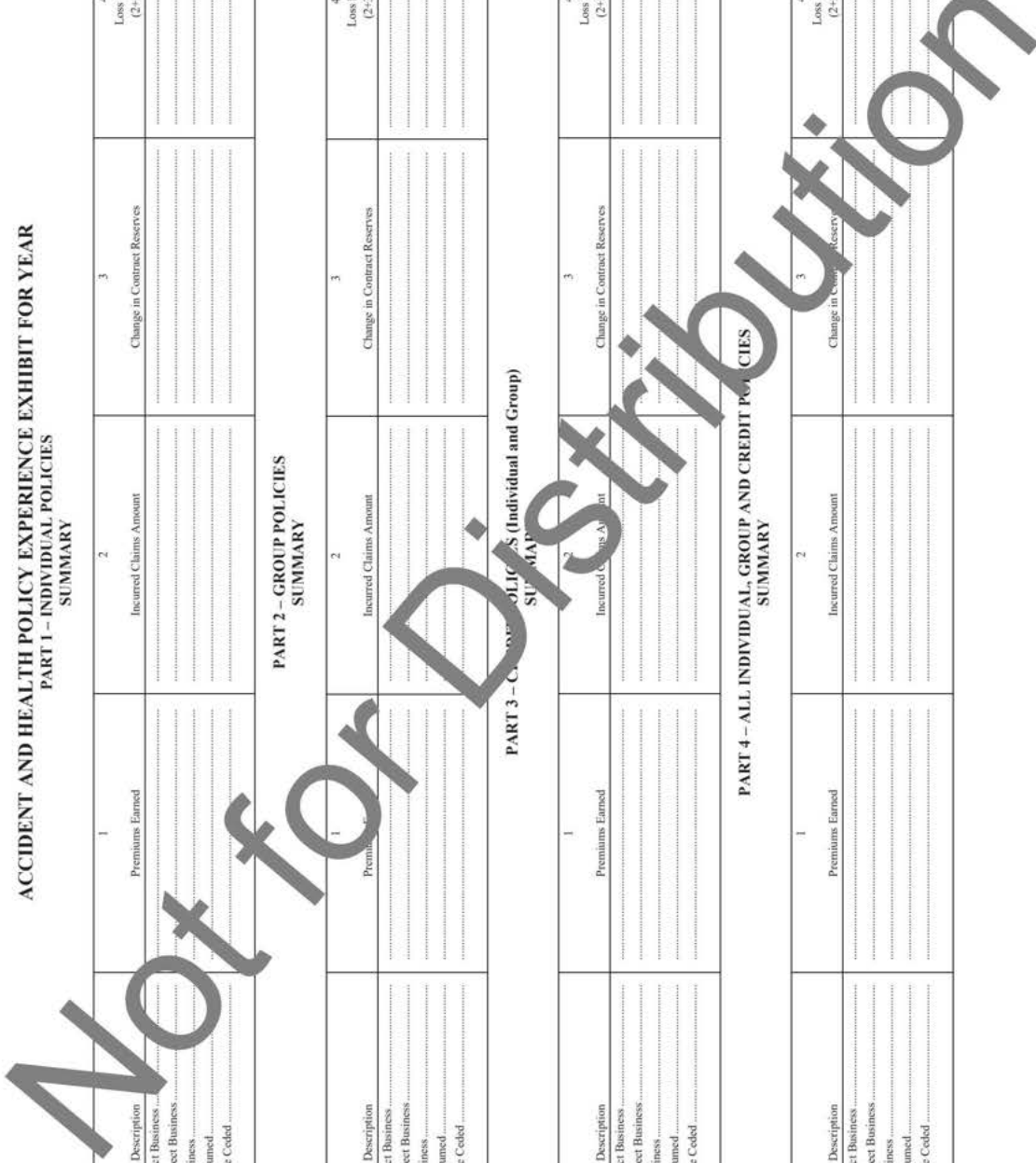
Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

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

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

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



SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

(To be Filed By Applicant – Not for Rebate Purposes – See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_slides_cautionary_statement.pdf)

REPORT FOR 1. CORPORATION

2.

(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Company Code _____

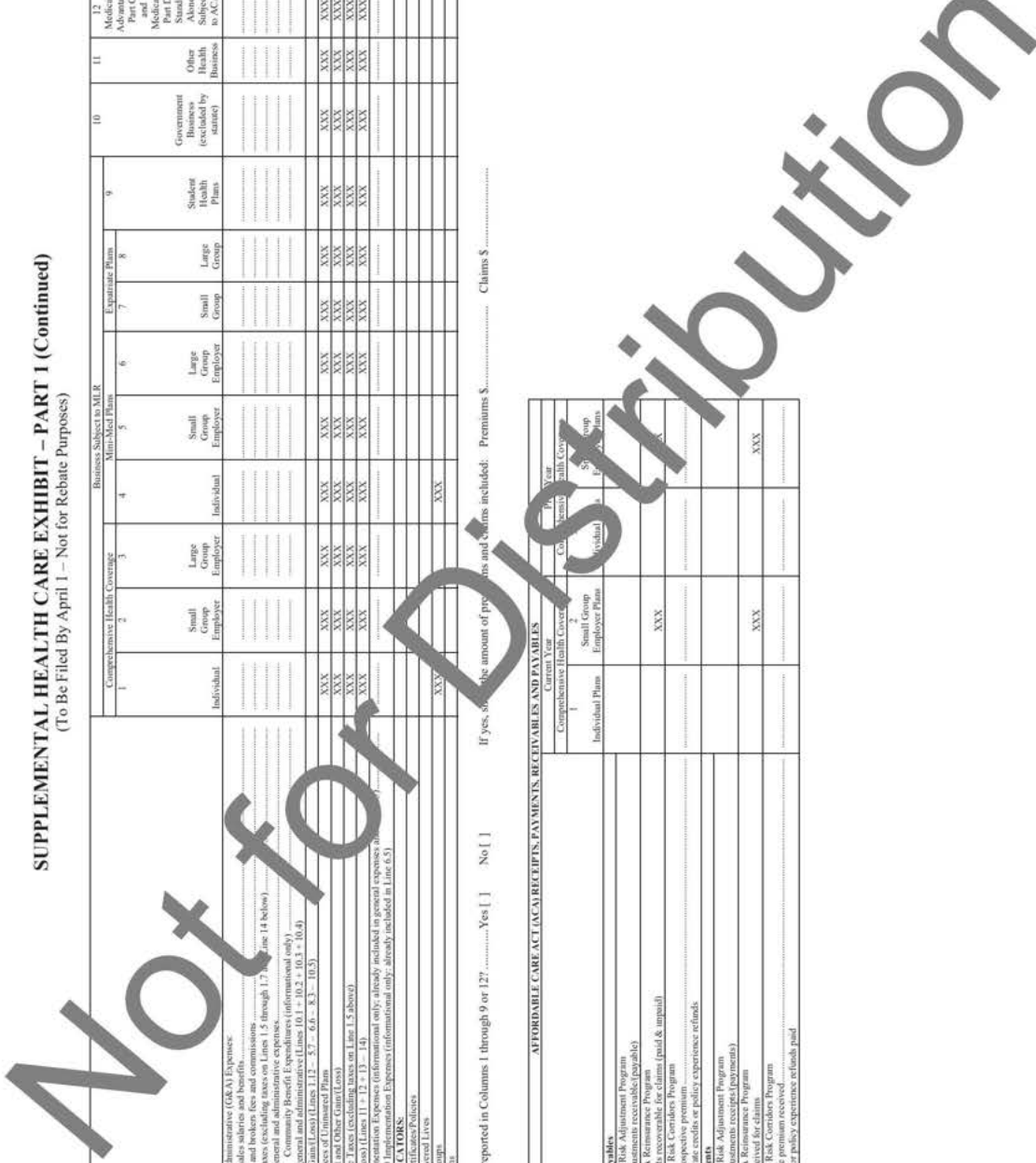
	Comprehensive Health Coverage			Business Subject to MLR			9	10	11	12	13	14	15	
	1	2	3	4	5	6								7	8
1. Premiums:	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Plans Subject to ACA	Subtotal (Cols 1 thru 12)	Total 13 + 14
1.1 Health premiums earned (from Part 2, Line 1.11)														
1.2 Health premiums earned (from Part 2, Line 1.11) - State high risk pools														
1.3 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 - 1.3)														
1.4 Federal taxes and federal assessments														
1.5 Federal taxes and federal assessments - (Similar fiscal years of \$100,000 or more)														
1.6 Net income, less benefits expenses (informational only)														
1.7 Regulatory authority licenses and fees														
1.8 Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7)														
1.9 Net assumed less ceded reinsurance premiums earned														
1.10 Net assumed less ceded reinsurance premiums earned - Premiums														
1.11 Risk revenue														
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														
2.2 Incurred claims excluding pharmaceutical rebates														
2.3 Pharmaceutical rebates														
2.4 State stop loss, market stabilization and claim screens based assessments (informational only)														
3. Incurred medical incentive pool and bonuses														
4. Deductible Fraud and Abuse Detection Recovery Expenses (for MLR use only)														
5. Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 3) (from Part 2, Line 2.15)														
5.1 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 3) (from Part 2, Line 2.15)														
5.2 Other adjustments due to MLR calculations - Claims														
5.3 Rebates paid														
5.4 Estimated rebates unpaid prior year														
5.5 Estimated rebates unpaid current year														
5.6 Fee for incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 - 5.4 - 5.5 - 5.6)														
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 - 5.4 - 5.5 - 5.6)														
6. Improving Health Care Quality Expenses Incurred:														
6.1 Improve Health Outcomes														
6.2 Activities to prevent, detect, and reduce medical errors														
6.3 Activities to prevent, detect, 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 - 6.5 + 6.4 + 6.5)														
7. Claims Adjusted Loss Ratio MLR (Lines 4 + 5.0 + 6.0 - Footnote 2.B) / Line 1.8														
8. Claims Adjusted Loss Ratio (Lines 4 + 5.0 + 6.0 - Footnote 2.B) / Line 1.8														
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)														

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

	Comprehensive Health Coverage				Business Subject to MLR				9	10	11	12	13	14	15
	1	2	3	4	5	6	7	8							
10. General and Administrative (GA) Expenses:															
10.1 Agents and brokers fees and commissions															
10.2 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.3 Other general and administrative expenses															
10.4 Community benefit expenditures (information only)															
10.5 Total (Lines 10.1 – 10.4)															
11. Underwriting Gain (Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)															
12. Net Investment and Other Gains (Loss)															
13. Federal Income Taxes (excluding taxes on Line 1.5 above)															
14. Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)															
15. Net Gain or (Loss) (information only; already included in total response on Line 14)															
16. Net Gain or (Loss) (information only; already included in total response on Line 14)															
OTHER INDICATORS:															
1. Number of Certificates/Policies															
2. Number of Covered Lives															
3. Number of Groups															
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 \$.....

	Current Year		Prior Year	
	1	2	3	4
AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
ACA Receivables and Payables				
1. Payment ACA Risk Adjustment Program				
1.0 Premium adjustment receivable (payable)				
2. Transitional ACA Reinsurance Program				
2.0 Amounts received for claims (paid & unpaid)				
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. Payment ACA Risk Adjustment Program				
4.0 Premium adjustment receivable (payable)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims				
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 CORPORATION

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR										NAIC Company Code														
		Comprehensive Health Coverage			Business Subject to MLR Mini-Med Plans			Exempt Plans				10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)											
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	9 Student Health Plans																
1.	Health Premiums Earned:	1.1 Direct premiums written.....	1.2 Unearned premium prior year.....	1.3 Ceded premium current year.....	1.4 Ceded premium prior year.....	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 + 1.12 + 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 claim reserves current year.....	2.7 Direct claim 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 prior 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 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 + 2.17 – 2.18 + 2.19)
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																									

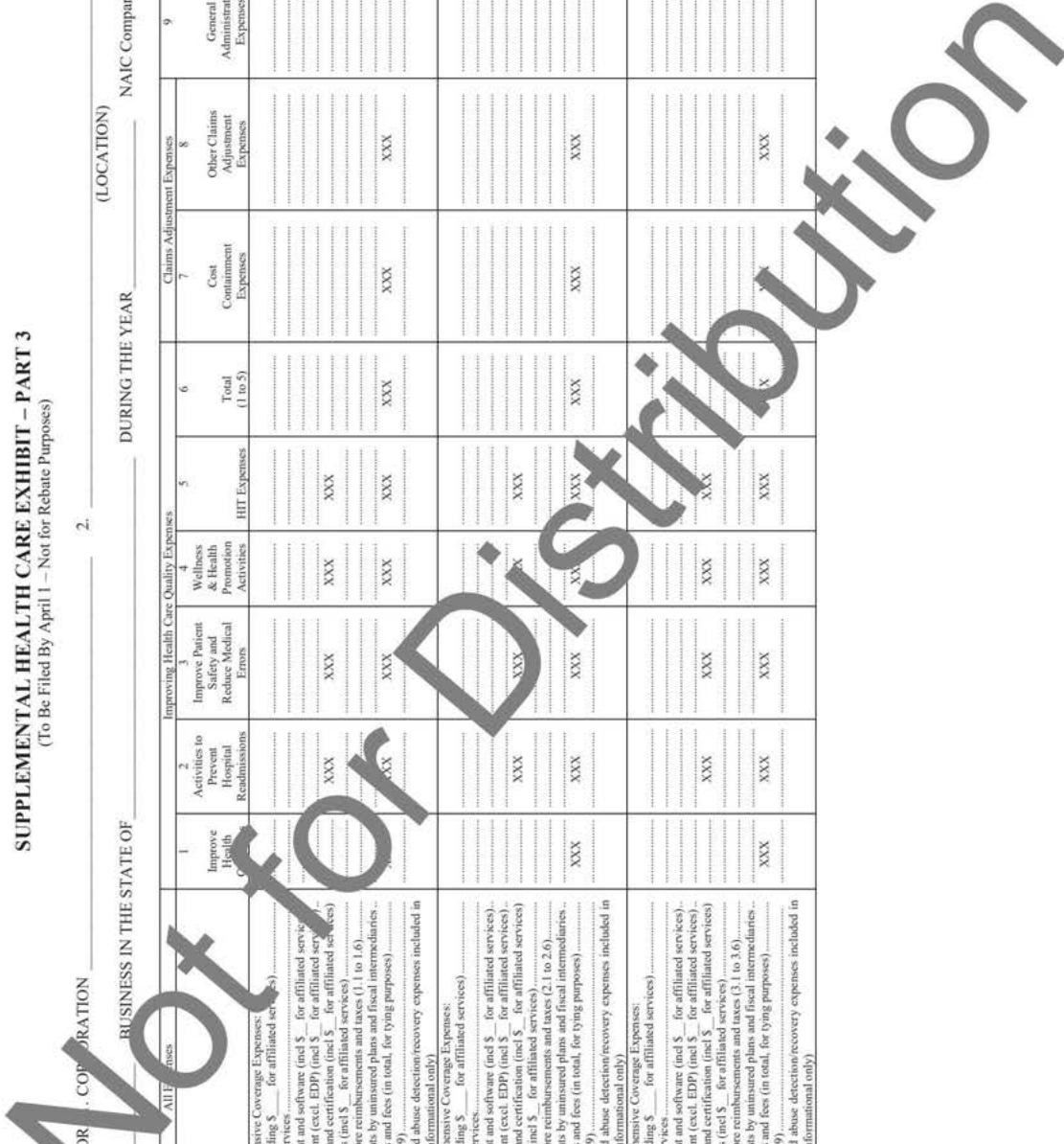
(a) Column 13, Line 1.1 includes direct written premium of \$..... for stand-alone dental and \$..... for stand-alone vision policies.

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

REPORT FOR CORPORATION

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

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



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

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

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

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

Not for Distribution

Not for Distribution

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CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code

NAIC Company Code

Company Name

PART 1 – INTERROGATORIES

Cybersecurity Insurance Coverage:

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

Identity Theft Insurance Coverage:

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

Not for Distribution

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

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

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

Affix Bar Code Above

CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

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

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

Not for Distribution

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NEW PAGE

Affix Bar Code Above

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For Year Ended December 31, 2018
(To be Filed by April 1)

OF THE _____

NAIC COMPANY CODE _____

Direct Business in the State of _____

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	Accident and Sickness Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
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 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses				
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:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2, and 3.99.				
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2, and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)				
5. Total (Lines 1 + 2 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement				
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefits plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund government lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) insured by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Deductions				
10. Total (Lines 6 + 7.4 + 8 + 9)				
MODEL ACT BASE (minus Line 10)				
11. Current Year				
DETAILS OF WRITE-INS				
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)				
0601				
0602				
0603				
0698 Summary of remaining write-ins for Line 6 from overflow page				
0699 Total (Lines 0601 through 0603 plus 0698) (Line 6 above)				
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)				

NEW PAGE

OVERFLOW PAGE FOR WRITE-INS

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**ADJUSTMENTS TO THE
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT**

For The Year Ended December 31, 2018
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

	1	2	3	4
	Life Insurance Premium	Allocated Annuity and Other Associated Fund Deposits	Accident & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above.....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
3.2 All amounts.....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(a) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract.....	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3).....	XXX	XXX	XXX	
4.5 Amounts up to \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract.....	XXX	XXX	XXX	
5.2 All amounts.....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only).....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract.....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2).....	XXX	XXX	XXX	
6.4 Amounts in excess of \$2 million per contract (New Jersey Only).....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
7. Unallocated funding obligations issued to fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
7.2 All amounts.....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only).....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only).....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions				
Current Year (20)				
DETAILS OF WRITE-INS				
1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page.....				
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)				

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OVERFLOW PAGE FOR WRITE-INS

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