PROPERTY/CASUALTY

2024

Annual Statement Blank





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Official NAIC Annual Statement Blank

Property/Casualty

For the 2024 reporting year

UPDATES TO THESE BLANKS

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

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

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NAIC Executive Office 1101 K Street, NW Suite 650 Washington, DC 20005 202.471.3990 NAIC Central Office 1100 Walnut Street Suite 1000 Kansas City, MO 64106 816.842.3600 NAIC Capital Markets & Investment Analysis Office One New York Plaza, Suite 4210 New York, NY 10004 212.398.9000

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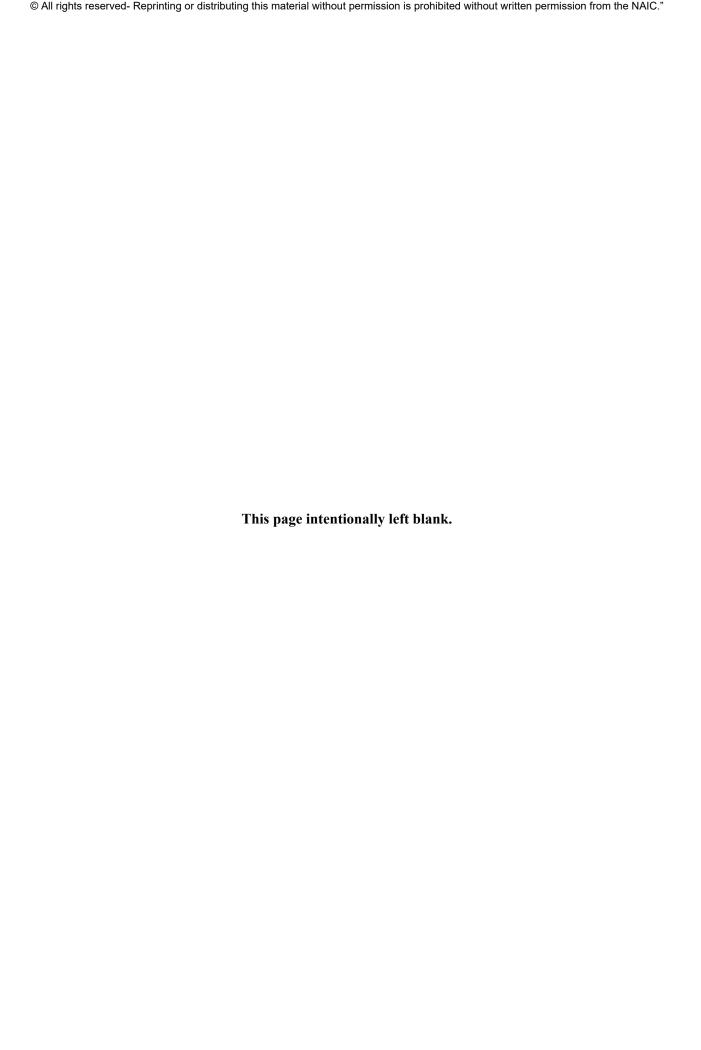
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ANNUAL STATEMENT
OF THE
of
in the state of
TO THE
Insurance Department
OF THE
STATE OF
FOR THE YEAR ENDED DECEMBER 31, <mark>2024</mark>

PROPERTY AND CASUALTY



PROPERTY AND CASUALTY COMPANIES – ASSOCIATION EDITION

Affix Bar Code Above

ANNUAL STATEMENT For the Year Ended December 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code ,	NAIC Company Co	de	Employer's ID Number		
(Current Period) (F Organized under the Laws of	rior Period)			Entry	
Country of Domicile					
Statutory Home Office					
Main Administrative Office	(Street and Number)			(City or Town, State, Country an	d Zip Code)
Main Maininguaive Office		(Street and Number)			
(City or Town, State	e, Country and Zip Code)		(Area Code)	(Telephone Number	r)
Primary Location of Books and Records	treet and Number or P.O. Box)	,		(City or Town, State, Country an	d Zip Code)
Tilliary Location of Books and Records _		(St	reet and Number)		
(City or Town	State, Country and Zip Code)		(Area Code)	(Telephone Number	r)
Internet Web Site Address	State, Country and Zip Code)		(Area code)	(Telephone Pumbe	9
Statutory Statement Contact					
, <u> </u>	(Name)		(Area Code)	(Telephone Numbe	r) (Extension)
	(E-Mail Address)		(Fax Num	aber)	_
		OFFICE	PRS		
Name	•	Title	SKS	Name	Title
2.	,		Other	,	
3.				,	
State of					
County of	ss				
The officers of this reporting entity being assets were the absolute property of the sexplanations therein contained, annexed o above, and of its income and deductions the except to the extent that: (1) state law n information, knowledge and belief, respect an exact copy (except for formatting different contains the	aid reporting entity, free and clear r referred to, is a full and true state erefrom for the period ended, and h hay differ; or, (2) that state rules of ively. Furthermore, the scope of thi	from any liens or claims thement of all the assets and linave been completed in according regulations require difference attestation by the described	ereon, except as herein stat abilities and of the condition dance with the NAIC Annual ences in reporting not relate officers also includes the rel	ed, and that this statement, to n and affairs of the said repor l Statement Instructions and A d to accounting practices and lated corresponding electronic	gether with related exhibits, schedules a ting entity as of the reporting period stat ecounting Practices and Procedures manu procedures, according to the best of th filing with the NAIC, when required, that
(Signature)		(Signature)			(Signature)
(Printed Name)	_	(Printed Name)			(Printed Name) 3.
(Title)		(Title)			(Title)
Subscribed and sworn to before me			Is this an original filing? If no: 1. State the am 2. Date filed	nendment number	Yes [] No []
this, 2025			3. Number of j	pages attached	

ASSETS

		Current Year		Prior Year	
		1	2	3 Net Admitted	4
		Assets	Nonadmitted Assets	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) Derivatives (Schedule DB)				
7. 8.	Other invested assets (Schedule BA)				
8. 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)				
	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 19.	Net deferred tax asset				
20.	Guaranty funds receivable or on deposit				
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				
27.	Accounts (Lines 12 to 25)				
28.	Total (Lines 26 and 27)				
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2598.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				
20,,.	10min (Lines 2001 allough 2005 plus 2070) (Line 20 40070)	!	l	ļ	

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
		Current rear	11101 1 001
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 8.	Net deferred tax liability		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$and including warranty reserves of \$and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14. 15.	Amounts withheld or retained by company for account of others		
16.	Provision for reinsurance (including \$ certified) (Schedule F, Part 3 Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$and interest thereon \$		
25. 26.	Aggregate write-ins for liabilities		
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		
	36.2 shares preferred (value included in Line 31 \$)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)		
38.	Totals (Page 2, Line 28, Col. 3)		
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2599			
2901			
2902			
2903			
2998 2999			
3201	\		
3201			
3203			
3298			
3299			
		•	

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. 6.	Aggregate write-ins for underwriting deductions 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. 11.	Net realized capital gains (losses) less capital gains tax of \$(Exhibit of Capital Gains (Losses))		
	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. 15.	Aggregate write-ins for miscellaneous income 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		
17.	(Lines 8+11+15)		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes		
19.	(Line 16 minus Line 17)		
20.	Net income (Line 18 minus Line 19) (to Line 22)		
	CAPITAL AND SURPLUS ACCOUNT		
	CALITAL AND SURI LUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		
22.	Net income (from Line 20)		
23.	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$		
24. 25.	Change in net unrealized capital gains of (losses) less capital gains tax of \$\frac{3}{2}\$. 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. 29.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
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)		
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. 38.	Aggregate write-ins for gains and losses in surplus		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		
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1401			
	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701			
	Summary of remaining write-ins for Line 37 from overflow page		
	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

CASH FLOW

	Cash from Operations	1	2
		Current Year	Prior Year
1. 2.	Premiums collected net of reinsurance 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)		
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		
	13.4 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		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
1/.	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)		
No	te: Supplemental disclosures of cash flow information for non-cash transactions:		
ſ	20.0001		
	20.0002		
	20.0003		
	20.9996		

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UNDERWRITING AND INVESTMENT EXHIBIT PART 1 – PREMIUMS EARNED

		1	2	3	4
	Line of Business	Net Premiums Written per Column 6, Part 1B	Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire		2007 1 001 0 1 007 1		(00131112 3)
2.1	Allied lines				
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood				
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. <mark>1</mark>	Inland marine				
9.2	Pet insurance plans				
10.	Financial guaranty				
11.1 11.2	Medical professional liability—occurrence Medical professional liability—claims-made				
12.	Earthquake				
13.1	Comprehensive (hospital and medical) individual				
13.2	Comprehensive (hospital and medical) group				
14.	Credit accident and health (group and individual)				
15.1	Vision only				
15.2 15.3	Dental only Disability income				
15.3	Medicare supplement				
15.5	Medicaid Title XIX				
15.6	Medicare Title XVIII				
15.7	Long-term care				
15.8	Federal employees health benefits plan				
15.9	Other health				
16.	Workers' compensation				
17.1 17.2	Other liability—occurrence Other liability—claims-made				
17.3	Excess workers' compensation				
18.1	Products liability—occurrence				
18.2	Products liability—claims-made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)				
19.4	Other commercial auto liability				
21.1	Private passenger auto physical damage				
21.2 22.	Commercial auto physical damage				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29. 30.	International				
31.	Reinsurance-nonproportional				
32.	Reinsurance-nonproportional				
33.	assumed liabilityReinsurance-nonproportional				
34.	assumed financial lines				
35.	of business				
	LS OF WRITE-INS				
3401.					
	Cyme of namolaino vysito ino for				
	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

		1	2	3	4	5
	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearmed (Running More Than One Year from Date of Policy) (a)	Earned but Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1+2+3+4
1. 2.1	Fire					
2.1	Multiple peril crop					
2.3	Federal flood					
2.4	Private crop					
2.5	Private flood					
3.	Farmowners multiple peril					
4.	Homeowners multiple peril					
5.1	Commercial multiple peril (non-liability					
	portion)					
5.2	Commercial multiple peril (liability portion)					
6.	Mortgage guaranty					
8. 9. <mark>1</mark>	Ocean marine	•				
9.1	Inland marine Pet insurance plans					
10.	Financial guaranty					
11.1	Medical professional liability—occurrence					
11.2	Medical professional liability—claims-made					
12.	Earthquake					
13.1	Comprehensive (hospital and medical)			1		
	individual					
13.2	Comprehensive (hospital and medical) group					
14.	Credit accident and health (group and individual)					
15.1 15.2	Vision only Dental only					
15.2	Disability income					
15.4	Medicare supplement					
15.5	Medicaid title XIX					
15.6	Medicare title XVIII					
15.7	Long-term care					
15.8	Federal employees health benefits plan					
15.9	Other health					
16.	Workers' compensation					
17.1	Other liability—occurrence					
17.2	Other liability—claims-made					
17.3 18.1	Excess workers' compensation Products liability—occurrence					
18.2	Products liability—claims-made					
19.1	Private passenger auto no-fault (personal injury					
17.11	protection)					
19.2	Other private passenger auto liability					
19.3	Commercial auto no-fault (personal injury					
	protection)					
19.4	Other commercial auto liability					
21.1	Private passenger auto physical damage					
21.2 22.	Commercial auto physical damage					
23.	Aircraft (all perils)Fidelity					
24.	Surety					
26.	Burglary and theft					
27.	Boiler and machinery					
28.	Credit					
29.	International					
30.	Warranty					
31.	Reinsurance-nonproportional			1]
32.	assumed property Reinsurance-nonproportional					
34.	assumed liability					
33.	Reinsurance-nonproportional					
55.	assumed financial lines					
34.	Aggregate write-ins for other lines of business.					
35.	TOTALS					
36.	Accrued retrospective premiums based on experie	nce				
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)					<u></u>
	LS OF WRITE-INS			1		1
3401						
3498. S	sum. of remaining write-ins for					
	Line 34 from overflow page					
	Totals (Lines 3401 through 3403 slus 3498) (Line 34 above)					1
	State here basis of computation used in each case		l	1	l	L

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

Direct Business			1	Reinsurano	ce Assumed	Reinsur	ance Ceded	6
Line of Business			•					Net Premiums
Line of Basinese (a) Affiliates Affiliates Affiliates Affiliates Affiliates Affiliates Line Line			Direct		From		To	Written
1. Fire			Business	From	Non-	To	Non-	Cols. 1+2+3-
2.1 Allicel lines		Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4-5
2.2 Multiple peril crop.								
2.3 Federal flood								
2.4 Private crop.								
2.5 Private flood								
3 Farmowners multiple peril (mol-liability portion)								
Homeowners multiple peril (mon-liability portion)								
5.1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) 6. Mortage guaranty 9.2 Pet insurance plans 10. Financial guaranty 11.1 Medical professional fiability—courrence 12. Earthquake 13.1 Comprehensive (hospital and medical) individual 13.2 Comprehensive (hospital and medical) individual 14. Credit accident and health 15. Viscon only 15.1 Viscon only 15.1 Viscon only 15.2 Detail only 15.3 Dasibility income 15.4 Medicare supplement 15.5 Medicare supplement 15.6 Medicare and the course 15.7 Long-term oar 15.8 Pederal employees health benefits plan 15.9 Other Health 16.0 Workers' compensation 17.1 Other liability—courrence 17.2 Other liability—courrence 17.3 Excess workers' compensation 18.1 Products liability—claims-made 18.2 Products liability—claims-made 18.3 Products liability—claims-made 18.4 Products liability—claims-made 18.5 Products liability—claims-made 18.6 Products liability—claims-made 18.7 Products liability—claims-made 18.8 Products liability—claims-made 18.9 Other private passenger auto liability 18.1 Products liability—claims-made 18.1 Products liability—claims-made 18.2 Products liability—claims-made 18.3 Products liability—claims-made 18.4 Products liability—claims-made 18.5 Products liability—claims-made 18.6 Products liability—claims-made 18.7 Products liability—claims-made 18.8 Products liability—claims-made 18.9 Commercial auto no-fault (personal injury protection) 18.1 Products liability—claims-made 18.2 Products liability—claims-made 18.3 Product liability—claims-made 18.4 Product liability—claims-made 18.5 Product liability—claims-made 18.6 Product liability—claims-made 18.7 Product liability —claims-made 18.8 Product liability —claims-made 18.9 Product liability —claims-made 18.1 Product liability —claims-made 18.2 Product liab								
5.2 Commercial multiple peril (liability portion)								
6 Mortgage guaranty. 8 Ocar marine. 9 I Inland marine. 9 Pet insurance plans. 10 Financial guaranty. 11 Medical professional liability—ceurrenee. 11 Earthquake. 12 Earthquake. 13.1 Comprehensive (hospital and medical) individual. 14.2 Comprehensive (hospital and medical) individual. 15.2 Comprehensive (hospital and medical) (group and individual). 16.3 Comprehensive (hospital and medical) (group and individual). 17.1 Vision only. 18.1 Vision only. 18.2 Dental only. 18.3 Dental only. 18.4 Medicare supplement. 18.5 Medicare Supplement. 18.6 Medicare Supplement. 18.7 Long-term care		portion)						
8. Ocean marine 3_1 Inland marine 9_2 Pet insurance plans 10. Financial guaranty. 11.1 Medical professional liability—occurrence 12. Earthquake	5.2							
1 Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—ceurrence								
11.1 Mcdical professional liability—claims-made								
11.2 Medical professional liability—elaims-made								
12. Earthquake								
13.1 Comprehensive (hospital and medical)								
13.2 Comprehensive (hospital and medical) group.	13.1	Comprehensive (hospital and medical)						
14. Credit accident and health (group and individual).								
(group and individual).								
15.1 Vision only.	14.							
15.2 Dental only	15 1							
15.3 Disability income.								
15.4 Medicare Supplement.								
15.5 Medicare Title XIX								
15.7 Long-term care	15.5							
15.8 Federal employees health benefits plan	15.6							
15.9 Other Health								
16. Workers' compensation 17.1 Other liability—occurrence 17.2 Other liability—claims-made. 17.3 Excess workers' compensation 18.1 Products liability—claims-made 19.1 Private passenger auto no-fault (personal injury protection). 19.2 Other private passenger auto liability. 19.3 Commercial auto no-fault (personal injury protection). 19.4 Other commercial auto liability. 21.1 Private passenger auto physical damage. 21.2 Commercial auto physical damage. 22. Aircraft (all perils). 23. Fidelity. 24. Surety. 26. Burglary and theft. 27. Boiler and machinery. 28. Credit. 29. International. 30. Warranty. 31. Reinsurance-nonproportional								
17.1 Other liability—claims-made								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation 18.1 Products liability—occurrence								
18.1 Products liability—occurrence. 18.2 Products liability—claims-made. 19.1 Private passenger auto no-fault (personal injury protection). 19.2 Other private passenger auto liability 19.3 Commercial auto no-fault (personal injury protection). 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage. 22.2 Commercial auto physical damage 23. Fidelity 24. Surety 26. Burglary and theft 27. Boiler and machinery 28. Credit 29. International 30. Warranty 31. Reinsurance-nonproportional		Excess workers' compensation						
18.2 Products liability—claims-made 19.1 Private passenger auto no-fault (personal injury protection)								
injury protection)	18.2	Products liability—claims-made						
19.2 Other private passenger auto liability 19.3 Commercial auto no-fault (personal injury protection) 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage 21.2 Commercial auto physical damage 22. Aircraft (all perils) 23. Fidelity 24. Surety 26. Burglary and theft 27. Boiler and machinery 28. Credit 29. International 30. Warranty 31. Reinsurance-nonproportional	19.1	Private passenger auto no-fault (personal						
19.3 Commercial auto no-fault (personal injury protection). 19.4 Other commercial auto liability								
19.4 Other commercial auto liability								
19.4 Other commercial auto liability	19.3							
21.1 Private passenger auto physical damage	194	1						
21.2 Commercial auto physical damage		2						
22. Aircraft (all perils)								
24. Surety 26. Burglary and theft	22.							
26. Burglary and theft		-						
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-nonproportional								
		assumed property	XXX					
32. Reinsurance-nonproportional	32.	Reinsurance-nonproportional						
assumed liability XXX			XXX					
33. Reinsurance-nonproportional	33.		373737					
assumed financial lines	2.4		XXX					
34. Aggregate write-ins for other lines of business 35. TOTALS		55 5						
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	
DETAILS OF WRITE-INS 3401								
3402.								
3403.								
3498. Sum. of remaining write-ins for								
Line 34 from overflow page	L	ine 34 from overflow page						
3499. Totals (Lines 3401 through 3403								
plus 3498) (Line 34 above)	р	lus 3498) (Line 34 above)						

(a)	Does the company's direct premiums w	itten include premiums rece	orded on an installment basis?	Yes [] No	0 [
()	Boos the company s and or promising "	iccom mierade premiamo ree	oraca on an motamical casis.	100[]11	

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

			Losse	s Paid Less Salvage		5	6	7	8
		1	2	3	4			· ·	Percentage of
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire								
2.1 2.2	Allied lines Multiple peril crop								
2.3	Federal flood								
2.4	Private crop								
2.5	Private flood								
3. 4.	Farmowners multiple peril								
5.1	Commercial multiple peril (non-liability portion)								
5.2	Commercial multiple peril (liability portion)								
6. 8.	Mortgage guaranty								
9. <mark>1</mark>	Ocean marine								
9.2	Pet insurance plans								
10.	Financial guaranty								
11.1	Medical professional liability—occurrence								
11.2 12.	Medical professional liability—claims-made Earthquake								
13.1	Comprehensive (hospital and medical) individual								
13.2	Comprehensive (hospital and medical) group								
14.	Credit accident and health (group and individual)								
15.1 15.2	Vision only Dental only								
15.3	Disability income								
15.4	Medicare supplement								
15.5	Medicaid Title XIX								
15.6 15.7	Medicare Title XVIII								
15.8	Federal employees health benefits plan								
15.9	Other health								
16.	Workers' compensation								
17.1 17.2	Other liability—occurrence								
17.3	Excess workers' compensation								
18.1	Products liability—occurrence								
18.2 19.1	Products liability—claims-made								
19.2	Other private passenger auto liability								
19.3	Commercial auto no-fault (personal injury protection)								
19.4 21.1	Other commercial auto liability								
21.1	Commercial auto physical damage								
22.	Aircraft (all perils)								
23.	Fidelity								
24. 26.	Surety								
27.	Boiler and machinery								
28.	Credit								
29.	International								
30. 31.	Warranty 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								
3401	S OF WRITE-INS								
3401									
3403									
	um. of remaining write-ins for Line 34 from overflow page otals (Lines 3401 through 3403 + 3498) (Line 34 above)								

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

			Repo	orted Losses		Inc	curred But Not Reporte	d	8	9
		1	2	3	4	5	6	7	1	
	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	Birect	Tissumed	Trees verante	(00011-23)	Birect	Tibbanied	Couca	(COBITY 5 * 0 */)	Ежреньев
2.1	Allied lines									
2.2	Multiple peril crop									
2.3	Federal flood									
2.4	Private crop									
2.5	Private flood									
3.	Farmowners multiple peril									
4. 5.1	Homeowners multiple peril									
5.2	Commercial multiple peril (liability portion)									
6.	Mortgage guaranty									
8.	Ocean marine									
9. <mark>1</mark>	Inland marine									
9.2	Pet insurance plans									
10.	Financial guaranty									
11.1 11.2	Medical professional liability—occurrence									
11.2	Medical professional liability—claims-made Earthquake									
13.1	Comprehensive (hospital and medical) individual								(a)	
13.2	Comprehensive (hospital and medical) group								(a)	
14.	Credit accident and health (group and individual)									
15.1	Vision only								(a)	
15.2	Dental only								(a)	
15.3	Disability income								(a)	
15.4 15.5	Medicare supplement								(a)	
15.5	Medicare Title XVIII								(a)	
15.7	Long-term care								(a)	
15.8	Federal employees health benefits plan								(a)	
15.9	Other health								(a)	
16.	Workers' compensation									
17.1	Other liability—occurrence									
17.2	Other liability—claims-made									
17.3	Excess workers' compensation									
18.1 18.2	Products liability—occurrence									
19.1	Private passenger auto no-fault (personal injury protection)									
19.2	Other private passenger auto liability									
19.3	Commercial auto no-fault (personal injury protection)									
19.4	Other commercial auto liability									
21.1	Private passenger auto physical damage									
21.2	Commercial auto physical damage									
22. 23.	Aircraft (all perils)									
24.	Surety									
26.	Burglary and theft									
27.	Boiler and machinery									
28.	Credit									
29.	International									
30.	Warranty	3/3/77				37777				
31.	Reinsurance-nonproportional assumed property	XXX				XXX				
32. 33.	Reinsurance-nonproportional assumed liability	XXX XXX				XXX XXX				
34.	Aggregate write-ins for other lines of business	۸۸۸				7.7.7				
35.	TOTALS									
	S OF WRITE-INS	1		1	1	1			! 	
3401	S OF WRITE-INS					1				
3402										
3403										
3498. St	nm. of remaining write-ins for Line 34 from overflow page									
3499. To	otals (Lines 3401 through 3403 + 3498) (Line 34 above)					1			1	

10

a) Including \$.....for present value of life indemnity claims reported in Lines 13 and 15.

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 – EXPENSES

		Τ .			T
		l Loss Adjustment	2 Other Underwriting	3	4
		Expenses	Expenses	Investment Expenses	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				
	Reinsurance assumed, excluding contingent Reinsurance ceded, excluding contingent				
	Reinsurance ceded, excluding contingent				
	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. 8.	Audit of assureds' records				
٥.	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. 17.	Printing and stationery 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)				
2.1	20.5 Total taxes, licenses and fees (20.1+20.2+20.3+20.4)				
21. 22.	Real estate expenses				
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)				
DETA	ILS OF WRITE-INS				
	dummary of remaining write-ins for Line 24 from overflow page				
2499. T	Cotals (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	2
		Collected	Earned
		During Year	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)	(6)	
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans	(u)	
6.	Cash, cash equivalents and short-term investments.	(e)	
7.	Derivative instruments	(f)	
8.	Other invested assets	(1)	
9.	Aggregate write-ins for investment income		
10.			
	Total gross investment income		()
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		
DETA	AILS 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	r accrued interest on purchases.	
(b)		r accrued dividends on purchases.	
(c)	Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for	r accrued interest on purchases.	
. ,	Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encu		
		r accrued interest on purchases.	
. ,	Includes \$ accrual of discount less \$ amortization of premium.	•	
()	Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federa	al income taxes, attributable to seg	regated and Separate Accounts.
(0)	Includes \$ interest on surplus notes and \$ interest on capital notes.	,	, , ,
	Includes \$ depreciation on real estate and \$ depreciation on other invested assets.		
(-)	1		

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
						Change in
		Realized		Total Realized	Change in	Unrealized Foreign
		Gain (Loss)	Other	Capital Gain	Unrealized	Exchange
		On Sales or	Realized	(Loss)	Capital Gain	Capital Gain
		Maturity	Adjustments	(Columns 1 + 2)	(Loss)	(Loss)
1.	U.S. Government bonds	1114141111	Trajasaments	(COLUMNIS 1 2)	(2000)	(2000)
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)					
	LS 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

l		1	2	3
		Current Year	Prior Year	Change in Total
		Total	Total	Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 – Col. 1)
- 1	D 1 (0 1 1 1 D)			
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)			
	LS OF WRITE-INS			
_				
_				
	C			
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

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance H is an insurer?	olding Company System con-	sisting of two or mo	e affiliated per	sons, one or more of which	Yes	[]	No [1	
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.									
1.2	If yes, did the reporting entity register and file w regulatory official of the state of domicile of th disclosure substantially similar to the standards Insurance Holding Company System Regulatory and disclosure requirements substantially similar to	ne principal insurer in the H adopted by the National As Act and model regulations pe	olding Company System of Insurar retaining thereto, or it	ystem, a regist ace Commissio	ration statement providing ners (NAIC) in its Model	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 (Cen	tral Index Key) code issued by	y the SEC for the en	tity/group.						
2.1	Has any change been made during the year of th reporting entity?	is statement in the charter, b	y-laws, articles of in	ncorporation, or	deed of settlement of the	Yes	[]	No []	
2.2	If yes, date of change:									
3.1	State as of what date the latest financial examination	on of the reporting entity was	made or is being ma	de.						
3.2	State the as of date that the latest financial examindate should be the date of the examined balance sh				r the reporting entity. This					
3.3	State as of what date the latest financial examinat the reporting entity. This is the release date or co date).									
3.4	By what department or departments?									
3.5	Have all financial statement adjustments within the filed with departments?	e latest financial examination	report been account	ed for in a sub	sequent financial statement					
3.6	Have all of the recommendations within the latest	financial examination report b	een complied with?			Yes Yes		No [N/A [N/A [
4.1	During the period covered by this statement, di combination thereof under common control (other a substantial part (more than 20 percent of any ma	than salaried employees of th	e reporting entity) re on direct premiums)	eceive credit or	commissions for or control ew business?	Yes Yes	[]	No [[]	
4.2	During the period covered by this statement, dia affiliate, receive credit or commissions for or cont premiums) of:									
	,			3.21 sales of n 3.22 renewals		Yes Yes	[]	No []	
5.1	Has the reporting entity been a party to a merger of	r consolidation during the per	iod covered by this s	tatement?		Yes	[]	No []	
	If yes, complete and file the merger history data fil	le with the NAIC.								
5.2	If yes, provide the name of the entity, NAIC conceased to exist as a result of the merger or consolid		icile (use two letter	state abbreviat	on) for any entity that has					
	1 Name of Entity		2 npany Code	State	3 of Domicile					
6.1	Has the reporting entity had any Certificates of A or revoked by any governmental entity during the		ons (including corpo	orate registratio	n, if applicable) suspended	Yes	[]	No [.]	
6.2	If yes, give full information									
7.1	Does any foreign (non-United States) person or en	tity directly or indirectly cont	rol 10% or more of t	he reporting en	tity?	Yes	[]	No []	
7.2	If yes,									
	7.21 State the percentage of foreign cor7.22 State the nationality(s) of the for manager or attorney-in-fact and ic in-fact).	eign person(s) or entity(s); or							%	
		1 Nationality	2 Type of E	ntity						
			i							

If	response to 8.1 is yes, ple	ase identify the name of th	e DIHC.	_	by the Federal Reserve Boa	rd? Yes	[]]	No	[]	
Is If	the company affiliated wi response to 8.3 is yes, ple ancial regulatory services	ith one or more banks, thrift ase provide the names and s agency [i.e. the Federal R	locations (city and state of eserve Board (FRB), the Of	the main office) of any aff		deral	[]]	No	[]	
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC				
					ned by the Board of Govern		[]	No	[]	
Re	eserve Board's capital rule	?			n made subject to the Federa	Yes	[]	No	[]	N\A []
W					conduct the annual audit?					
req lav	uirements as allowed in S v or regulation?	Section 7H of the Annual F	inancial Reporting Model I	Regulation (Model Audit I	ed independent public according Rule), or substantially similar	r state Yes	[]	No	[]	
	-									
for	in Section 18A of the Mo	odel Regulation, or substan	tially similar state law or re	gulation?	rting Model Regulation as a	Yes	[]	No	[]	
If	the response to 10.5 is no	or n/a, please explain			laws?		[]	No	[]	N/A []
W	hat is the name, address	s and affiliation (officer/e	employee of the reporting	entity or actuary/consul	tant associated with an ac	tuarial				
			state holding company or o	therwise hold real estate in	ndirectly?		[]	No	[]	
				2.11 Name of real estat2.12 Number of parcels	te holding company s involved					
If	yes, provide explanation		12	2.13 Total book/adjuste		\$				
 FC			PORTING ENTITIES ONL							
W	hat changes have been ma	ade during the year in the U	United States manager or the	United States trustees of	the reporting entity?					
			the reporting entity through		on risks wherever located?		[]	No	[]	
			ndentures during the year? state approved the changes?	,			[]			N/A []
			ncipal financial officer, prin		r controller, or persons perfo	~	[]	No	[]	
a.	Honest and ethical corelationships;	onduct, including the ethica	al handling of actual or app	arent conflicts of interest	between personal and profes				. ,	
b. c.	Full, fair, accurate, tin	mely and understandable d licable governmental laws,	isclosure in the periodic rep rules and regulations;	orts required to be filed by	y the reporting entity;					
d.	The prompt internal r	reporting of violations to an	appropriate person or person	ons identified in the code;	and					
	•	, please explain:								
		enior managers been amend					[]	No	[]	
	the response to 14.2 is yes	s, provide information rela	ted to amendment(s)				r J			
	ave any provisions of the	code of ethics been waived	for any of the specified off	icers?		Yes	[]	No	[]	
	•									

15.1

1 American	2		3	4				
Bankers								
Association (ABA) Routing	Issuing or Confirming							
Number	Bank Name	Circumstances Tl	nat Can Trigger the Letter of Credit	Amount				
		В	OARD OF DIRECTORS					
Ooes the reporting e las the reporting en	ntity keep a complete permanen tity an established procedure for	record of the proceed disclosure to its boar	on either by the board of directors or a dings of its board of directors and all and of directors or trustees of any mate onflict or is likely to conflict with the	subordinate committees the crial interest or affiliation	ereof? on the part of	Yes [] No [] Yes [] No [] Yes [] No []		
			FINANCIAL					
Has this statement Principles)?	been prepared using a basis of	accounting other th	nan Statutory Accounting Principles	(e.g., Generally Accepted		Yes [] No []		
otal amount loaned	during the year (inclusive of Se	parate Accounts, exc		or.				
			20.11 To directors or other 20.12 To stockholders not of			\$ \$ \$		
	and the second second second second	Garatana in 1800	20.13 Trustees, supreme or	grand (Fraternal only)		\$		
otal amount of loar	ns outstanding at the end of year	inclusive of Separat	te Accounts, exclusive of policy loans 20.21 To directors or other			\$		
			20.22 To stockholders not o	officers		\$ \$		
Vere any assets repo	orted in this statement subject to	a contractual obligat		grand (Fraternal only) it the liability for such obl		a		
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? [Figure 1.5] [Figure 1.5] [Figure 1.5] [Figure 1.5] [Figure 1.5] [Figure 1.5]								
If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others								
			21.22 Borrowed from other 21.23 Leased from others	rs		\$ \$ \$		
			21.24 Other			\$		
Ooes this statement ssociation assessment		ents as described in	the Annual Statement Instructions	other than guaranty fund	or guaranty	Yes [] No []		
f answer is yes:								
			22.21 Amount paid as losse 22.22 Amount paid as expe			\$ \$		
	, e		22.23 Other amounts paid			\$ \$ Yes [] No []		
f yes, indicate any a	mounts receivable from parent i	ncluded in the Page 2	es or affiliates on Page 2 of this statem 2 amount: In the amounts advanced by the third p		ull within 90	\$		
ays? f the response to 24	.1 is ves. identify the third-party	that pays the agents	and whether they are a related party.			Yes [] No []		
e response to 24	1	pajo aie agento	Is the Third-Party Agent a Related	I Deste (V. All.)				
	Name of Third-Party		is the Inird-Party Agent a Related	rarty (Yes/No)				
			INVESTMENT					
			current year, over which the reporting					
			es lending programs addressed in 25.0			Yes [] No []		
or securities lendir ollateral is carried of	ng programs, provide a descript on or off-balance sheet. (an alter	on of the program i	ncluding value for collateral and amo Note 17 where this information is also	ount of loaned securities, provided)	and whether			
or the reporting ent			llateral for conforming programs as or					
nstructions. or the reporting ent	ity's securities lending program	report amount of co	llateral for other programs.			\$		
Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the								
contract?								
Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct								

25.09	For the reporti	ng entity's securities lending prog	gram, state the am	ount of the follow	ring as of December	r 31 of the curr	ent year:				
	25.091	Total fair value of reinvested co	llateral assets rep	orted on Schedule	DL, Parts 1 and 2				\$		
	25.092	Total book/adjusted carrying val	lue of reinvested	collateral assets re	eported on Schedule	DL, Parts 1 ar	nd 2		\$		
	25.093	Total payable for securities lend	ing reported on the	ne liability page					\$		
26.1	the reporting	he stocks, bonds or other assets o entity or has the reporting entity ect to Interrogatory 21.1 and 25.0	sold or transferr						` -	[] N	No []
26.2	If yes, state the	e amount thereof at December 31	of the current year 26.21 26.22 26.23 26.24 26.25 26.26 26.27 26.28 26.29 26.30 26.31	Subject to repur Subject to rever Subject to dolla Subject to rever Placed under of Letter stock or FHLB Capital S On deposit with On deposit with Pledged as colla	Stock a states a other regulatory bo ateral – excluding co	nents e agreements as to sale – exc odies ollateral pledge	cluding FHLB Capital Stoo ed to an FHLB backing funding agreemen		\$ \$ \$ \$ \$ \$		
			26.32	Other					\$		
26.3	For category (26.26) provide the following: 1 Nature of Restr	riction	Descr			3 Amount				
27.1 27.2	If yes, has a co	ting entity have any hedging trans omprehensive description of the he description with this statement.	•			y state?		Yes Yes	[]	No []	-
LINES	27.3 through 27.	5: FOR LIFE/FRATERNAL REI	PORTING ENTI	TIES ONLY:							
27.3 27.4		ting entity utilize derivatives to he to 27.3 is YES, does the reporting			ng provision of SSA		interest rate sensitivity?	Yes Yes Yes	[] []	No [No [No [-
			27.43	Other accounting				Yes	[]	No []
27.5	By responding following:	g YES to 27.41 regarding utilizi	ng the special a	ccounting provisi	ons of SSAP No.	108, the repor	rting entity attests to the	Yes	[]	No []
	 Hedg Actual reserv Finan Hedg 	eporting entity has obtained explicing strategy subject to the special urial certification has been obtaine was and provides the impact of the cial Officer Certification has been ing Strategy within VM-21 and the total day-to-day risk mitigation efficial of the control of the	accounting proving d which indicates hedging strategy n obtained which at the Clearly De	sions is consistent that the hedging within the Actuar indicates that the	with the requireme strategy is incorpor ial Guideline Cond hedging strategy m	ated within the itional Tail Ex- neets the defini	e establishment of VM-21 pectation Amount. tion of a Clearly Defined				
28.1		erred stocks or bonds owned as of ible into equity?	December 31 of	the current year n	nandatorily converti	ible into equity	, or, at the option of the	Yes	[]	No []
28.2	If yes, state the	e amount thereof at December 31	of the current yea	ır.				\$			
29.	offices, vaults custodial agre F. Outsourcing	ns in Schedule E–Part 3 – Special or safety deposit boxes, were al ement with a qualified bank or g of Critical Functions, Custodial of	Il stocks, bonds trust company or Safekeeping A	and other securiti in accordance wi greements of the l	es, owned through th Section 1, III – NAIC <i>Financial Co</i>	out the current General Exact General Gramma General Gramma	t year held pursuant to a mination Considerations, ners Handbook?	Yes	[]	No []
29.01	For agreement	s that comply with the requirement	nts of the NAIC F	inancial Conditio	n Examiners Handi	book, complete	the following:				
				l Custodian(s)	2 Custodian's	Address					
							_				
			1				1				

GENERAL INTERROGATORIES

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

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

Have there been any				

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

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

Yes [] No []

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

Yes [] No []

Yes [] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

Yes [] No []

30.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

		1	2	Excess of Statement		
				over Fair Value (–),		
		Statement (Admitted)		or Fair Value over		
		Value	Fair Value	Statement (+)		
31	.1 Bonds					
31	.2 Preferred Stocks					
31	.3 Totals					
Descri	be the sources or methods ut	tilized in determining the fair values:				
Was th	e rate used to calculate fair	value determined by a broker or custodi	an for any of the securities	in Schedule D?	Yes []	No
			proker's or custodian's pric	ing policy (hard copy or electronic copy)		
	brokers or custodians used a	1 0			Yes []	No
	answer to 32.2 is no, describ for Schedule D:	be the reporting entity's process for det	ermining a reliable pricing	source for purposes of disclosure of fair		
Have a	all the filing requirements of	the Purposes and Procedures Manual of	of the NAIC Investment And	alysis Office been followed?	Yes []	No
	•					
By self	f-designating 5GI securities,	, the reporting entity is certifying the fol	lowing elements of each se	lf-designated 5GI security:		
a.	Documentation necessary			NAIC CRP credit rating for an FE or PL		
	security is not available.					
b.		on all contracted interest and principal		nel		
C.		expectation of ultimate payment of all co	muacted interest and princi	pai.	Vac F 1	NT.
rias th	e reporting entity self-design	nated 3GI securities?			Yes []	No
By sel	f-designating PLGI securitie	es, the reporting entity is certifying its	compliance with the requir	rements as specified in the Purposes and		
			nual) for private letter rate	ting (PLR) securities and the following		
	nts of each self-designated P	LGI security:				
a.	The security was either:	1, 2018 (which is exempt from PLR fili		a the De-D Manual) on		
				ement executed prior to January 1, 2022		
				provide a copy of a private letter rating		
		due to confidentiality or other contract				
b.		lding capital commensurate with the N	AIC Designation and NAI	C Designation Category reported for the		
	security.					
c.				g assigned by an NAIC CRP in its legal		
		tion by state insurance regulators.	rating, dated during the fin	ancial statement year, held by the insurer		
d.			on or after January 1, 2024	for any PLR securities issued on or after		
	January 1, 2022, if the rep	orting entity is not permitted to share th	his private credit rating or t	he private rating letter rationale report of		
rr	•	VO, it certifies that it is reporting it as an		<u> </u>	37 5 3	3.7
Has th	e reporting entity self-design	nated PLGI to securities, all of which me	eet the above requirement a	and as specified in the P&P Manual?	Yes []	No
		BA non-registered private fund, the re	eporting entity is certifying	ng the following elements of each self-		
_	ated FE fund:					
a.	The shares were purchased					
b.		ding capital commensurate with the NA				
c.	The security had a public of to January 1, 2019.	credit rating(s) with annual surveillance	assigned by an NAIC CRI	P in its legal capacity as an NRSRO prior		
d.	• •	nantly holds bonds in its portfolio.				
e.			iblic credit rating(s) with a	nnual surveillance assigned by an NAIC		
	CRP in its legal capacity a			and the second		
f.		with annual surveillance assigned by an	•			
Has th	e reporting entity assigned F	FE to Schedule BA non-registered privat	te funds that complied with	the above criteria?	Yes []	No
By rol	ling/renewing short-term o	or cash equivalent investments with co	entinued reporting on Sche	edule DA, Part 1 or Schedule E Part 2		
		hose investment schedules), the reporting				
a.		asset that can be terminated by the repor				
b.	•			ansaction with renewal completed at the		
	discretion of all involved p		-	-		
c.			rting entity has completed	robust re-underwriting of the transaction		
		s available for regulator review.	1/ 11 1 6 3 3	. 14 . 1		
d.	Snort-term and cash equiv	alent investments that have been renew	ea/rolled from the prior pei	riod that do not meet the criteria in 37.a -		

37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [] No [] N/A []

38.1	Does the reporting entity directly hold cryptocurrencies?				Yes [] No []
38.2	If the response to 38.1 is yes, on what schedule are they i				
39.1	Does the reporting entity directly or indirectly accept cry	•	ents for premiums on t	policies?	Yes [] No []
39.2	If the response to 39.1 is yes, are the cryptocurrencies he				100 [] 1.0 []
37.2	39.21	Held directly	innediately converted	to C.S. donars:	Yes [] No []
	39.22	Immediately converted	to II C dollara		Yes [] No []
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurren			hat are hald directly	res [] No []
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurren	icies accepted for paym	ents of premiums of the	nat are neid directly.	
	·	1		_	¬
	1		2	3	
	Name of Cryptocurrency		onverted to USD, eld, or Both	Accepted for Payment of Premiums	
	Traine of cryptocurrency	Birectly 11	eid, of Both	recepted for rayment of Fremians	7
					7
					_
		OT	HER		
40.1	Amount of payments to trade associations, service organ			-	\$
40.2	List the name of the organization and the amount pa associations, service organizations, and statistical or ratio				
	associations, service organizations, and statistical or ratii	ng bureaus during the p	eriod covered by this	statement.	
		1	2		
		Name	Amount P	aid	
			\$		
			\$		
			\$		
			\$		
41.1	Amount of payments for legal expenses, if any?				\$
41.2	List the name of the firm and the amount paid if any su- the period covered by this statement.	ch payment represented	1 25% or more of the	total payments for legal expenses during	
	the period covered by this statement.				
		1	2		
		Name	Amount P	aid	
			\$		
			\$		
			\$		
			\$		
42.1	Amount of payments for expenditures in connection with	n matters before legisla	tive bodies, officers, o	or departments of government, if any?	\$
12.2	List the name of the firm and the amount naid if any suc	ch navment represented	25% or more of the	total navment expenditures in connection	

42.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection
72.2	Elst the name of the firm and the amount paid if any such payment represented 25% of more of the total payment expenditures in connection
	with matters before legislative bodies officers or departments of government during the period covered by this statement

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

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

	rect Medicare Supplement Insurance in force?	Yes [] No []
If yes, indicate premium earned on U. What portion of Itom (1.2) is not rope.	S. business only. rted on the Medicare Supplement Insurance Experience Exhibit?	\$ \$
	rted on the Medicare Supplement insurance Experience Exhibit?	·
	ttributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$
Indicate total incurred claims on all M	· ·	\$ \$
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	
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	
Health Test:		
	1	2
	Current Year	Prior Year
		\$
	· · · · · · · · · · · · · · · · · · ·	\$
	2.3 Premium Ratio (2.1/2.2)	
		\$
	· ———	\$
	2.6 Reserve Ratio (2.4/2.5)	
	ating policies during the calendar year?	Yes [] No []
If yes, provide the amount of premiun	n written for participating and/or non-participating policies during the calendar ye	
	3.21 Participating policies	\$ \$
	3.22 Non-participating policies	Ψ
For Mutual reporting entities and Rec		
Does the reporting entity issue assessa	able policies?	Yes [] No []
Does the reporting entity issue assessa Does the reporting entity issue non-as	able policies? sessable policies?	Yes [] No [] Yes [] No []
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what	able policies? sessable policies? is the extent of the contingent liability of the policyholders?	
Does the reporting entity issue assessa Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or or	able policies? sessable policies?	
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what	able policies? sessable policies? is the extent of the contingent liability of the policyholders?	Yes [] No []
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only: Does the exchange appoint local agen	able policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums.	
Does the reporting entity issue assessa Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only:	able policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums. ts?	Yes [] No [] \$ Yes [] No []
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only: Does the exchange appoint local agen	able policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums. ts? 5.21 Out of Attorney's-in-fact compensation	Yes [] No [] \$ Yes [] No [] Yes [] No [] N/A []
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only: Does the exchange appoint local agen If yes, is the commission paid:	sessable policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums. ts? 5.21 Out of Attorney's-in-fact compensation 5.22 As a direct expense of the exchange	Yes [] No [] Yes [] No [] Yes [] No [] N/A [] Yes [] No [] N/A []
Does the reporting entity issue assessare Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only: Does the exchange appoint local agent If yes, is the commission paid: What expenses of the Exchange are not be a second or control of the property of the pro	sessable policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums. ts? 5.21 Out of Attorney's-in-fact compensation 5.22 As a direct expense of the exchange of paid out of the compensation of the Attorney-in-fact?	Yes [] No [] \$
Does the reporting entity issue assessar Does the reporting entity issue non-as If assessable policies are issued, what Total amount of assessments paid or of For Reciprocal Exchanges Only: Does the exchange appoint local agen If yes, is the commission paid: What expenses of the Exchange are no	sessable policies? sessable policies? is the extent of the contingent liability of the policyholders? ordered to be paid during the year on deposit notes or contingent premiums. ts? 5.21 Out of Attorney's-in-fact compensation 5.22 As a direct expense of the exchange	Yes [] No [] \$

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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 [1	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	ı	,		
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 [1	No []	
7.2 7.3	If yes, indicate the number of reinsurance contracts containing such provisions. If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting	-	•		
8.1	provision(s)? 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	Yes []	No []	
8.2	loss that may occur on this risk, or portion thereof, reinsured? If yes, give full information	Yes []	No []	
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;				
	the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;				
	 (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such 				
	provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity				
	during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the				
0.2	reimbursement to the ceding entity.	Yes []	No []	
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the				
	reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire				
	direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its				
9.3	affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	Yes [J	No []	
	 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved. 				
9.4	Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R—Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:				
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or				
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes []	No []	
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.				
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or,	Yes [1	No []	
	(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	-	-	No []	
10.	attestation supplement. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that	Yes [J	No []	
10.	If the reporting entity has assumed this monact entity, there should be charged on account of such reinsurances a reserve equal to mat which the original entity would have been required to charge had it retained the risks. Has this been done?	Ves [1	No []	N/A Γ

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

11.1			Yes [] No []
11.2 12.1			
12.1	amount of corresponding liabilities recorded for:	rance contracts on Line 13.3 of the asset schedule, Page 2, state the	Φ.
	· -	id losses	
	12.12 Unpai	id underwriting expenses (including loss adjustment expenses)	\$
12.2	Of the amount on Line 15.3. Page 2. state the amount that is secured by le	etters of credit, collateral and other funds?	\$
12.3	- · · · · · · · · · · · · · · · · · · ·	12.11 Unpaid loneses 12.12 Unpaid underwriting expenses (including loss adjustment expenses) at on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? ing entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes in its insureds covering unpaid premiums and/or unpaid losses? In the range of interest rates charged under such notes during the period covered by this statement: 12.41 From 12.42 From 12.42 From 12.42 From 12.42 To secure any of the reporting entity is reported direct unpaid loss reserves, including unpaid loss deductible features of commercial policies? Nea mount thereof at December 31 of current year: 12.61 Letters of Credit 12.62 Collateral and other funds suggregate amount insured in any one risk (excluding workers' compensation): sursurance contracts considered in the calculation of this amount include an aggregate limit of recovery without also including a teprovision; sursurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic aucultative obligatory contracts) considered in the calculation of the amount. Test [1 No []] Test [1 No []] Test [1 No []] Test [1 No []] Test [2 No []] Test [3 No []] Test [4 1] Test [4 1] Test [4 1] Test [3 No []] Test [4 5] Test [4 5] Test [4 5] Test [4 5] Test [5 No []] Test [6 No []] Test [7 No []] Test [7 No []] Test [8 No []] Test [9 N	
	accepted from its insureds covering unpaid premiums and/or unpaid losse		Yes [] No [] N/A []
12.4			0/0
			%
12.5	Are letters of credit or collateral and other funds received from insured promissory notes taken by a reporting entity, or to secure any of the rep losses under loss deductible features of commercial policies?	ds being utilized by the reporting entity to secure premium notes or orting entity's reported direct unpaid loss reserves, including unpaid	Yes [] No []
12.6	If yes, state the amount thereof at December 31 of current year:		
	12.61 Letter	rs of Credit	\$
	12.62 Colla	teral and other funds	\$
13.1			\$
13.2	Does any reinsurance contract considered in the calculation of this amore instatement provision?	ount include an aggregate limit of recovery without also including a	Yes [] No []
13.3			
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?		Yes [] No []
14.2			
14.3			Ves [] No []
14.4	-		
14.5	•	e e e e e e e e e e e e e e e e e e e	[] []
	•		
15.1	Has the reporting entity guaranteed any financed premium accounts?		Yes [] No []
15.2			
16.1	Does the reporting entity write any warranty business?		Yes [] No []
		of warranty coverage:	100 [] 1.0 []
		· -	
		t Losses Direct Written Direct Premium Direct Premium	
		*	
*	Disclose type of coverage:		
17.1	Does the reporting entity include amounts recoverable on unauthorized	reinsurance in Schedule F – Part 3 that is exempt from the statutory	
	provision for unauthorized reinsurance?		Yes [] No []
	Incurred but not reported losses on contracts in force prior to July 1.	1984, and not subsequently renewed are exempt from the statutory	
	17.11 Gross	amount of unauthorized reinsurance in Schedule $F-Part\ 3$ exempt	
	from t	the statutory provision for unauthorized reinsurance	\$
	17.12 Unfur	nded portion of Interrogatory 17.11	\$
	17.13 Paid l	osses and loss adjustment expenses portion of Interrogatory 17.11	\$
	17.14 Case 1	reserves portion of Interrogatory 17.11	\$
		red but not reported portion of Interrogatory 17.11	\$
		rned premium portion of Interrogatory 17.11	\$
	17.17 Conti	ngent commission portion of Interrogatory 17.11	\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

18.1	Do you act as a custodian for health savings accounts?	Yes [] 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 in at least one state other than the state of domicile of	
	the reporting entity?	Yes [] No []

FIVE-YEAR HISTORICAL DATA

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

		1 2024	2 2023	3 2022	4 2021	5 2020
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)	2021	2023	2022	2021	2020
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.	()					
_	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. 10.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35)					
12.	Statement of Income (Page 4)					
13.						
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.						
	20.1 In course of collection (Line 15.1)					
	20.2 Deferred and not yet due (Line 15.2)					
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)					
20	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. 39.	Receivables for securities (Line 9)					
39. 40.	Aggregate write-ins for invested assets (Line 11)					
41.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44.	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification,					
	Col. 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
47.	All other affiliated					
48.	Total of above Lines 42 to 47					
49.	Total investment in parent included in Lines 42 to 47 above					
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					
<u> </u>	poneyhoracis (Line 40 above divided by rage 3, Col. 1, Line 37 x 100.0)	l				

FIVE-YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2024	<u>2023</u>	2022	2021	2020
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)					
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3 19.4)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57.	All other lines					
57.	(Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
56. 59.	• •			-	+	
39.	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)					
	On and a Barranta and (Barrat)					
	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. 70	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 dividedby Page 8,					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 dividedby Page 8, Part 1B, Col. 6, Line 35 x 100.0)					
	Part 1B, Col. 6, Line 35 x 100.0)					
72.	Part 1B, Col. 6, Line 35 x 100.0) Losses and loss expenses incurred to premiums earned (Page 4, Lines 2+3 divided by Page 4,					
72.	Part 1B, Col. 6, Line 35 x 100.0)					
72.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73. 74.	Part 1B, Col. 6, Line 35 x 100.0)					
71. 72. 73. 74.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73. 74.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73. 74. 75.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73. 74. 75.	Part 1B, Col. 6, Line 35 x 100.0)					
72. 73.	Part 1B, Col. 6, Line 35 x 100.0)					

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 me requirements of SSAP No. 3—Accounting Changes and Correction of Errors? If no, please explain		Yes []	No []

 cc	Dan	Cala	Above

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code______ BUSINESS IN THE STATE OF DURING THE YEAR NAIC Company Code_____

Control Project on Management Control Project Co									_			ipuny code	
Percent Perc		Policy and N	1embership Fees,	Dividends	4	5	6	7	8	9	10	11	12
2.1 After Lists		Premiums on 1 Direct Premiums	Policies not Taken 2 Direct Premiums	or Credited to Policyholders on Direct	Unearned Premium	Paid (deducting			and Cost Containment	Cost Containment	and Cost Containment	and Brokerage	Licenses
23 Markey Fred Cope													
3.5 Parison Floor 1.5 Parison Flore 1.5 Parison Floor													
2-8 Protect Cope	2.2 Multiple Peril Crop												
2.5 Private Flood Benjally Part													
4. Blamowers Mahight Prof. (Jackley Postion) 5. Commercial Mahight Prof. (Jackley Postion) 5. Commercial Mahight Prof. (Jackley Postion) 6. Commercial Mahight Prof. (Jackley Postion) 7. Commercial Mahight P	2.5 Private Flood												
S. Commental Multiple Part (Challely Part (Link) Particul)	Farmowners Multiple Peril												
Person	Homeowners Multiple Peril												
1													
6	5.2 Commercial Multiple Peril (Liability Portion)												
8 Octo Marine 10 Francis Grounds 11 Model of Proteinced Lishilly—Occurrosc 12 Designation 13 Designation 14 Comprehensive Chapital and medical) and (b) 15 Comprehensive Chapital and medical) and (b) 16 Comprehensive Chapital and medical) and (b) 17 Comprehensive Chapital and medical) and (b) 18 Comprehensive Chapital and medical) and (b) 19 Comprehensive Chapital and (b) 10 Comprehensive Chapital and													
9.0 Particular Control	Ocean Marine												
10. First Strainty 10. Median Professional Liability - Courrence													
11.1 Models Professional Lisabilly—Concressed.													
11.2 Modical Professoral Linkilly—Charm-Made													
12 Endposition													
13.1 Comprehensive (koopstal and medical just (koopstal and koopstal a	12. Earthquake												
14. Creat A&H (Group and Individual)	13.1 Comprehensive (hospital and medical) ind (b)												
15.1 Vision Clay (b)	13.2 Comprehensive (hospital and medical) group (b).												
15.2 Detail (bit) (borne (c))	14. Credit A&H (Group and Individual)												
13.3 Disability factors (b)	15.1 Vision Only (b)												
15.4 Medicar Exal XX (b)	15.2 Dental Only (b)												
1.5.5 Medicard Take XVIII (b)													
15.7 Lorg-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)	15.7 Long-Term Care (b)												
16. Worker's Compensation.	15.8 Federal Employees Health Benefits Plan (b)												
17.1 Other Liability — Centernee	15.9 Other Health (b)												
17.2 Other Liability — Claims Made													
1.7.3 Excess Workers' Compensation													
18.2 Products Liability—Claims-Made	17.3 Excess Workers' Compensation												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	18.1 Products Liability—Occurrence												
Protection	18.2 Products Liability—Claims-Made												
19.2 Other Private Passenger Auto Liability 19.3 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Edition 19.4 Other Edition 19	19.1 Private Passenger Auto No-Fault (Personal Injury												
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability.													
21.1 Private Passenger Auto Physical Damage	Protection)												
21.2 Commercial Auto Physical Damage.	19.4 Other Commercial Auto Liability												
22. Aircraft (all peris)	21.1 Private Passenger Auto Physical Damage												
23. Fidelity	22. Aircraft (all perils)												
24. Surely													
27. Boiler and Machinery	24. Surety												
28. Credit													
29. International													
30. Warranty													
Reins nonproportional assumed property													
2 Reins nonproportional assumed financial lines XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business 35. TOTAL (a) DETAILS OF WRITE-INS 3401. 3402. 3403. 3498. Sum of remaining write-ins for Line 34 from overflow page overflow page overflow page 3499. TOTAL (Lines 3401 through 3403 plus 3498)	32 Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. TÖTÁL (a) DETAILS OF WRITE-INS 3401. 3402. 3403. 3498. Sum of remaining write-ins for Line 34 from overflow page. 3499. TÖTÁL (Lines 3401 through 3403 plus 3498)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS 3401. 3402. 3408. Sum of remaining write-ins for Line 34 from overflow page													
3401. 3402. 3403. 3498. Sum of remaining write-ins for Line 34 from overflow page. 499. TOTAL (Lines 3401 through 3403 plus 3498)													
3402. 3408. Sum of remaining write-ins for Line 34 from overflow page. 3499. SUm of through 3403 plus 3498) 3499. TOTAL (Lines 3401 through 3403 plus 3498)													
3403. 3498. Sum of remaining write-ins for Line 34 from overflow page													
3498. Sum of remaining write-ins for Line 34 from overflow page													
overflow page													
	overflow page												
(Line 34 above)													
	(Line 34 above)	l	l	l		l		l	l	l	l		

a)	Financa a	nd comico	abargae :	not included	in I inc	s 1 to 35 \$

⁽a) France and service charges not included in Lines 1 to 3.5 and 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		Reinsurance On		9	10	11	12	13	14	15
					6	7	8						Amount of	
											Funds Held		Assets	
					Paid Losses						By or		Pledged or	Amount of
					and						Deposited		Compensating	Assets
	NAIC				Loss			Contingent	Assumed		With	Letters	Balances to	Pledged or
ID	Company	Name of	Domiciliary	Assumed	Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	of	Secure Letters	Collateral
Number	Code	Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 + 7	Payable	Receivable	Premium	Companies	Credit Posted	of Credit	Held in Trust
	<u> </u>													<u> </u>
9999999 T	otals													

SCHEDULE F – PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1	2	3	4	5	6
	NAIC	Name	Date		
ID	Company	of	of	Original	Reinsurance
Number	Code	Company	Contract	Premium	Premium
				••••••	••••••
				••••••	
0199999 Total	Reinsurance Ced	ed by Portfolio			
	Tremsurance cea	ed by 1 official			

SCHEDULE F – PART 3

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

1	2	3	4	5	6				Reinst	rance Recov	erable On				16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18	Net Amount	Funds Held
																		Recoverable	by
															Amount in		Other	From	Company
	NAIC	Name			Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Dispute	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary		Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Included in	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
9999999	Totals		•	•															
																	•		•

SCHEDULE F – PART 3 (Continued)

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

		1	Colla	ateral		25	26	27				Cedeo	1 Reinsurance Cre	dit Risk			
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 – 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)

0000000 7 :	-1-			vvv											vvv		
9999999 Tot	ais		l .	XXX						l	l				XXX		

SCHEDULE F – PART 3 (Continued)

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

T	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses								44	45	46	47	48	49	50	51	52	53
		37	İ		Overdue		•	43	Total	Recoverable		Recoverable						-
			38	39	40	41	42			on Paid Losses		on Paid Losses			Percentage of			
									on Paid Losses	& LAE Over	Total	& LAE Over			Amounts More			
								Total Due	& LAE	90 Days Past	Recoverable on	90 Days Past			Than 90 Days			
							Total	Cols. 37 + 42	Amounts in	Due Amounts	Paid Losses &	Due Amounts			Overdue Not	Percentage More	Is the Amount	Amounts in Col. 47
ID Number							Overdue	(In total should	Dispute	in Dispute	LAE Amounts	Not in Dispute		Percentage	in Dispute	Than 120 Days	in Col. 50 Less	for Reinsurers with
From	Name of Reinsurer		1 - 29	30 - 90	91 - 120	Over 120	Cols. 38 + 39	equal	Included in	Included in	Not in Dispute		Received Prior		(Col. 47/[Cols.	Overdue	Than 20%?	Values Less Than
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+ 40 + 41	Cols. 7 + 8)	Col. 43	Cols. 40 & 41	(Cols 43 – 44)	41 – 45)	90 Days	42/Col. 43	46 + 48])	(Col. 41/Col. 43)	(Yes or No)	20% in Col. 50
9999999 Total	s		İ		İ							İ	İ			İ	XXX	

SCHEDULE F – PART 3 (Continued)

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

	Provision for Certified Reinsurance																
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; Other	wise Enter 0	69
								Percent of Collateral Provided for						66	67	68	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+ Col. 22+ Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	for Net Recoverables (Col. 57 +[Col.	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	not to	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
			l	l							ļ	ļ	-	-	-		
9999999 Total	S							XXX	XXX								

SCHEDULE F – PART 3 (Continued)

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

	1				I p c o		1			
		70	Provision for Unau	thorized Reinsurance	Provision for Overdue A	Authorized and Reciprocal Reinsurance		Total Provision fo	or Reincurance	
			71	72	73	74	75	76	77	78
			,.	,2	Complete if Col. 52 = "Yes"; Otherwise Enter 0	Complete if Col. 52 = "No"; Otherwise Enter 0	,,,	,,,	,,	,,
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
9999999 Totals										
-								-	-	

SCHEDULE F – PART 4 Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1	2	3	4	5
Issuing or				
Issuing or Confirming				
Bank				
Reference		American Bankers		
Number Used		Association		
in Col. 23 of	Letters of	(ABA) Routing		
Sch F Part 3	Credit Code	Number	Issuing or Confirming Bank Name	Letters of Credit Amount
Total				

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
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 Name of Reinsurer	2 <u>Total Recoverables</u>	3 Ceded Premiums	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	2 Restatement	3 Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	<u>S</u> (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			
2.	Premiums and considerations (Line 15)			
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets			
6.	Net amount recoverable from reinsurers			
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)			
LIABI	LITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)			
10.	Taxes, expenses, and other obligations (Lines 4 through 8)			
11.	Unearned premiums (Line 9)			
12.	Advance premiums (Line 10)			
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)			
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities			
19.	Total liabilities excluding protected cell business (Line 26)			
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)		XXX	
22.	Totals (Line 38)			

NOTE:	Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No []
	If yes, give full explanation:

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

	Total		Comprehensive (and Medical) In		Comprehensiv		Medic Suppler		Vision (Only	Dental (Only	Federal Employe Benefits P	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written		xxx		xxx		xxx		xxx		xxx		xxx		xxx
Premiums earned		xxx		xxx		xxx		xxx		xxx		xxx		xxx
Incurred claims														
Cost containment expenses														
Incurred claims and cost containment expenses (Lines														
3 and 4)														
6. Increase in contract reserves														
7. Commissions (a)														
8. Other general insurance expenses														
9. Taxes, licenses and fees														
10. Total other expenses incurred														
11. Aggregate write-ins for deductions														
Gain from underwriting before dividends or refunds Dividends or refunds														
14. Gain from underwriting after dividends or refunds														
Š									1		1		1	
DETAILS OF WRITE-INS														
1101.														
1102														
1103														
1198. Summary of remaining write-ins for Line 11 from		l							1					
overflow page														
above)														
auovej		l			<u> </u>	l		l	L		<u> </u>	l	<u> </u>	

	Medicare Ti	Medicare Title XVIII		tle XIX	Credit A	&H	Disability	Income	Long-Terr	n Care	Other He	ealth
	15	16	17	18	19	20	21	22	23	24	25	26
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
Incurred claims												
Cost containment expenses												
Incurred claims and cost containment expenses (Lines												1
3 and 4)												
Increase in contract reserves												
7. Commissions (a)												
8. Other general insurance expenses												
9. Taxes, licenses and fees												
10. Total other expenses incurred												
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds												
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds												
DETAILS OF WRITE-INS												l
1101												
1102												
1103												
1198. Summary of remaining write-ins for Line 11 from												ł
overflow page												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11												i l
above)												لــــــا

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

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued) PART 2 – RESERVES AND LIABILITIES

PART 2 – RESERVES AND LIABILITIES													
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health
A. Premium Reserves:			7 1	- 1.									
Unearned premiums													
Advance premiums													
Reserve for rate credits													
4. Total premium reserves, current year													
Total premium reserves, prior year Increase in total premium reserves													
B. Contract Reserves:													
Additional reserves (a)													
Reserve for future contingent benefits													
Total contract reserves, current year													
Total contract reserves, prior year													
Increase in contract reserves C. Claim Reserves and Liabilities:													
C. Claim Reserves and Liabilities: 1. Total current year				l	l				l				
Total prior year													
3. Increase													
		PART 3 – T	TEST OF PRIOF	R YEAR'S CL	AIM RE	SERVES A	AND LIABIL	ITIES					
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive (Hospital and Medical)	Comprehensive (Hospital and	Medicare	Vision	Dental	Federal Employees Health Benefits	Medicare Title	Medicaid Title	Credit	Disability	Long-	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Plan	XVIII	XIX	A&H	Income	Term Care	Health
Claims paid during the year:													
1.1 On claims incurred prior to current year													
On claims incurred during current year 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													
2.2 On claims incurred during current year													
2.2 On claims incurred during current year													
2.2 On claims incurred during current year													
2.2 On claims incurred during current year													
2.2 On claims incurred during current year			P.			CE							
2.2 On claims incurred during current year		2		ART 4 – REI	NSURAN		7 Federal						
2.2 On claims incurred during current year		2 Comprehensive	P. 3	ART 4 – REI	NSURAN	CE	7 Federal Employees	8	9				
2.2 On claims incurred during current year		2	P.	ART 4 – REI	NSURAN	CE 6	7 Federal						
2.2 On claims incurred during current year		2 Comprehensive (Hospital and	P. 3 Comprehensive	ART 4 – REI	NSURAN 5	CE	7 Federal Employees Health	8 Medicare	9 Medicaid	10	11	12	13
2.2 On claims incurred during current year	1	2 Comprehensive (Hospital and Medical)	P. 3 Comprehensive (Hospital and	ART 4 – REI	NSURAN 5 Vision	CE 6	7 Federal Employees Health Benefits	8 Medicare Title	9 Medicaid Title	10 Credit	11 Disability	12 Long-	13 Other
2.2 On claims incurred during current year	1 Total	2 Comprehensive (Hospital and Medical)	P. 3 Comprehensive (Hospital and	ART 4 – REI	NSURAN 5 Vision	CE 6	7 Federal Employees Health Benefits	8 Medicare Title	9 Medicaid Title	10 Credit	11 Disability	12 Long-	13 Other
2.2 On claims incurred during current year	Total	2 Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	ART 4 – REI	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	12 Long-Term Care	13 Other Health
2.2 On claims incurred during current year 3.1 Eines 1.1 and 2.1	1 Total	2 Comprehensive (Hospital and Medical) Individual	P. 3 Comprehensive (Hospital and Medical) Group	ART 4 – REI 4 Medicare Supplement	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	12 Long-Term Care	13 Other Health
2.2 On claims incurred during current year	Total	2 Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	ART 4 – REI 4 Medicare Supplement	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	12 Long-Term Care	13 Other Health
2.2 On claims incurred during current year 3.1 Eines 1.1 and 2.1	Total	2 Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	ART 4 – REI 4 Medicare Supplement	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed: 1. Premiums earned 3. Incurred during current year 3.1 Lines 1.1 and 2.1	Total	2 Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	ART 4 – REI	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	Long-Term Care	13 Other Health
A. Reinsurance Assumed: 1. Premiums written	Total	2 Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	ART 4 – REI	NSURAN 5 Vision Only	CE 6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	Disability Income	Long-Term Care	13 Other Health

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

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

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

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

	Pr	emiums Ea	rned				Loss and Loss	nents			12	
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												XXX
3. <mark>2016</mark>												XXX
4. <mark>2017</mark>												XXX
5. <mark>2018</mark>												XXX
6. <mark>2019</mark>												XXX
7. <mark>2020</mark>												XXX
8. <mark>2021</mark>												XXX
9. <mark>2022</mark>												XXX
10. <mark>2023</mark>												XXX
11. <mark>2024</mark>												XXX
Totals	XXX	XXX	XXX									XXX

									Adjusting a		23	24	25	
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of	
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims	
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding	
	Direct		Direct		Direct		Direct		Direct		and	and	Direct	
	and		and		and		and		and		Subrogation	Expenses	and	
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11.														
12.													XXX	

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

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

SCHEDULE P – PART 2 – SUMMARY

	Π	NCURRED NET	LOSSES AND I	DEFENSE AND	COST CONTAI	NMENT EXPEN	SES REPORTED	AT YEAR-END) (\$000 OMITTE	ED)	DEVELO	DPMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. <mark>2015</mark>												
3. <mark>2016</mark>	XXX											
4. <mark>2017</mark>	XXX	XXX										
5. <mark>2018</mark>	XXX	XXX	XXX									
6. <mark>2019</mark>	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3 – SUMMARY

	CUMULA	TIVE PAID NE	T LOSSES ANI	DEFENSE AN	ND COST CON	ΓAINMENT EX	PENSES REPO	RTED AT YEA	R-END (\$000 C	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
											Claims	Claims Closed
Years in Which											Closed With	Without Loss
Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	2022	2023	2024	Loss Payment	Payment
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 4 – SUMMARY

	BI	JLK AND IBNR RI	ESERVES ON NET	LOSSES AND DE	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-E	ND (\$000 OMITTE	ED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	<mark>2019</mark>	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. <mark>2015</mark>										
3. <mark>2016</mark>	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	Pr	emiums Ear	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. <mark>2017</mark>												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													

	Losses and	Total Loss Expens	es Incurred	Loss and L	oss Expense Ped/Premiums Ea	ercentage arned)	Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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 1B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL (\$000 OMITTED)

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	nd Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. <mark>2016</mark>												
4. 2017												
5. 2018												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a		23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred	Loss and L	oss Expense Ped/Premiums Ea	ercentage arned)	Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1C-COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ear	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. <mark>2016</mark>												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. 2021												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a		23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular 1	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Pr	emiums Ea	rned			_	Loss and Loss	Expense Payn	nents	_	_	12
	1	2	3	Loss Pay	ments	Defense a Containmen		Adjusting Payn	and Other nents	10	11	Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defens	e and Cost Co	ontainment Unpa	id	Unpa	ıd			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred	Loss and L	oss Expense Pe	ercentage arned)	Nontabular l	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Inter-Company Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Pr	emiums Ear	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. <mark>2017</mark>												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defens	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.		1		l	ĺ	ĺ			1	I		I	I

	Losses and	Total Loss Expens	es Incurred		oss Expense Pe		Nontabular l	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct			-		Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1F-SECTION 1-MEDICAL PROFESSIONAL LIABILITY-OCCURRENCE} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ear	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. <mark>2016</mark>												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. 2021												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular 1	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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 1F – SECTION 2 – MEDICAL PROFESSIONAL LIABILITY – CLAIMS–MADE (\$000 OMITTED)

	Pr	emiums Ea	rned				Loss and Loss	s Expense Payn	nents			12
	1	2	3			Defense a	nd Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. 2017												
5. <mark>2018</mark>												
6. 2019												
7. <u>2020</u>												
8. 2021												
9. 2022												
10. 2023												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX		1							XXX

		I assas II			Defens	a and Coat C	ontoinmont I Inno	:4	Adjusting as Unpa	nd Other	23	24	25
		Losses U					ontainment Unpa						Number of
	Case	Basis	Bulk + I	BNR	Case Ba		Bulk + I		21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

		Total			oss Expense Pe				34	Net Bala	ance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	ed/Premiums Ea	arned)	Nontabular :	Discount		Reserves A	fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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)

	Pr	emiums Ea	rned			_	Loss and Loss	Expense Payn	nents	_	_	12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												XXX
3. <mark>2016</mark>												XXX
4. <mark>2017</mark>												XXX
5. <mark>2018</mark>												XXX
6. <mark>2019</mark>												XXX
7. <mark>2020</mark>												XXX
8. <mark>2021</mark>												XXX
9. <mark>2022</mark>												XXX
10. <mark>2023</mark>												XXX
11. <mark>2024</mark>												XXX
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular l	Discount	34		nnce Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1H-SECTION 1-OTHER LIABILITY-OCCURRENCE} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. <mark>2017</mark>												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. 2024												
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a		23	24	25
		Losses U	npaid		Defens	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.		1		l	ĺ	ĺ			1	I		I	I

	Losses and	Total Loss Expens	es Incurred	Loss and L	oss Expense Po	ercentage arned)	Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1H-SECTION 2-OTHER LIABILITY-CLAIMS-MADE} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												
3. <mark>2016</mark>												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <u>2021</u>												
9. <mark>2022</mark>												
10. 2023												
11. <mark>2024</mark>												
12. Totals	XXX	XXX	XXX									XXX

						10.0			Adjusting a		23	24	25
		Losses U	npaid		Detens	e and Cost Co	ontainment Unpa	ıd	Unpa	ıd			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.										l			

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular 1	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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 1I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

	P	remiums E	arned				Loss and Lo	ss Expense Pay	ments			12
	1	2	3			Defense a	ınd Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. 2020												XXX
8. 2021												XXX
9. 2022												XXX
10. 2023												XXX
11. 2024												XXX
12. Totals	XXX	XXX	XXX									XXX

		_							Adjusting a	and Other	23	24	25
		Losses			Defense	e and Cost Co	ontainment Un	oaid	Unp	aid			Number of
	Case Ba	sis	Bulk +	IBNR	Case I	Basis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12.													

		Total		Loss and L	oss Expense Pe	ercentage			34		lance Sheet
	Losses and	Loss Expens	ses Incurred	(Incurre	d/Premiums Ea	arned)	Nontabular l	Discount		Reserves A	After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct					Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	P	remiums E	arned				Loss and Lo	ss Expense Pay	yments			12
	1	2	3			Defense a	and Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024												
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unnaid		Defense	e and Cost Co	ontainment Un	naid	Adjusting a	and Other	23	24	25
	Case Ba		Bulk +	IBNR	Case E		Bulk + I		21	22		Total Net	Number of Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and	6.1.1	and	6.1.1	and	0.1.1	and	0.1.1	and	6.1.1	Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5	•••••											•••••	
6													
/													
8													
9													
10													
11													
12.	1						I				1	1	l

		Total		Loss and L	oss Expense Ped/Premiums Ea	ercentage			34		lance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	d/Premiums Ea	arned)	Nontabular :	Discount		Reserves A	After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct					Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
<mark>10</mark>											
11											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	P	remiums E	arned				Loss and Lo	oss Expense Pa	yments			12
	1	2	3			Defense a	ınd Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. 2020												XXX
8. 2021												XXX
9. 2022												XXX
10. 2023												XXX
11. 2024												XXX
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	e and Cost Co	ontainment Un	oaid	Adjusting a Unp	and Other	23	24	25
	Case Ba		Bulk +	IBNR	Case I		Bulk + I		21	22		Total Net	Number of Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
. <mark>10</mark>													
11													
12.	1			1		1							

	Losses and	Total Loss Expens	es Incurred	Loss and L	oss Expense Ped/Premiums Ea	ercentage	Nontabular	Discount	34		lance Sheet After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct		-			Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10 11.											
12	XXX	XXX	XXX	YYY	XXX	XXX			XXX		

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

	P	remiums E	arned				Loss and Lo	ss Expense Pa	yments			12
	1	2	3			Defense a	nd Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. 2020												XXX
8. 2021												XXX
9. 2022												XXX
10. 2023												XXX
11. 2024												XXX
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defense	e and Cost Co	ontainment Un	oaid	Adjusting a	and Other	23	24	25 Number of
	Case Ba	sis	Bulk +	IBNR	Case I	Basis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10 11.													
12.													

		Total		Loss and L	oss Expense Pe	ercentage			34		lance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	ed/Premiums Ea	arned)	Nontabular	Discount		Reserves A	After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct					Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	ind Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. <mark>2016</mark>												XXX
4. 2017												XXX
5. <mark>2018</mark>												XXX
6. <mark>2019</mark>												XXX
7. <mark>2020</mark>												XXX
8. <mark>2021</mark>												XXX
9. <mark>2022</mark>												XXX
10. <mark>2023</mark>												XXX
11. <mark>2024</mark>												XXX
12. Totals	XXX	XXX	XXX									XXX

						10.0			Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.				1									

	L accae and	Total Loss Expens	as Inguerad		oss Expense Ped/Premiums Ea		Nontabular	Discount	34		ance Sheet fter Discount
		_							1		
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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 1N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY (\$000 OMITTED)

	Pr	emiums Ea	rned			ā.	Loss and Loss	Expense Payn	nents	ā.		12
	1	2	3			Defense a	and Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payr	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. <mark>2020</mark>												XXX
8. <mark>2021</mark>												XXX
9. <mark>2022</mark>												XXX
10. <mark>2023</mark>												XXX
11. <mark>2024</mark>												XXX
Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	ıd	Unpa	ıd			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11.													XXX
12.													XXX

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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)

	Pr	emiums Ea	rned				Loss and Loss	s Expense Payn	nents			12
	1	2	3			Defense a	ind Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payr	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. <mark>2020</mark>												XXX
8. 2021												XXX
9. <mark>2022</mark>												XXX
10. 2023												XXX
11. <mark>2024</mark>												XXX
12. Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	ıd	Unpa	ıd			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11.													XXX
12.													XXX

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	ind Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payr	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. <mark>2015</mark>												XXX
3. <mark>2016</mark>												XXX
4. 2017												XXX
5. <mark>2018</mark>												XXX
6. <mark>2019</mark>												XXX
7. <mark>2020</mark>												XXX
8. <mark>2021</mark>												XXX
9. <mark>2022</mark>												XXX
10. 2023												XXX
11. <mark>2024</mark>												XXX
12. Totals	XXX	XXX	XXX									XXX

•					D.C	10 .0			Adjusting a Unpa	nd Other	23	24	25
		Losses U					ontainment Unpa						Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11.													XXX
12.													XXX

		Total		Loss and I	oss Expense Pe	ercentage			34	Net Bal	ance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	d/Premiums Ea	arned)	Nontabular	Discount		Reserves A	fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1R-SECTION 1-PRODUCTS LIABILITY-OCCURRENCE} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	ind Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. 2023												
11. 2024												
12. Totals	XXX	XXX	XXX									XXX

						10.0			Adjusting a	nd Other	23	24	25
		Losses U					ontainment Unpa		Unpa	ıd			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular	Discount	34		ance Sheet fter Discount
		_									
	26	27	28	29	30	31	32	33		35	36
	Direct			Direct					Inter-Company		Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

$\begin{array}{c} \textbf{SCHEDULE P-PART 1R-SECTION 2-PRODUCTS LIABILITY-CLAIMS-MADE} \\ \textbf{(S000 OMITTED)} \end{array}$

	Pr	emiums Ea	rned				Loss and Loss	Expense Payn	nents			12
	1	2	3			Defense a	ind Cost	Adjusting	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Payn	nents			Number of
Years in Which				4	5	6	7	8	9	Salvage		Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Total Net Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. 2023												
11. 2024												
12. Totals	XXX	XXX	XXX									XXX

						10.0			Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defense	e and Cost Co	ontainment Unpa	id	Unpa	id			Number of
	Case	Basis	Bulk + I	BNR	Case Ba	sis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.				1									

	Losses and	Total Loss Expens	es Incurred	Loss and I	oss Expense Ped/Premiums Ea	ercentage	Nontabular	Discount	34		ance Sheet fter Discount
	26	27	28	29	30	31	32	33		35	36
	Direct		20	Direct	30	31	32	33	Inter-Company	33	Loss
	and			and				Loss	Pooling Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	P	remiums E	arned				Loss and Lo	ss Expense Pay	yments			12
	1	2	3			Defense a	nd Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. 2020												XXX
8. 2021												XXX
9. 2022												XXX
10. 2023												XXX
11. 2024												XXX
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defense	e and Cost Co	ontainment Un	oaid	Adjusting a	and Other aid	23	24	25 Number of
	Case Ba	sis	Bulk +	IBNR	Case I	Basis	Bulk + I	BNR	21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12.										1			1

		Total		Loss and I	oss Expense Pe	ercentage			34		lance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	d/Premiums Ea	arned)	Nontabular	Discount		Reserves A	After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct					Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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 1T - WARRANTY (\$000 OMITTED)

	P	remiums E	arned				Loss and Lo	ss Expense Pay	ments			12
	1	2	3			Defense a	and Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containmen	t Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												
3. 2016												
4. 2017												
5. 2018												
6. 2019												
7. 2020												
8. 2021												
9. 2022												
10. 2023												
11. 2024	*****	*****	*****									*****
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unnaid		Defense	e and Cost Co	ontainment Un	naid	Adjusting a Unp	and Other	23	24	25
	Case Ba		Bulk +	IBNR	Case I		Bulk + I		21	22		Total Net	Number of Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
0													
/													
8													
9													
10 11.													
12.													

		Total		Loss and L	oss Expense Pe	ercentage	N . 1 1 1	D: .	34		lance Sheet
	Losses and	Loss Expens	es Incurred	(Incurre	d/Premiums Ea	irned)	Nontabular 1	Discount		Reserves A	After Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
	Direct			Direct					Pooling		Loss
	and			and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		



	P	remiums Ea	arned				Loss and Lo	ss Expense Pay	ments			12
	1	2	3			Defense a	nd Cost	Adjusting a	and Other	10	11	
				Loss Pay	ments	Containment	Payments	Paym	ents			Number of
Years in Which				4	5	6	7	8	9	Salvage	Total Net	Claims Reported
Premiums Were	Direct			Direct		Direct		Direct		and	Paid	Direct
Earned and Losses	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	and
Were Incurred	Assumed	Ceded	(Cols. 1 – 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2015												XXX
3. 2016												XXX
4. 2017												XXX
5. 2018												XXX
6. 2019												XXX
7. 2020												XXX
8. 2021												XXX
9. 2022												XXX
10. 2023												XXX
11. 2024												XXX
12. Totals	XXX	XXX	XXX									XXX

		-			ъ.	10.0			Adjusting a Unp	and Other	23	24	25
		Losses		TD3 ID			ontainment Un						Number of
	Case Ba		Bulk +		Case I		Bulk + I		21	22		Total Net	Claims
	13	14	15	16	17	18	19	20			Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
<mark>I I</mark> .													
<u>12</u> .													l

	Losses and	Total Loss Expens	es Incurred		oss Expense Ped/Premiums Ea		Nontabular l	Discount	34		lance Sheet After Discount
	26 Direct	27	28	29 Direct	30	31	32	33	Inter-Company Pooling	35	36 Loss
	and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX	2005	Expense	XXX	Ciipaid	- Onpara
2											
3											
4											
5											
6											
7											
8				•••••							
9											
10 11.											
<mark>12</mark> .	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

	INC	CURRED NET	LOSSES AND I	DEFENSE AND	COST CONTAI	INMENT EXPE	NSES REPORTE	ED AT YEAR-EN	ND (\$000 OMIT	TED)	DEVELO	PMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>	Year	Year
1. Prior												
2. <mark>2015</mark>												
3. <mark>2016</mark>	XXX											
4. <mark>2017</mark>	XXX	XXX										
5. <mark>2018</mark>	XXX	XXX	XXX									
6. <mark>2019</mark>	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

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

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

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

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

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

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

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

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

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

	INC	CURRED NET	LOSSES AND I	DEFENSE AND	COST CONTAI	INMENT EXPE	NSES REPORTE	ED AT YEAR-EI	ND (\$000 OMIT	TED)	DEVELO	PMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX											
10. 2023	XXX				XXX							
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
		-		-		-			-	12. Totals		

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

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

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

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

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

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

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

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

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

	INCU	URRED NET LO	OSSES AND DE	FENSE AND C	OST CONTAIN	MENT EXPENS	SES REPORTEI	O AT YEAR-EN	D (\$000 OMIT	ΓED)	DEVELO	PMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
									•	12. Totals		

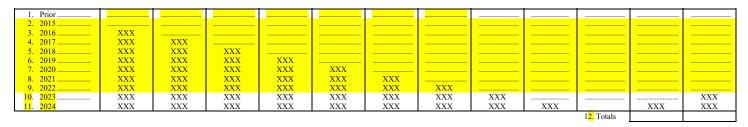
SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 2K - FIDELITY, SURETY

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

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



SCHEDULE P - PART 2M - INTERNATIONAL

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

SCHEDULE P – PART 2N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	INC	CURRED NET	LOSSES AND I	DEFENSE AND	COST CONTAI	NMENT EXPE	NSES REPORTE	ED AT YEAR-EN	ND (\$000 OMIT	TED)	DEVELO	OPMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. <mark>2015</mark>												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 20 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

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

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

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

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

	INC	CURRED NET	LOSSES AND I	DEFENSE AND	COST CONTAI	NMENT EXPE	NSES REPORTE	ED AT YEAR-E	ND (\$000 OMIT	TED)	DEVELO	PMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which											One	Two
Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. 2015												
3. <mark>2016</mark>	XXX											
4. 2017	XXX	XXX										
5. <mark>2018</mark>	XXX	XXX	XXX									
6. <mark>2019</mark>	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12 Totals		

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

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

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

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

SCHEDULE P – PART 2T – WARRANTY



SCHEDULE P – PART 2U – PET INSURANCE PLANS

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

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

	CUMULAT	TIVE PAID NET	LOSSES AND	DEFENSE ANI	O COST CONTA	INMENT EXI	PENSES REPOR	TED AT YEAR-	END (\$000 O	MITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	
											Claims	Number of
Years in Which											Closed	Claims Closed
Losses Were											With Loss	Without Loss
Incurred	<mark>2015</mark>	<mark>2016</mark>	2017	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Payment	Payment
1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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

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

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

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

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

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1.	Prio	r	000									 	
2.	<mark>2015</mark>	5										 	
3.	$\frac{2016}{}$		XXX									 	
4.	2017	⁷	XXX	XXX								 	
5.	2018	3	XXX	XXX	XXX							 	
6.	2019	·	XXX	XXX	XXX	XXX						 	
7.	2020)	XXX	XXX	XXX	XXX	XXX					 	
8.	2021		XXX	XXX	XXX	XXX	XXX	XXX				 	
9.	2022		XXX	XXX	XXX	XXX	XXX	XXX	XXX			 	
10.	2023	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 	
11.	<mark>2024</mark>	ļ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

	CUMULAT	TIVE PAID NET	LOSSES AND	DEFENSE ANI	O COST CONTA	INMENT EXI	PENSES REPOR	TED AT YEAR-	END (\$000 O	MITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	
											Claims	Number of
Years in Which											Closed	Claims Closed
Losses Were											With Loss	Without Loss
Incurred	<mark>2015</mark>	<mark>2016</mark>	2017	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>	Payment	Payment
1. Prior	000											
2. 2015												
3. <mark>2016</mark>	XXX											
4. 2017	XXX	XXX										
5. <mark>2018</mark>	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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

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

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

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

1.	Prior	r	000									 	
2.	2015	·										 	
3.	2016		XXX									 	
4.	2017	⁷	XXX	XXX								 	
5.	2018	3	XXX	XXX	XXX							 	
6.	2019	·	XXX	XXX	XXX	XXX						 	
7.	2020)	XXX	XXX	XXX	XXX	XXX					 	
8.	2021		XXX	XXX	XXX	XXX	XXX	XXX				 	
9.	2022		XXX	XXX	XXX	XXX	XXX	XXX	XXX			 	
10.	2023	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 	
11.	<mark>2024</mark>	ļ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

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

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

	CUMULAT	TIVE PAID NET	LOSSES AND	DEFENSE AN	D COST CON	ΓAINMENT EX	PENSES REPO	RTED AT YEA	R-END (\$000	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
											Claims Closed	Claims Closed
Years in Which											With Loss	Without Loss
Losses Were Incurred	2015	<mark>2016</mark>	2017	<mark>2018</mark>	<mark>2019</mark>	2020	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Payment	Payment
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 3M - INTERNATIONAL

	. Prior	000									 XXX	XXX
1	. 2015										 XXX	XXX
3	. <mark>2016</mark>	XXX									 XXX	XXX
4	. <mark>2017</mark>	XXX	XXX								 XXX	XXX
1 :	. <mark>2018</mark>	XXX	XXX	XXX							 XXX	XXX
	. <mark>2019</mark>	XXX	XXX	XXX	XXX						 XXX	XXX
1	. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					 XXX	XXX
	. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				 XXX	XXX
9	. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			 XXX	XXX
10	. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
1	. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P – PART 3N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	CUMULAT	TIVE PAID NET	LOSSES AND	DEFENSE ANI	O COST CONTA	INMENT EXI	PENSES REPOR	TED AT YEAR-	END (\$000 O	MITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	
											Claims	Number of
Years in Which											Closed	Claims Closed
Losses Were											With Loss	Without Loss
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000										XXX	XXX
2. <mark>2015</mark>											XXX	XXX
3. <mark>2016</mark>	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. <mark>2018</mark>	XXX	XXX	XXX								XXX	XXX
6. <mark>2019</mark>	XXX	XXX	XXX	XXX							XXX	XXX
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 30 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

1.	Prior	 000									 XXX	XXX
2.	2015	 									 XXX	XXX
3.	201 <i>6</i>	 XXX									 XXX	XXX
4.	2017	 XXX	XXX								 XXX	XXX
5.	2018	 XXX	XXX	XXX							 XXX	XXX
6.	2019	 XXX	XXX	XXX	XXX						 XXX	XXX
7.	2020	 XXX	XXX	XXX	XXX	XXX					 XXX	XXX
8.	2021	 XXX	XXX	XXX	XXX	XXX	XXX				 XXX	XXX
9.	2022	 XXX	XXX	XXX	XXX	XXX	XXX	XXX			 XXX	XXX
10.	2023	 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	<mark>2024</mark>	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
1	2. <mark>2015</mark>										 XXX	XXX
3	3. <mark>2016</mark>	XXX									 XXX	XXX
4	ł. <mark>2017</mark>	XXX	XXX								 XXX	XXX
4	5. 2018	XXX	XXX	XXX							 XXX	XXX
(5. 2019	XXX	XXX	XXX	XXX						 XXX	XXX
1	7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					 XXX	XXX
8	3. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				 XXX	XXX
ç). <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			 XXX	XXX
10). <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
1.11	l. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

P/C

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

	CUMULAT	TIVE PAID NE	T LOSSES AND	DEFENSE AN	ID COST CON	TAINMENT EX	PENSES REPO	RTED AT YEA	AR-END (\$000	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
											Claims Closed	Claims Closed
Years in Which											With Loss	Without Loss
Losses Were Incurred	2015	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Payment	Payment
1. Prior	000											
2. <mark>2015</mark>												
3. <mark>2016</mark>	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX							
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX						
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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

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

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

SCHEDULE P - PART 3T - WARRANTY

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

SCHEDULE P – PART 3U – PET INSURANCE PLANS

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

SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS

	BU	JLK AND IBNR RE	SERVES ON NET	LOSSES AND DE	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-E	ND (\$000 OMITTE	(D)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	202 <mark>4</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

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

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

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

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

	BU	ILK AND IBNR RE	ESERVES ON NET	LOSSES AND DE	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-E	ND (\$000 OMITTE	ED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. <mark>2015</mark>										
3. <mark>2016</mark>	XXX									
4. <mark>2017</mark>	XXX	XXX								
5. <mark>2018</mark>	XXX	XXX	XXX							
6. <mark>2019</mark>	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

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

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

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

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

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

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

	BU	LK AND IBNR RE	SERVES ON NET	LOSSES AND DEI	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-I	END (\$000 OMITT	ED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
.10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 4M - INTERNATIONAL

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

SCHEDULE P – PART 4N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	BU	JLK AND IBNR RE	ESERVES ON NET	LOSSES AND DE	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-E	ND (\$000 OMITTE	ED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 40 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

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

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

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

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

	BU	LK AND IBNR RE	SERVES ON NET	LOSSES AND DE	FENSE AND COST	CONTAINMENT	EXPENSES REPO	RTED AT YEAR-E	ND (\$000 OMITTE	ED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. <mark>2015</mark>										
3. <mark>2016</mark>	XXX									
4. <mark>2017</mark>	XXX	XXX								
5. <mark>2018</mark>	XXX	XXX	XXX							
6. <mark>2019</mark>	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

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

SCHEDULE P – PART 4T - WARRANTY

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

SCHEDULE P – PART 4U – PET INSURANCE PLANS

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

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS

SECTION 1

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

	_		CUM	ULATIVE NUMB	ER OF CLAIMS (CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Yea	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earn	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	<mark>2018</mark>	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Years in	n Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned a	and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. P	rior										
2. <mark>2</mark> 0	015										
3. <mark>20</mark>	016	XXX									
4. <mark>20</mark>	017	XXX	XXX								
5. <mark>2</mark> 0	018	XXX	XXX	XXX							
6. <mark>20</mark>	019	XXX	XXX	XXX	XXX						
7. <mark>2</mark> 0	020	XXX	XXX	XXX	XXX	XXX					
8. <mark>2</mark> 0	021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2</mark> 0	022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. <mark>20</mark>	023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 20	024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	<mark>2015</mark>										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

				CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiu	ıms Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were	e Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior											
2. 2015											
3. 2016		XXX									
4. 2017		XXX	XXX								
5. 2018		XXX	XXX	XXX							
6. 2019		XXX	XXX	XXX	XXX						
7. 2020		XXX	XXX	XXX	XXX	XXX					
8. 2021		XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022		XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5E – COMMERCIAL MULTIPLE PERIL

SECTION 1

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1A

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1B

	_		CUM	ULATIVE NUMB	ER OF CLAIMS (CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Yea	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earn	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	<mark>2018</mark>	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

				NUMI	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earn	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1B

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

	_			NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

				CHAGILATI	VE MUMBER OF	CL ADAC DEDOD	TED DIDECT AND	D ASSUMED AT	VEAD END		
				CUMULATI	VE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	I EAR-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	<mark>2018</mark>	<mark>2019</mark>	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1B

		CUM	ULATIVE NUMB	ER OF CLAIMS (CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	<mark>2020</mark>	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	. XXX									
4. 2017	. XXX	XXX								
5. 2018	. XXX	XXX	XXX							
6. 2019	. XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	. XXX	XXX	XXX	XXX	XXX					
8. 2021	. XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	. XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	. XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

				NUMI	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
Year	rs in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earn	ed and Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

			CUMULAT	IVE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	D ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5T – WARRANTY

SECTION 1

			CUM	ULATIVE NUMB	ER OF CLAIMS O	CLOSED WITH LO	OSS PAYMENT D	IRECT AND ASS	UMED AT YEAR	-END	
Years in Wh	nich Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and L	Losses Were Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior											
2. 2015											
3. 2016		XXX									
4. 2017		XXX	XXX								
5. 2018		XXX	XXX	XXX							
6. 2019		XXX	XXX	XXX	XXX						
7. 2020		XXX	XXX	XXX	XXX	XXX					
8. 2021		XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022		XXX	XXX	XXX	XXX	XXX	XXX	XXX			
.10. 2023		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

				NUME	BER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEAR	R-END		
	Vhich Premiums Were I Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 <mark>2021</mark>	8 2022	9 <mark>2023</mark>	10 2024
 Prior 	т										
2. 2015	5										
3. 2016	6	XXX									
4. 2017	7	XXX	XXX								
5. 2018	8	XXX	XXX	XXX							
6. 2019	9	XXX	XXX	XXX	XXX						
7. 2020	0	XXX	XXX	XXX	XXX	XXX					
8. 2021	1	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	2	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
.10. 2023	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			CUMULATI	VE NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ID ASSUMED AT	YEAR-END		
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10
Earned and Losses Were Incurred	<mark>2015</mark>	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX									
10. 2023	XXX									
11. 2024	XXX									

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

SECTION 1

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	ned and Losses Were Incurred	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

				CUMULA'	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)	_		11
	ears in Which Premiums Were rned and Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 <mark>2019</mark>	6 <mark>2020</mark>	7 2021	8 <mark>2022</mark>	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION) SECTION 1

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
Ye	ars in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	ned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

				CUMULA	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)			11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	<mark>2017</mark>	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	2024	Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6E – COMMERCIAL MULTIPLE PERIL

SECTION 1

			CUM	IULATIVE PRE	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	TED)		11
	ears in Which Premiums Were rned and Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 <mark>2019</mark>	6 <mark>2020</mark>	7 <mark>2021</mark>	8 <mark>2022</mark>	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

				CUMULA'	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)	_		11
	ears in Which Premiums Were rned and Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 <mark>2019</mark>	6 <mark>2020</mark>	7 2021	8 <mark>2022</mark>	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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

			CUM	IULATIVE PRE	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2A

				CUMULA	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)			11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	<mark>2017</mark>	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	2024	Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	ned and Losses Were Incurred	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2B

				CUMULA'	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)	_		11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>	Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	TED)		11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	2020	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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

				CUMULA'	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)			11
	ears in Which Premiums Were rned and Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 2019	6 <mark>2020</mark>	7 <mark>2021</mark>	8 <mark>2022</mark>	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

SECTION 1

			CUM	IULATIVE PRE	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
Year	s in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Earne	ed and Losses Were Incurred	2015	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	Premiums Earned
1. I	Prior											
2. 2	2015											
3.	2016	XXX										
4. 2	2017	XXX	XXX									
5. 2	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7. 2	2020	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. I	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

				CUMULA'	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)			11
Ye	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	rned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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 60 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

SECTION 1

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
	ears in Which Premiums Were rned and Losses Were Incurred	1 2015	2 2016	3 2017	4 2018	5 <mark>2019</mark>	6 <mark>2020</mark>	7 2021	8 2022	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	<mark>2017</mark>	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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

				CUMULA	TIVE PREMIU	MS EARNED C	EDED AT YEA	AR-END (\$000	OMITTED)			11
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	2020	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

			CUM	IULATIVE PRI	EMIUMS EARN	NED DIRECT A	ND ASSUMED	AT YEAR-EN	D (\$000 OMIT	ΓED)		11
Ye	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	ned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2A

	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)									11		
	Years in Which Premiums Were Earned and Losses Were Incurred		2 2016	3 2017	4 2018	5 <mark>2019</mark>	6 <mark>2020</mark>	7 2021	8 <mark>2022</mark>	9 <mark>2023</mark>	10 2024	Current Year Premiums Earned
1.	Prior											
2.	2015											
3.	2016	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

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

SECTION 1B

	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11	
Ye	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	rned and Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2B

	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11	
Y	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ea	rned and Losses Were Incurred	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	<mark>2023</mark>	2024	Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	2017	XXX	XXX									
5.	2018	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

		1	2	3	4	-	
		1	Net Losses and	3	4	3	0
		Total Net Losses	Expenses Unpaid			Net Premiums	
		and	on Loss	Loss Sensitive as	Total Net	Written on Loss	Loss Sensitive as
	Schedule P—Part 1	Expenses Unpaid	Sensitive Contracts	Percentage of Total	Premiums Written	Sensitive Contracts	Percentage of Total
-		Expenses Onpaid	Sensitive Contracts	refeemage of Total	ricillulis withen	Schsilive Contracts	refeemage of Total
1.	Homeowners/Farmowners						
2.	Private Passenger Auto Liability/Medical						
3.	Commercial Auto/Truck Liability/Medical						
4.	Workers' Compensation						
5.	Commercial Multiple Peril						
6.	Medical Professional Liability—Occurrence						
7.	Medical Professional Liability—Claims-made						
8.	Special Liability						
9.	Other Liability—Occurrence						
10.	Other Liabilities—Claims-made						
11.	Special Property						
12.	Auto Physical Damage						
13.	Fidelity/ Surety						
14.	Other						
15.	International						
16.	Reinsurance-Nonproportional Assumed						
	Property	XXX	XXX	XXX	XXX	XXX	XXX
17.	Reinsurance-Nonproportional Assumed						
	Liability	XXX	XXX	XXX	XXX	XXX	XXX
18.	Reinsurance-Nonproportional Assumed						
	Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19.	Products Liability—Occurrence						
20.	Products Liability—Claims-made						
21.	Financial Guaranty/Mortgage Guaranty						
22.	Warranty						
23.	Pet Insurance Plans						
24.	Totals						
<u> </u>	TOMIS				l	l	

SECTION 2

		INCURREI	LOSSES AND D	DEFENSE AND C	OST CONTAINM	ENT EXPENSES	REPORTED AT Y	EAR-END (\$000	OMITTED)	
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

		BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10			
Policies Were Issued	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	2024			
1. Prior													
2. 2015													
3. <mark>2016</mark>	XXX												
4. 2017	XXX	XXX											
5. 2018	XXX	XXX	XXX										
6. 2019	XXX	XXX	XXX	XXX									
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX								
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX							
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

SECTION 4

			NE	Γ EARNED PREM	IUMS REPORT	ED AT YEAR-EN	ND (\$000 OMITT	ED)		
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	2024
1. Prior										
2. 2015										
3. <mark>2016</mark>	XXX									
4. <mark>2017</mark>	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			NET RESERVE	FOR PREMIUM .	ADJUSTMENTS	AND ACCRUED	RETROSPECTI	VE PREMIUMS A	AT YEAR-END (\$000 OMITTED)	
Ye	ars in Which	1	2	3	4	5	6	7	8	9	10
Polici	ies Were Issued	2015	2016	2017	2018	<mark>2019</mark>	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

—		1	2	3	4	5	6
		1	Net Losses and	J	•	,	· ·
		Total Net Losses	Expenses Unpaid			Net Premiums	
		and	on Loss	Loss Sensitive as	Total Net	Written on Loss	Loss Sensitive as
	Schedule P—Part 1	Expenses Unpaid	Sensitive Contracts	Percentage of Total	Premiums Written	Sensitive Contracts	Percentage of Total
1.	Homeowners/Farmowners						
2.	Private Passenger Auto Liability/Medical						
3.	Commercial Auto/Truck Liability/Medical						
4.	Workers' Compensation						
5.	Commercial Multiple Peril						
6.	Medical Professional Liability—Occurrence						
7.	Medical Professional Liability—Claims-made						
8.	Special Liability						
9.	Other Liability—Occurrence						
10.	Other Liability—Claims-made						
11.	Special Property						
12.	Auto Physical Damage						
13.	Fidelity/ Surety						
14.	Other						
15.	International						
16.	Reinsurance-Nonproportional Assumed						
	Property						
17.	Reinsurance-Nonproportional Assumed						
	Liability						
18.	Reinsurance-Nonproportional Assumed						
	Financial Lines						
19.	Products Liability—Occurrence						
20.	Products Liability—Claims-made						
21.	Financial Guaranty/Mortgage Guaranty						
22.	Warranty						
23.	Pet Insurance Plans						
<mark>24</mark> .	Totals						

SECTION 2

		INCURRED	LOSSES AND D	EFENSE AND CO	OST CONTAINM	ENT EXPENSES	REPORTED AT Y	EAR-END (\$000	OMITTED)	
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	2016	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

	BULK AND IN	CURRED BUT N	OT REPORTED I	RESERVES FOR	LOSSES AND DE	FENSE AND CO	ST CONTAINME	NT EXPENSES A	T YEAR-END (\$	000 OMITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
1. Prior										
2. <mark>2015</mark>										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. <mark>2018</mark>	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

			NET E	ARNED PREM	IUMS REPORT	ED AT YEAR-I	END (\$000 OMI	TTED)		
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	<mark>2016</mark>	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	2022	2023	<mark>2024</mark>
1. Prior										
2. <mark>2015</mark>										
3. <mark>2016</mark>	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. <mark>2019</mark>	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

		NET I	RESERVE FOR	PREMIUM AD	JUSTMENTS A	ND ACCRUED	RETROSPECT	IVE PREMIUM	IS AT YEAR-E	ND (\$000 OMIT	TED)
Year	rs in Which	1	2	3	4	5	6	7	8	9	10
Policie	s Were Issued	2015	2016	2017	2018	<mark>2019</mark>	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

			INCURRED AI	DJUSTABLE CO	OMMISSIONS I	REPORTED AT	YEAR-END (\$	000 OMITTED)		
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. <mark>2015</mark>										
3. 2016	XXX									
4. <mark>2017</mark>	XXX	XXX								
5. <mark>2018</mark>	XXX	XXX	XXX							
6. <mark>2019</mark>	XXX	XXX	XXX	XXX						
7. <mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

				RESERVES	FOR COMMIS	SION ADJUST	MENTS AT YE	AR-END (\$000	OMITTED)		
Years in Whic	ch	1	2	3	4	5	6	7	8	9	10
Policies Were Issu	ued	<mark>2015</mark>	<mark>2016</mark>	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>
1. Prior											
2. 2015											
3. <mark>2016</mark>		XXX									
		XXX	XXX								
5. <mark>2018</mark>		XXX	XXX	XXX							
6. <mark>2019</mark>		XXX	XXX	XXX	XXX						
7. <mark>2020</mark>		XXX	XXX	XXX	XXX	XXX					
8. <mark>2021</mark>		XXX	XXX	XXX	XXX	XXX	XXX				
9. <mark>2022</mark>		XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1.	The following questions relate to yet-to-be-issued Extended Rep Medical Professional Liability Claims Made insurance policies.				
1.1	Does the company issue Medical Professional Liability Claims "ERE") benefits in the event of Death, Disability, or Retirement If the answer to question 1.1 is "no", leave the following question	Made insurance policies that provide tail (also known a (DDR) at a reduced charge or at no additional cost?	as an extended reporting endorsement, or	Yes [] No []]
1.2	What is the total amount of the reserve for that provision (DDR	* * * * * * * * * * * * * * * * * * * *	~ .	\$	
1.3	Does the company report any DDR reserve as Unearned Premiu		,	Yes [] No []	1
1.4	Does the company report any DDR reserve as loss or loss adjust	*		Yes [] No []	
1.5	If the company reports DDR reserve as Unearned Premium Res	•	riting and Investment Exhibit, Part 1A -	Yes [] No []	•
	Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 p		Thing and investment Estimoti, Fact 111	100[] 110[]][]
1.6	If the company reports DDR reserve as loss or loss adjustment reported in Schedule P:	expense reserve, please complete the following table c	orresponding to where these reserves are		
		DDR Rese	rve Included in		
			edical Professional Liability osses and Expenses Unpaid		
	Years in Which Premiums Were Earned and	1	2		
	Losses Were Incurred	Section 1: Occurrence	Section 2: Claims-Made		
	1.601 Prior				
	1.603 <mark>2016</mark>				
	1.604 <mark>2017</mark> 1.605 <mark>2018</mark>				
	1.606 <mark>2019</mark> 1.607 <mark>2020</mark>				
	1.608 <mark>2021</mark>				
	1.609 2022 1.610 2023				
	1.611				
	1.012 Totals		I .		
2.	The definition of allocated loss adjustment expenses (ALAE) a 1998. This change in definition applies to both paid and ur "Adjusting and Other") reported in compliance with these defini	npaid expenses. Are these expenses (now reported a		Yes [] No []]
3.	The Adjusting and Other expense payments and reserves shot reported, closed and outstanding in those years. When allocatin expense should be allocated in the same percentage used for the should be reported according to the reinsurance contract. For count information is not available, Adjusting and Other exper Interrogatory 7, below. Are they so reported in this Statement?	g Adjusting and Other expense between companies in a the loss amounts and the claim counts. For reinsurers Adjusting and Other expense incurred by reinsurers, or	group or a pool, the Adjusting and Other s, Adjusting and Other expense assumed in those situations where suitable claim	Yes [] No []]
4.	Do any lines in Schedule P include reserves that are reported discounts on Page 10?	gross of any discount to present value of future payer	ments, and that are reported net of such	Yes [] No []]
	If yes, proper disclosure must be made in the Notes to Financial Part 1, Columns 32 and 33.	Statements, as specified in the Instructions. Also, the d	iscounts must be reported in Schedule P -		
	Schedule P must be completed gross of non-tabular discounting	* *	• •		
	Discounting is allowed only if expressly permitted by the state i	•	•		
5.	What were the net premiums in force at the end of the year for:		elity	\$	
_	(in thousands of dollars)	5.2 Sur	ety	\$	
6.	Claim count information is reported per claim or per claimant (i	ndicate which).			
7.1	If not the same in all years, explain in Interrogatory 7.	manage to action to the adequate of the assument less as			
7.1	The information provided in Schedule P will be used by many Are there any especially significant events, coverage, retention of			Yes [] No []]
7.2	An extended statement may be attached				
				•	

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

		1	C D :	T 1 1' D 1'	1 1	-	-	7	0	9
		1	Premiums and	Fees Less Return I Premiums on Not Taken	4 Dividends Paid	5	6	7	8 Finance and Service	Direct Premium Written for Federal
			2	3	or Credited to				Charges	Purchasing
			Direct	Direct	Policyholders				Not	Groups
		Active Status	Premiums	Premiums	on	Direct Losses Paid	Direct Losses	Direct Losses	Included in	(Included in
	States, Etc.	(a)	Written	Earned	Direct Business	(Deducting Salvage)	Incurred	Unpaid	Premiums	Col. 2)
1.	AlabamaAL									
2.	AlaskaAK									
3.	ArizonaAZ									
	Arkansas AR									
	CaliforniaCA									
	ColoradoCO									
7.	ConnecticutCT									
-	DelawareDE									
	Dist. Columbia									
	FloridaFL									
	GeorgiaGA									
	HawaiiHI IdahoID									
	Illinois IL IndianaIN									
	IowaIA									
	KansasKS									
	KentuckyKY									
	LouisianaLA									
	Maine ME									
	MarylandMD									
	MassachusettsMA									
	MichiganMI									
24.	Minnesota MN									
	MississippiMS									
26.	Missouri MO									
27.	MontanaMT									
	NebraskaNE									
	NevadaNV									
	New HampshireNH									
	New JerseyNJ									
	New MexicoNM									
	New YorkNY									
	No. Carolina									
	No. DakotaND									
	Ohio OH									
	OklahomaOK OregonOR									
	PennsylvaniaPA									
	Rhode Island R									
	So. CarolinaSC					***************************************				
	So. DakotaSD									
	TennesseeTN									
44.	TexasTX									
	UtahUT									
	VermontVT									
	VirginiaVA									
48.	WashingtonWA									
	West VirginiaWV									
	WisconsinWI									
	WyomingWY									
	American SamoaAS									
	Guam									
	Puerto Rico									
	U.S. Virgin IslandsVI Northern Mariana Islands MP									
	Canada CAN									
	Aggregate other alienOT	XXX								
	Totals	XXX			H					
	AILS OF WRITE-INS	ΛΛΛ			 					
		XXX								
58001		XXX								
		XXX								
	. Sum. of remaining write-ins									
23770	for Line 58 from overflow				1					
	page	XXX								
58999	. Totals (Lines 58001 through									***************************************
	58003+58998) (Line 58 above)	XXX			<u> </u>					
	(a) Active Status Counts:	•		-	•					

(a)	Active	Status	Counts

1.	L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	 4.	Q - Qualified - Qualified or acc
		5.	D - Domestic Surplus Lines In

Q – Qualified - Qualified or accredited reinsurer...
D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus lines in the state of domicile. R – Registered - Non-domiciled RRGs......
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)..... $N-N one of the above - Not allowed to write business in the state <math display="inline">\ldots \ldots$

 $[\]begin{tabular}{ll} \textbf{(b) Explanation of basis of allocation of premiums by states, etc.} \end{tabular}$

SCHEDULE T – PART 2

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

				Direct Bus	siness Only		
		1	2	3	4	5	6
		Life	Annuities	Disability Income	Long-Term Care	-	
		(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	marviduar)	individual)	· · · · · · · · · · · · · · · · · · ·	marvidual)		Totals
2.	Alaska AK						
3.							
3. 4.	Arizona						
5.	California CA						
6.							
7.	Colorado						
8.	Delaware DE						
9.	District of Columbia						
10.	FloridaFL						
11.							
	Georgia						
12.	Hawaii						
13.	IdahoID						
14.	IllinoisIL						
15.	IndianaIN						
16.	IowaIA						
17.	Kansas						
18.	KentuckyKY						
19.	Louisiana LA						
20.	MaineME						
21.	Maryland MD						
22.	Massachusetts						
23.	MichiganMI						
24.	MinnesotaMN						
25.	MississippiMS						
26.	Missouri MO						
27.	MontanaMT						
28.	NebraskaNE						
29.	NevadaNV						
30.	New HampshireNH						
31.	New JerseyNJ						
32.	New MexicoNM						
33.	New YorkNY						
34.	North CarolinaNC						
35.	North DakotaND						
36.	OhioOH						
37.	OklahomaOK						
38.	OregonOR						
39.	PennsylvaniaPA						
40.	Rhode IslandRI						
41.	South CarolinaSC						
42.	South DakotaSD						
43.	Tennessee TN						
44.	TexasTX						
45.	Utah UT						
46.	VermontVT						
47.	VirginiaVA						
48.	WashingtonWA						
49.	West VirginiaWV						
50.	WisconsinWI						
51.	WyomingWY						
52.	American SamoaAS						
53.	GuamGU			l			
54.	Puerto RicoPR						
55.	U.S. Virgin Islands						
56.	Northern Mariana IslandsMP						
57.	Canada CAN						
58.	Aggregate Other AlienOT						
59.	Totals						
57.	10000		1	1	I		

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

PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		l													

Asterisk	Explanation

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
					Purchases,							
					Sales or							
					Exchanges of	Income/				Any Other		
					Loans,	(Disbursements)				Material		Reinsurance
					Securities,	Incurred in				Activity Not		Recoverable/
					Real Estate,	Connection with	Management	Income/		in the		(Payable) on
37.70		27 07			Mortgage	Guarantees or	Agreements	(Disbursements)		Ordinary		Losses and/or
NAIC	TD.	Names of Insurers	C1 1 11	0 11	Loans or	Undertakings for	and	Incurred Under		Course of the		Reserve Credit
Company Code	ID Number	and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Other	the Benefit of any Affiliate(s)	Service	Reinsurance	*	Insurer's Business	Totals	Taken/ (Liability)
Code	Number	Amnates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements	-	Business	1 otais	(Liability)

9999999 Contro	ol Totals								XXX			

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

Ownership Percentage Column 1 Ownership Percentage Column 1 Ownership Percentage Column 1 (Yes/No) Ultimate Controlling Party U.S. Insurance Groups or Entities Column 5 of Column 5 of Column 6 (Yes/No) (Yes/No) Ultimate Controlling Party U.S. Insurance Groups or Entities Column 5 of Column 6 (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No	1	2	3	4	5	6	7	8
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Ownership Percentage Column 1 (Yes/No) Ultimate Controlling Party U.S. Insurance Groups or Entities Column 5 of Column 5 of Column 5 of Column 6 (Yes/No) Ultimate Controlling Party U.S. Insurance Groups or Entities Column 6 (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes				Disclaimer of				Disclaimer of
Insurers in Holding Company Owners with Greater than 10% Ownership Percentage Column 1 2 of Column 1 (Yes/No) Ultimate Controlling Party U.S. Insurance Groups or Entities Controlled by Column 5 Column 6) (Yes/No) % % % % % % % % % % % % % % % % % %				Control\Affiliation			Ownership	Control\Affiliation
Insurers in Holding Company Owners with Greater than 10% Ownership 2 of Column 1 (Yes/No) Ultimate Controlling Party Controlled by Column 5 Column 6) (Yes/No) Solumn 1			Ownership	of Column 2 Over			Percentage	of Column 5 Over
Insurers in Holding Company Owners with Greater than 10% Ownership 2 of Column 1 (Yes/No) Ultimate Controlling Party Controlled by Column 5 Column 6 (Yes/No)			Percentage Column	Column 1		U.S. Insurance Groups or Entities	(Column 5 of	Column 6
	Insurers in Holding Company	Owners with Greater than 10% Ownership	2 of Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
			%				%	
			%				%	
			%				%	
			%				%	
			%				%	
			%				%	
			%				%	
0/4			%				%	
			%				%	
			%				%	

SUPPLEMENTAL EXHIBITS AND SCHEDULES **INTERROGATORIES**

REQUIRED FILINGS

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

	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	
6.	Will Management's Discussion and Analysis be filed by April 1?	
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1? JUNE FILING	
9.	Will an audited financial report be filed by June 1?	
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	
10.	The continue of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	
your o	SUPPLEMENTAL FILINGS Illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement 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 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 organized provide an organized provide and provide an organized provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and provide and	lieu of filing a "NONE" report
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	
34.	Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	
	AUGUST FILING	
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	
Ex	planation:	

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

			vestment lings			ets as Reported al Statement	
	Investment Categories	1 Amount	Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage of Column 5
1.	Long-term bonds (Schedule D, Part 1):	Amount	Line 13	Amount	Amount	Amount	Line 13
1.	1.01 U.S. governments						
	1.02 All other governments						
	1.03 U.S. states, territories and possessions, etc. guaranteed						
	1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						l
	1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
	1.06 Industrial and miscellaneous						
	1.07 Hybrid securities						
	1.08 Parent, subsidiaries and affiliates						
	1.09 SVO identified funds						
	1.10 Unaffiliated bank loans						
	1.11 Unaffiliated certificates of deposit						
	1.12 Total long-term bonds						
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
	2.01 Industrial and miscellaneous (Unaffiliated)						
	2.02 Parent, subsidiaries and affiliates						
	2.03 Total preferred stocks						
3.	Common stocks (Schedule D, Part 2, Section 2):						
	3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
	3.02 Industrial and miscellaneous Other (Unaffiliated)						
	3.03 Parent, subsidiaries and affiliates Publicly traded						
	3.04 Parent, subsidiaries and affiliates Other						
	3.05 Mutual funds						
	3.06 Unit investment trusts						
	3.07 Closed-end funds						
	3.08 Exchange traded funds						
4.	3.09 Total common stocks						
4.	Mortgage loans (Schedule B):						
	4.01 Farm mortgages						
	4.02 Residential mortgages						
	4.03 Commercial mortgages						
	4.05 Total valuation allowance						
	4.06 Total mortgage loans.						
5.	Real estate (Schedule A):						
٥.	5.01 Properties occupied by company						
	5.02 Properties held for production of income						
	5.03 Properties held for sale						
	5.04 Total real estate						
6.	Cash, cash equivalents and short-term investments:						
	6.01 Cash (Schedule E, Part 1)						l
	6.02 Cash equivalents (Schedule E, Part 2)						
	6.03 Short-term investments (Schedule DA)						
	6.04 Total cash, cash equivalents and short-term investments						
7.	Contract loans						
8.	Derivatives (Schedule DB)						
9.	Other invested assets (Schedule BA)						
10.	Receivables for securities						
11.	Securities lending (Schedule DL, Part 1)				XXX	XXX	XXX
12.	Other invested assets (Page 2, Line 11)		<u> </u>	<u> </u>		<u> </u>	<u> </u>
13.	Total invested assets						

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

2.	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.	3. Current year change in encumbrances:	
	3.1 Totals, Part 1, Column 13	
	3.2 Totals, Part 3, Column 11	
4.	4. Total gain (loss) on disposals, Part 3, Column 18	
5.	5. Deduct amounts received on disposals, Part 3, Column 15	
6.	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.	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.	8. Deduct current year's depreciation:	
	8.1 Totals, Part 1, Column 11	
	8.2 Totals, Part 3, Column 9	
9.		
10.		
11.	1. Statement value at end of current period (Line 9 minus Line 10)	
	SCHEDULE B – VERIFICATION BETWEEN YEARS Mortgage Loans	
1.	1. Book value/recorded investment excluding accrued interest, December 31 of prior year	
2.	2	
	•	
	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
	•	
3.	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
3.	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
	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	
4.	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	
	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	
4.	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	
4. 5.	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	
4.5.6.	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	
4. 5.	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	
4. 5. 6. 7. 8.	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	
4.5.6.	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:	
4. 5. 6. 7. 8.	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 15 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	
4. 5. 6. 7. 8. 9.	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 9.2 Totals, Part 3, Column 13	
4. 5. 6. 7. 8.	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 0. Deduct current year's other-than-temporary impairment recognized:	
4. 5. 6. 7. 8. 9.	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
4. 5. 6. 7. 8. 9.	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	
4. 5. 6. 7. 8. 9.	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 1. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	
4. 5. 6. 7. 8. 9.	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
4. 5. 6. 7. 8. 9. 110.	2.1 Actual cost at time of acquisition (Part 2, Column 7)	
4. 5. 6. 7. 8. 9. 110. 111. 112. 113.	2.1 Actual cost at time of acquisition (Part 2, Column 7) 2.2 Additional investment made after acquisition (Part 2, Column 8)	

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	-	
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	
	Statement value at end of current period (Line 11 minus Line 12)	
13.	SCHEDULE D – VERIFICATION BETWEEN YEARS	
13.	Bonds and Stocks	
1.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7	
1. 2. 3.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7	
1. 2.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2. 3.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7 Accrual of discount Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12	
1. 2. 3.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7 Accrual of discount Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12	
1. 2. 3.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2. 3.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7 Accrual of discount Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12	
1. 2. 3.	Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7 Accrual of discount	
1. 2. 3. 4.	Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7	
1. 2. 3. 4.	Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7 Accrual of discount Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12	
1. 2. 3. 4.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4.	Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7. Accrual of discount Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12	
1. 2. 3. 4.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4.	Bonds and Stocks Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year. Cost of bonds and stocks acquired, Part 3, Column 7. Accrual of discount. 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. Total gain (loss) on disposals, Part 4, Column 19. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7. Deduct amortization of premium. Total foreign exchange in book/adjusted carrying value: 8.1 Part 1, Column 15 8.2 Part 2, Section 2, Column 16 8.4 Part 4, Column 15 Deduct current year's other-than-temporary impairment recognized: 9.1 Part 1, Column 14. 9.2 Part 2, Section 1, Column 17.	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year Cost of bonds and stocks acquired, Part 3, Column 7. Accrual of discount	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year. Cost of bonds and stocks acquired, Part 3, Column 7. Accrual of discount. 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. Total gain (loss) on disposals, Part 4, Column 19 Deduction consideration for bonds and stocks disposed of, Part 4, Column 7. Deduct amortization of premium. 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 1, Column 16 8.4 Part 4, Column 15 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 17 9.3 Part 2, Section 2, Column 14.	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year	
1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value, December 31 of prior year	

SCHEDULE D – SUMMARY BY COUNTRY

Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

			1	2	3	4
5			Book/Adjusted	Fair	Actual	Par Value
Description			Carrying Value	Value	Cost	of Bonds
BONDS	-	II : 10 ·	1		ı	
Governments (including all obligations	1. 2.	United States				
guaranteed by governments)	3.	Other Countries				
guaranteed by governments)	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	8.	United States				
Funds, Unaffiliated Bank Loans, Unaffiliated	9.	Canada				
Certificates of Deposit and Hybrid Securities	10.	Other Countries				
(unaffiliated)	11.	Totals				
Parent, Subsidiaries and Affiliates	12.	Totals				
,	13.	Total Bonds				
PREFERRED STOCKS						
	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.	Canada				
industrial and iviisconancous (unarimated)	16.	Other Countries				
D	17.	Totals				
Parent, Subsidiaries and Affiliates	18.	Totals				
	19.	Total Preferred Stocks				
COMMON STOCKS	1		1		ı	
Industrial and Miscellaneous (unaffiliated),	20.	United States				
Mutual Funds, Unit Investment Trusts, Closed-	21.	Canada				
End Funds and Exchange Traded Funds	22.	Other Countries				
Parent, Subsidiaries and Affiliates	23.	Totals Totals				
rarem, Subsidiaries and Attinates	24. 25.	Total Common Stocks				
	26.	Total Stocks				
	27.	Total Stocks Total Bonds and Stocks				
	41.	i otai Donus and Stocks				

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
		_	-	Over 10			,		,			Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year				Ov. on 20	No Motamita	Total	as a % of				,
NAIC Designation		Through	Through	Through	Over 20	No Maturity	Total		Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
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						
All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
U.S. States, Territories and Poss	sessions, etc., Guar	ranteed										
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX			l			
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
		10				λλλ						
4. U.S. Political Subdivisions of S	tates, Territories ai	na Possessions, Gi	uaranteed									
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 & Specia	l Assessment Oblid	gations etc. Non-	Guaranteed									
5.1 NAIC 1		[l		XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
						XXX						
5.4 NAIC 4												
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
			0 137	0.537	Over 10				0.1.7	T . 1.6	0/ 5	Tr. 4 1	Total
		1.37	Over 1 Year	Over 5 Years	Years	0 20	N. M. toulte	T-4-1	Col. 7	Total from	% From	Total	Privately
	MAIGD : "	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Placed
_	NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
6.	Industrial and Miscellaneous (un		I				NAVA.						
	6.1 NAIC 1						XXX						
	6.2 NAIC 2						XXX						
	6.3 NAIC 3						XXX						
	6.4 NAIC 4						XXX						
	6.5 NAIC 5						XXX						
	6.6 NAIC 6						XXX						
	6.7 Totals						XXX						
7.	Hybrid Securities						373737						
	7.1 NAIC 1						XXX						
	7.2 NAIC 2						XXX						
	7.3 NAIC 3						XXX						
	7.4 NAIC 4						XXX						
	7.5 NAIC 5						XXX						
	7.6 NAIC 6						XXX						
	7.7 Totals						XXX						
8.	Parent, Subsidiaries and Affiliate	es					373737						
	8.1 NAIC 1						XXX						
	8.2 NAIC 2						XXX						
	8.3 NAIC 3						XXX						
	8.4 NAIC 4						XXX						
	8.5 NAIC 5						XXX						
	8.6 NAIC 6						XXX						
	8.7 Totals						XXX						
9.	SVO Identified Funds	*****		*****		*****							
	9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
	9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
	9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
	9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
	9.5 NAIC 5 9.6 NAIC 6	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX							
		XXX											
10	9.7 Totals	XXX	XXX	XXX	XXX	XXX							
10.	Unaffiliated Bank Loans						VVV		J		ĺ		
1	10.1 NAIC 1						XXX						
1	10.2 NAIC 2						XXX						
1	10.3 NAIC 3						XXX						
1	10.4 NAIC 4 10.5 NAIC 5						XXX XXX						
	10.6 NAIC 6						XXX						
1								1			1		
11	10.7 Totals	-14					XXX						
11.	Unaffiliated Certificates of Depo						3/3/3/	1				1	
	11.1 NAIC 1						XXX						
	11.2 NAIC 2						XXX						
	11.3 NAIC 3						XXX						
	11.4 NAIC 4						XXX						
	11.5 NAIC 5						XXX						
	11.6 NAIC 6						XXX					ļ	
	11.7 Totals						XXX]			<u> </u>]	

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 10								Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d)								XXX	XXX		
12.2 NAIC 2	(d)								XXX	XXX		
12.3 NAIC 3	(d)								XXX	XXX XXX		
12.4 NAIC 4	(d)						(a)		XXX	XXX		
12.5 NAIC 5 12.6 NAIC 6	(d) (d)						(c)		XXX XXX	XXX		
12.7 Totals									XXX	XXX		
12.8 Line 12.7 as a % of Col. 7							(b)	XXX	XXX	XXX		
13. Total Bonds Prior Year								AAA	AAA	AAA		
13.1 NAIC 1							XXX	XXX				
13.2 NAIC 2							XXX	XXX				
13.3 NAIC 3							XXX	XXX				
13.4 NAIC 4							XXX	XXX				
13.5 NAIC 5							XXX	XXX	(c)			
13.6 NAIC 6							XXX	XXX	(c)			
13.7 Totals							XXX	XXX	(b)			
13.8 Line 13.7 as a % of Col. 9							XXX	XXX		XXX		
14. Total Publicly Traded Bonds												
14.1 NAIC 1												XXX
14.2 NAIC 2												XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals								VVV	VVV	VVV		XXX
14.8 Line 14.7 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds								ΛΛΛ	ΛΛΛ	ΛΛΛ		ΛΛΛ
15.1 NAIC 1											XXX	
15.1 NAIC 1											XXX	
15.3 NAIC 3											XXX	
15.4 NAIC 4											XXX	
15.5 NAIC 5											XXX	
15.6 NAIC 6											XXX	
15.7 Totals											XXX	
15.8 Line 15.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.9 Line 15.7 as a % of Line												
12.7, Col. 7, Section 12								XXX	XXX	XXX	XXX	
12.7, Col. 7, Section 12	1	1	ı	l	ı	ı	1	70.01	70.01	717.21	72.27	I

a)	Includes \$	freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 14	4 A

⁽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 \$.........

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
	1.37	Over 1 Year	Over 5 Years	Over 10 Years	0 20	37.36	T . 1	Col. 7	Total from	% From	Total	Total
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	as a % of Line 12.09	Col. 7 Prior Year	Col. 8 Prior Year	Publicly Traded	Privately Placed
1. U.S. Governments	or Less	3 Tears	10 Tears	20 Tears	i ears	Date	Current rear	Line 12.09	Prior i ear	Prior rear	Traded	Fraced
1.01 Issuer Obligations						XXX						
1.02 Residential Mortgage-Backed Securities						XXX						
1.03 Commercial Mortgage-Backed Securities						XXX						
1.04 Other Loan-Backed and Structured Securities						XXX						
1.05 Totals						XXX						
2. All Other Governments						AAA						
2. All Other Governments 2.01 Issuer Obligations						XXX						
2.02 Residential Mortgage-Backed Securities						XXX						
2.03 Commercial Mortgage-Backed Securities						XXX						
2.04 Other Loan-Backed and Structured Securities						XXX						
2.05 Totals						XXX						
U.S. States, Territories and Possessions, Guaranteed						AAA						
3.01 Issuer Obligations						XXX						
3.02 Residential Mortgage-Backed Securities						XXX						
3.03 Commercial Mortgage-Backed Securities						XXX						
3.04 Other Loan-Backed and Structured Securities						XXX						
3.05 Totals						XXX						
U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations						XXX						
4.02 Residential Mortgage-Backed Securities						XXX						
4.03 Commercial Mortgage-Backed Securities						XXX						
4.04 Other Loan-Backed and Structured Securities						XXX						
4.05 Totals						XXX						
U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01 Issuer Obligations						XXX						
5.02 Residential Mortgage-Backed Securities						XXX						
5.03 Commercial Mortgage Backed Securities						XXX						
5.04 Other Loan-Backed and Structured Securities						XXX						
5.05 Totals						XXX						
Industrial and Miscellaneous												
6.01 Issuer Obligations						XXX						
6.02 Residential Mortgage-Backed Securities						XXX						
6.03 Commercial Mortgage-Backed Securities						XXX						
6.04 Other Loan-Backed and Structured Securities						XXX						
6.05 Totals						XXX						
7. Hybrid Securities							_			_		
7.01 Issuer Obligations						XXX						
7.02 Residential Mortgage-Backed Securities						XXX						
7.03 Commercial Mortgage-Backed Securities						XXX						
7.04 Other Loan-Backed and Structured Securities						XXX						
7.05 Totals						XXX						
Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations						XXX						
8.02 Residential Mortgage-Backed Securities						XXX						
8.03 Commercial Mortgage-Backed Securities						XXX						
8.04 Other Loan-Backed and Structured Securities						XXX						
8.05 Affiliated Bank Loans – Issued						XXX						
8.06 Affiliated Bank loans – Acquired						XXX						
8.07 Totals						XXX					ļ	<u> </u>

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
		Over 1 Year	Over 5 Years	Over 10 Years		-		Col. 7	Total from	% From	Total	Total
	1 Year	Through	Through	Through	Over	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Privately
Distribution by Type	or Less	5 Years	10 Years	20 Years	20 Years	Date	Current Year	Line 12.09	Prior Year	Prior Year	Traded	Placed
SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ							
10.01 Unaffiliated Bank Loans - Issued						XXX						
10.02 Unaffiliated Bank Loans - Acquired						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations						XXX			XXX	XXX		
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit	1]	· · · · · · · · · · · · · · · · · · ·	I	XXX		1	XXX	XXX	· · · · · · · · · · · · · · · · · · ·	1
12.09 Totals			İ	İ					XXX	XXX		İ
12.10 Lines 12.09 as a % Col. 7								XXX	XXX	XXX		
13. Total Bonds Prior Year								70.01	71.71	72.22		
13.01 Issuer Obligations						XXX	XXX	XXX				
						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX XXX				
13.04 Other Loan-Backed and Structured Securities	3/3/3/	373737	373737	373737	3/3/3/	XXX	XXX					
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	373737	XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals							XXX	XXX				
13.10 Line 13.09 as a % of Col. 9							XXX	XXX		XXX		
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations						XXX						XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans						XXX						XXX
14.07 Unaffiliated Bank Loans						XXX						XXX
14.08 Unaffiliated Certificates of Deposit				<u> </u>	<u> </u>	XXX		<u> </u>	<u> </u>		<u> </u>	XXX
14.09 Totals												XXX
14.10 Line 14.09 as a % of Col. 7								XXX	XXX	XXX		XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations						XXX					XXX	
15.02 Residential Mortgage-Backed Securities					l	XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	АЛЛ					XXX	
15.06 Affiliated Bank Loans	ΛΛΛ			ΛΛΛ	ΛΛΛ	XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
*	-			-				-	-	 		
								3/3/3/	3/3/3/	373737	XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12	1	1		1	1	1	1	XXX	XXX	XXX	XXX	

SCHEDULE DA – VERIFICATION BETWEEN YEARS

Short-Term Investments

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

a) Indicate the category of such assets, for example, joint ventures, transportation equipment:		
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.		ook/adjusted carrying value, December 31, prior year (Line 10, prior year)
2.		ost paid/(consideration received) on additions:
	2.	
	2	Section 1, Column 12
	2.	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14
3.	T I	realized valuation increase/(decrease):
3.	3.	
	3.	
4.	SS	AP No. 108 adjustments
5.	To	tal gain (loss) on termination recognized, Section 2, Column 22
6.		onsiderations received/(paid) on terminations, Section 2, Column 15
7.		nortization:
	7.	
0	7.	
8.	8.	ljustment to the book/adjusted carrying value of hedged item: Section 1, Column 20
	8.3	
9.		otal foreign exchange change in book/adjusted carrying value:
	9.	
	9.	
10	. Во	ook/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)
11		educt nonadmitted assets
12	. St	atement value at end of current period (Line 10 minus Line 11)
		SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
		Futures Contracts
1.		djusted carrying value, December 31 of prior year (Line 6, prior year)
2.	Cumul	ative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)
3.1	Add:	
		Change in variation margin on open contracts – Highly effective hedges:
	3.11	Section 1, Column 15, current year minus
	3.12	Section 1, Column 15, prior year
		Change in the variation margin on open contracts – All other:
	3.13	Section 1, Column 18, current year minus
	3.14	Section 1, Column 18, prior year
3.2	Add:	
5.2		e in adjustment to basis of hedged item:
	3.21	Section 1, Column 17, current year to date minus
		Section 1, Column 17, prior year
	3.22	
	_	e in amount recognized
	3.23	Section 1, Column 19, current year to date minus
	3.24	Section 1, Column 19, prior year plus
	3.25	SSAP No. 108 adjustments
3.3		al (Line 3.1 minus Line 3.2)
4.1	Cumul	ative variation margin on terminated contracts during the year (Section 2, Column 15)
4.2	Less:	
	4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)
	4.22	Amount recognized (Section 2, Column 16)
	4.23	SSAP No. 108 adjustments
4.3		al (Line 4.1 minus Line 4.2)
5.		itions gains (losses) on contracts terminated in prior year:
٥.	5.1	Total gain (loss) recognized for terminated in prior year
		Total pair (loss) adjusted into the hadred item(s) for terminations in union year
,	5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year
6.		idjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)
7.		total nonadmitted amounts
8.	Statem	ent 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

		Re	olication (Syntheti	ic Asset) Transacti	ons			Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Deriv	ative Instrument(s)) Open	Cash Instrument(s) Held				
								9	10	11	12	13	14	15	16
		NAIC											NAIC		
		Designation or											Designation or		
		Other	Notional	Book/Adjusted					Book/Adjusted				Other	Book/Adjusted	
Number	Description	Description	Amount	Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Carrying Value	Fair Value	CUSIP	Description	Description	Carrying Value	Fair Value
999999999 To	otals					XXX	XXX	XXX			XXX	XXX	XXX		

SCHEDULE DB – PART C – SECTION 2

Replication (Synthetic Asset) Transactions Open

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

SCHEDULE DB – VERIFICATION

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

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

SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS

(Cash Equivalents)

		1	2	3	4
				Money Market	
		Total	Bonds	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_____

SCHEDULE A – PART 1

Showing All Real Estate OWNED December 31 of Current Year

1	2	Locati	on	5	6	7	8	9	10	C	hange in Book/Adjus	s	16	17		
		3	4							11	12	13	14	15		
											Current Year's				Gross Income	Taxes,
								Book/Adjusted			Other-Than-		Total	Total Foreign	Earned Less	Repairs,
Description							Amount	Carrying Value	Fair Value		Temporary	Current Year's	Change in	Exchange	Interest	and
of				Date	Date of	Actual	of	Less	Less	Current Year's	Impairment	Change in	B./A.C.V.	Change in	Incurred on	Expenses
Property	Code	City	State	Acquired	Last Appraisal	Cost	Encumbrances	Encumbrances	Encumbrances	Depreciation	Recognized	Encumbrances	(13-11-12)	B./A.C.V.	Encumbrances	Incurred
								•••••								
0699999 Totals		<u> </u>			l .								-			
UUSSSSS Totals	5															

SCHEDULE A – PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Year

Paccipina of Property	1	Loca	Location		5	6	7	8	9
	Description of Property			Date Acquired	Name of Vendor			Carrying Value	Made After
	Description of Froperty	City	State	Date Acquired	Ivanic of vendor	at Time of Acquisition	Elicumoranees	Ecss Encumbrances	Acquisition
039999 Totals									
U399999 Totals	0200000 T-+-1-	<u> </u>	l	l	l				
	0399999 Totals					ļ	<u> </u>	ļ	

SCHEDULE A – PART 3

Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Locat	ion	4	5	6	7	8 Change in Book/Adjusted Carrying Value Less Encumbrances						14	15	16	17	18	19	20
	2	3						9	10	11	12	13							i l
						Expended for	Book/		Current						Foreign				ı l
						Additions,	Adjusted		Year's Other-			Total	Book/Adjusted		Exchange	Realized	Total	Gross Income	Taxes,
						Permanent	Carrying		Than-		Total	Foreign	Carrying Value		Gain	Gain	Gain	Earned	Repairs
Description				Name		Improvements	Value Less	Current	Temporary	Current Year's	Change in	Exchange	Less	Amounts	(Loss)	(Loss)	(Loss)	Less Interest	and
of			Disposal	of	Actual	and Changes in	Encumbrances	Year's	Impairment	Change in	B./A.C.V.	Change in	Encumbrances	Received	on	on	on	Incurred on	Expenses
Property	City	State	Date	Purchaser	Cost	Encumbrances	Prior Year	Depreciation	Recognized	Encumbrances	(11-9-10)	B./A.C.V.	on Disposal	During Year	Disposal	Disposal	Disposal	Encumbrances	Incurred
																			1
0399999 Totals																			
							•		•		•	•		•	•		•		

SCHEDULE B – PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

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

General Interrogatory:

- 1. Mortgages in good standing \$.....unpaid taxes \$..... interest due and unpaid.
- 2. Restructured mortgages \$..... 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	Loca	ntion	4	5	6	7	8	9
	2	3						Value of
						Actual Cost at	Additional	Land
Loan			Loan			Time of	Investment Made After	and
Number	City	State	Type	Date Acquired	Rate of Interest	Acquisition	Acquisition	Buildings
						•••••		
2200000 T . I								
3399999 Totals								

SCHEDULE B – PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

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

0.5000000																	
0599999 Te	otais																

SCHEDULE BA – PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2.	3	Locati	on	6	7	8	9	10	11	12		Change in	Book/Adjusted Car	rving Value		18	19	20
•	_		4	5		NAIC	Ü	1	10			13	14	15	16	17	10	.,	20
						Designation,													
						NAIC					Book/								
						Designation					Adjusted			Current Year's		Total			
					Name of	Modifier and	ъ.	-			Carrying	Unrealized	Current Year's	Other-Than-	Capitalized	Foreign		Commitment	
CUSIP	Name or				Vendor or General	SVO Administrative	Date Originally	Type and	Actual	Fair	Value Less	Valuation Increase/	(Depreciation) or (Amortization)/	Temporary Impairment	Deferred Interest and	Exchange Change in	Investment	for Additional	Percentage of
Identification	Description	Code	City	State	Partner	Symbol	Acquired	Strategy	Cost	Value	Encumbrances	(Decrease)	Accretion	Recognized	Other	B./A.C.V.	Income	Investment	Ownership
			,									(

		l			1														
6299999 Totals		•	•	•	•														XXX
32))))) Totals												1							

1.							
Line	Book/Adjusted Carrying V	alue by NAIC Designation	Category Footnote:				
Number	, , ,	, ,	8 7				
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
117	6 \$						

SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	Loca	ation	5	6	7	8	9	10	11
		3	4	Name of			Actual			
CUSIP	Name - Description	Cit-	Ct. t.	Vendor or General	Date Originally	T 1 Ctt	Cost at Time	Additional Investment	Amount of Encumbrances	Percentage of
Identification	Name or Description	City	State	Partner	Acquired	Type and Strategy	of Acquisition	Made After Acquisition	Encumbrances	Ownership
								•••••		
									•••••	
6299999 Totals										XXX

SCHEDULE BA – PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Loca	ation	5	6	7	8		Ch	ange in Book/Adj	usted Carrying Va	lue		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
				1	1		Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
				Name of			Carrying	Unrealized	(Depreciation)	Other-Than-	Capitalized	Total	Foreign	Carrying Value		Foreign			
	Name			Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Realized	Total	
CUSIP	or		_	or Nature of	Originally	Disposal	Encumbrances,	Increase/	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	Gain (Loss)	Gain (Loss)	Investment
Identification	Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9+10-11+12)	B./A.C.V.	on Disposal	Consideration	on Disposal	on Disposal	on Disposal	Income

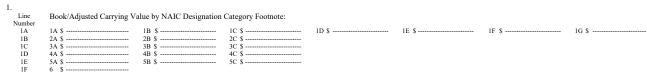
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***************************************					***************************************									***************************************	***************************************				
***************************************					***************************************									***************************************	***************************************				
***************************************															***************************************				
6299999 Totals		1	1	1	1														
0277799 Totals														l					

SCHEDULE D – PART 1

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

Companies Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample	1	2		Codes		6	7	Fair V	alue	10	11		Change in Book/Adju	sted Carrying Valu	e			Interest			Da	ites
Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation Calculation			3	4	5	NAIC		8	9							16	17		19	20	21	22
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Description Code 1	CUSIP			g	Bond		Actual		Fair	Par						Rate		When				
		Description	Code																		Acquired	
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	2509999999 To	tal Bonds				•		XXX			ĺ			İ	İ	XXX	XXX	XXX			XXX	XXX



SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	Co	des	5	6	7	8	Fair V	/alue	11	1	Dividends		1	Change in I	Book/Adjusted Carryin	og Value		20	21
1	۷	3	4	,	0	l ′		Q Fair	value 10	11	12	13	14	15	16	17	18	19	NAIC	21
		,	F					,	10		12	13	14	15	10	17	10	17	Designation,	
			0					Rate per										Total	NAIC	
			r					Share								Current Year's	Total	Foreign	Designation	
			e		Par		Book/	Used to				Amount	Nonadmitted	Unrealized	Current	Other-Than-	Change	Exchange	Modifier and	
			i	Number	Value	Rate	Adjusted	Obtain			Declared	Received	Declared	Valuation	Year's	Temporary	in	Change	SVO	
CUSIP			g	of	Per	Per	Carrying	Fair	Fair	Actual	but	During	But	Increase/	(Amortization)/	Impairment	B./A.C.V.	in	Administrative	Date
Identification	Description	Code	n	Shares	Share	Share	Value	Value	Value	Cost	Unpaid	Year	Unpaid	(Decrease)	Accretion	Recognized	(15+16-17)	B./A.C.V.	Symbol	Acquired
***************************************				***************************************																

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4500000000 T	otal Preferred Sto	ocke		l	L	L		XXX				-		-			-	-	XXX	XXX
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1.							
Line	Book/Adjusted Carrying V	alue by NAIC Designation	Category Footnote:				
Number	, , ,	, .	0 ,				
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

SCHEDULE D - PART 2 - SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1	2	(Codes	5	6	Fair V	alue	9		Dividends			Change in Book/A	djusted Carrying Valu	ie	17	18
		3	4			7	8		10	11	12	13	14	15	16		NAIC
			F														Designation,
			o										Current		T 4 1		NAIC
			r			Rate per				Amount		Unrealized	Year's Other-Than-	Total	Total Foreign		Designation Modifier and
			i	Number	Book/Adjusted	Share Used			Declared	Received	Nonadmitted	Valuation	Temporary	Change in	Exchange		SVO
CUSIP			g	of	Carrying Value	to Obtain	Fair	Actual	but	During	Declared	Increase/	Impairment	B./A.C.V.	Change in	Date	Administrative
Identification	Description	Code	n	Shares	Value	Fair Value	Value	Cost	Unpaid	Year	But Unpaid	(Decrease)	Recognized	(13-14)	B./A.C.V.	Acquired	Symbol
***************************************				***************************************													
***************************************				***************************************													

				İ													1
	Total Common Stocks					XXX										XXX	XXX
599999999	Total Preferred and Common Stocks	S				XXX										XXX	XXX
1																	

| Line | Book/Adjusted Carrying Value by NAIC Designation Category Footnote: | Number | IA | IA \$ | IB \$ | IC \$ | ID \$ | IE \$ | IF \$ | IG \$ | IB \$ | IF \$ | IG \$ | IB \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ | IF \$ |

SCHEDULE D – PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
				Name	Number of			Paid for
CUSIP			Date	of	Shares	Actual	Par	Accrued Interest
Identification	Description	Foreign	Acquired	Vendor	of Stock	Cost	Value	and Dividends
			•••••					
			•••••					
			•••••	•••••	•••••	•••••		
			•••••					
			•••••	•••••	•••••	•••••		
			•••••					
			•••••					
			•••••					
			•••••	••••••				
			•••••					
			•••••					
600000000	m . 1						373737	
6009999999	Totals						XXX	

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		Change In E	ook/Adjusted Carry	ying Value		16	17	18	19	20	21
		F								11	12	13	14	15					Bond	
		0										Current			Book/	Foreign			Interest/	
		r							Prior Year			Year's		Total	Adjusted	Exchange	Realized	Total	Stock	
or orn		e							Book/	Unrealized		Other-Than-	Total	Foreign	Carrying	Gain	Gain	Gain	Dividends	Stated
CUSIP		1	D: 1		Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Value at	(Loss)	(Loss)	(Loss)	Received	Contractual
Identifica tion	Description	g n	Disposal Date	Name of Purchaser	of Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	Increase/	(Amortization)/	Impairment Recognized	B./A.C.V. (11+12-13)	Change in B./A.C.V.	Disposal	on Dispersal	on Di1	on Dispersal	During Year	Maturity Date
tion	Description					Consideration			value	(Decrease)	Accretion	Recognized		D./A.C.V.	Date	Disposal	Disposal	Disposal	i ear	
				***************************************																***************************************

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l		l								l										
		l	1	1									1							
6009999999	Totals						XXX													XXX
	· ·												•		•					

SCHEDULE D – PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11		Change in E	Book/Adjusted Carr	ying Value		17	18	19	20	21
							Par Value				12	13	14 Current	15	16					
							(Bonds)			Book/			Year's Other-		Total	Foreign				Paid for
							or			Adjusted	Unrealized	Current	Than-	Total	Foreign	Exchange	Realized	Total	Interest and	Accrued
or or n			ъ.	Name	D: 1		Number of			Carrying	Valuation	Year's	Temporary	Change in	Exchange	Gain	Gain	Gain	Dividends	Interest
CUSIP Identification	Description	Foreign	Date Acquired	of Vendor	Disposal Date	Name of Purchaser	Shares (Stock)	Actual Cost	Consideration	Value at Disposal	Increase/ (Decrease)	(Amortization)/ Accretion	Impairment Recognized	B./A.C.V. (12+13-14)	Change in B./A.C.V.	(Loss) on Disposal	(Loss) on Disposal	(Loss) on Disposal	Received During Year	and Dividends
	BONDS	roreign	riequired	v chidor	Bute	1 di ciidoci	(block)	Cost	Consideration	Біброва	(Decrease)	recretion	recognized	(12-13-11)	Data C. V.	Disposai	Біброваї	Disposar	During rear	Dividends
	DOI (DO																			
					***************************************			***************************************												

2509999998	Subtotal Bonds				I .															
	STOCKS																			
	Brocks																			

									l										l	l
		l							l										l	l
	***************************************		***************************************																	
599999999	Subtotal-Stocks		1	•	•	•		1		-	1				1		1			
6009999999																				
0009999999	1 OldIS							l	L		1			1		<u> </u>			l	l

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	9	Stock o Company (Insurer on Sta	Owned by
							Total Amount of		10	11
	Description Name of Subsidiary, Controlled or						Goodwill Included in		Number	
CUSIP					NAIC Valuation	Book/Adjusted Carrying	Book/Adjusted	Nonadmitted	of	% of
Identification	Affiliated Company	Foreign	NAIC Company Code	ID Number	Method	Value	Carrying Value	Amount	Shares	Outstanding
1999999 Total									XXX	XXX
1999999 10tal	S							ļ	ΛΛΛ	ΛΛλ

Total amount of goodwill nonadmitted \$	

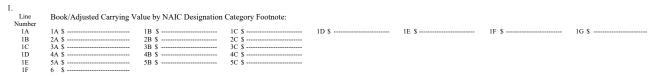
SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower Owned Indirectly by In:	-Tier Company
			Total Amount of Goodwill	Owned indirectly by in:	surer on Statement Date
CUSIP	Name of	Name of Company Listed in Section 1	Included in Amount Shown in	5	6
Identification	Lower-Tier Company	Which Controls Lower-Tier Company	Column 8, Section 1	Number of Shares	% of Outstanding
0399999 Total				XXX	XXX

SCHEDULE DA – PART 1 Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Cod	les	4	5	6	7	1	Change In Book/Adju	sted Carrying Value		12	13	1		Interest				20
	2	3					8	9	10	11			14	15	16	17	18	19	
Descrip- tion	Code	F o r e i g	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest

				·····													·····		
7709999999	Totals	1		·	·						XXX				XXX	XXX	XXX		
11077779999	1 Otais					1	L	l			ллл		L	l	ллл	АЛЛ	ллл		



SCHEDULE DB - PART A - SECTION 1

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

1	2	3		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Descript	Descript of Item Hedge Used f Incom Generat or on Replica	(s) d, or e on Sched Exhi	bit I	ype(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness At Inception and at Year-end (b)
Descript										(r aiu)											Laposure		
1/000000	00 5 14 4 1	H 1: FC	. F	1 11 11	ariable Annuity	C . II	1 CCADA	100							XXX							XXX	XXX
								106															
				ariable An	nuity Guarantee	s Under SSAP	No. 108								XXX							XXX	XXX
17099999	99 Subtotal -	Hedging Oth	er												XXX							XXX	XXX
17199999	99 Subtotal -	Replication													XXX							XXX	XXX
17299999	99 Subtotal -	Income Gene	ration												XXX							XXX	XXX
17399999	99 Subtotal -	Other													XXX							XXX	XXX
17499999	99 Subtotal -	Adjustments	for SSAP	No. 108 I	Derivatives										XXX							XXX	XXX
17599999	99 Totals														XXX							XXX	XXX
(a)	Code											Description	of Hedged	Risk(s)									
` '												•											
																	•••••	•••••					
ĺ	ı																						
(b)	Code									Financia	l or Economic	Impact of the	Hedge at	the End of	the Reportir	ng Period							
									***************************************				***************************************	***************************************									

SCHEDULE DB – PART A – SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

Descrip	Descrip of Iter Hedg Used Incor Genera or tion Replic	em(s) ged, d for ome ration Scho	edule/ Type(hibit Risk ttifier (a	(s) of C	Exchange, Counterparty or Central learinghouse	Trade Date	Date of Maturity or Expiration	Termina- tion Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year(s) Initial Cost of Undis- counted Premium (Received) Paid	Current Year Initial Cost of Undis- counted Premium (Received) Paid	Considera- tion Received (Paid) on Termina- tion	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortiza- tion)/Accre- tion	Gain(Loss) on Termi- nation – Recognized	Adjustment to Carrying Value of Hedged Item	Gain(Loss) on Termi- nation – Deferred	Hedge Effectiveness at Inception and at Termination (b)
168	000000	uhtotal - Had	ging Effective	- Eveludin	ng Variable Anr	mity Guar	antees Under	SSAP No. 10	8	l								XXX							XXX
					e Annuity Guar				0									XXX							XXX
		ubtotal - Hed		, un mon	o minary Gam	unices on	101 00111 110.	100										XXX							XXX
		ubtotal - Rep																XXX							XXX
			me Generation															XXX							XXX
173	1999999 Su	ubtotal - Oth	er															XXX							XXX
174	999999 Su	ubtotal - Adji	ustments for SS	SAP No. 1	08 Derivatives													XXX							XXX
175	1999999 To	otals																XXX							XXX
(a)	Code												Description	n of Hedge	d Risk(s)										
(b)	Code]	inancial or	Economic	Impact of t	he Hedge a	the End of	f the Report	ing Period								

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open December 31 of Current Year

Description of Item (s) Hedged, Used for Income Generation Schedule of Schedule of Symbol Contracts Annual Description and at Value Company of Symbol Contracts Annual Description Replicated Libertifier (a) Explanation Exchange Trade Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Price Date Date Date Date Date Date Date Dat		1 2	1 2	1 4						10		12	12	1.4	TT: 1:	L DCC II	,	10	10	20	1 21	
Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description	1	2	3	4	5	6	/	8	9	10	11	12	13	14				18	19	20	21	22
168999999 Sabroul - Hodging Effective Excluding Variable Annuity Guarantees Under SSAP No. 108 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX				Description	of Item (s) Hedged, Used for Income Generation or	Schedule/ Exhibit	of Risk(s)	Maturity or	Exchange	Trade Date		Reporting Date Price	Fair Value	Adjusted Carrying	Cumulative Variation	Deferred Variation	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged	Variation Margin for All Other	Variation Margin Gain (Loss) Recognized in Current		Effectiveness at Inception and at Year-End	Value o One (1) Point
1609999999 Subtotal Helging Effective - Variable Annuity Quarantees Under SSAP No. 108																						
1609999999 Subtotal Helging Effective - Variable Annuity Quarantees Under SSAP No. 108																						
1609999999 Subtotal Helging Effective - Variable Annuity Quarantees Under SSAP No. 108																						
1609999999 Subtotal Helging Effective - Variable Annuity Quarantees Under SSAP No. 108																						
1609999999 Subtotal Helging Effective - Variable Annuity Quarantees Under SSAP No. 108			***************************************								***************************************											***************************************
1709999999 Subotal - Hedging Other	16899999	9 Subtotal	- Hedging	Effective - E	xcluding Vari	able Annuity	Guarantees	Under SSAP	No. 108												XXX	XXX
1719999999 Subtotal - Replication	169999999	99 Subtotal	- Hedging	Effective - V	/ariable Annu	ity Guarantee	es Under SS	AP No. 108													XXX	XXX
1729999999 Subtotal - Income Generation	170999999	99 Subtotal	– Hedging	Other																	XXX	XXX
173999999 Subtotal - Other	171999999	99 Subtotal	– Replicati	on																	XXX	XXX
1749999999 Sabotal - Adjustments for SSAP No. 108 Derivatives XXXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	17299999	99 Subtotal	– Income (Generation																	XXX	XXX
Broker Name Beginning Cash Balance Total Net Cash Deposits (a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	17399999	99 Subtotal	- Other																		XXX	XXX
Broker Name Beginning Cash Balance Cumulative Cash Change Ending Cash Balance Total Net Cash Deposits (a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	17499999	99 Subtotal	- Adjustme	ents for SSAF	No. 108 Der	ivatives															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	17599999	99 Totals																			XXX	XXX
(a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period															1				l		\neg	
(a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period								Bi	roker Name						Beginning C	ash Balance	Cumulative 0	Cash Change	Ending C	ash Balance		
(a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(a) Code Description of Hedged Risk(s) (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period			Tota	l Net Cash D	eposits																	
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	(a)	Code										Description	of Hedged	Risk(s)								
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	()																					
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
																						_
	(b)	Code								Financial of	or Economic	Impact of the	Hedge at t	he End of the R	Reporting Period							_

SCHEDULE DB – PART B – SECTION 2

Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Chang	e in Variation l	Margin	19	20
				Description											16	17	18		
				of Item(s)														Hedge	
				Hedged, Used for									Indicate Exercise,	Cumulative	Gain (Loss)	Gain (Loss) Used to		Effectiveness at Inception/	
				Income	Schedule/	Type(s) of	Date of						Exercise, Expiration,	Variation	Recognized	Adjust Basis		and at	Value
Ticker	Number of	Notional		Generation	Exhibit	Risk(s)	Maturity or			Transaction	Termination	Termination	Maturity or	Margin at	in Current	of Hedged		Termination	of One (1)
Symbol	Contracts	Amount	Description	or Replicated	Identifier	(a)	Expiration	Exchange	Trade Date	Price	Date	Price	Sale	Termination	Year	Item	Deferred	(b)	Point
168999999	9 Subtotal - Hedg	ing Effective -	Excluding Var	iable Annuity C	Guarantees Und	er SSAP No. 10	08											XXX	XXX
1,000,000	Colored H. I.	T.CC	37: -1-1 - A	· C	II. I. CCADN	. 100												VVV	VVV
169999999	9 Subtotal - Hedg	ing Effective -	Variable Annu	ity Guarantees	Under SSAP N	0. 108												XXX	XXX
170999999	9 Subtotal - Hedg	ing Other																XXX	XXX
171999999	9 Subtotal - Repli	cation																XXX	XXX
172999999	9 Subtotal - Incon	ne Generation																XXX	XXX
173999999	Subtotal - Other																	XXX	XXX
174999999	9 Subtotal - Adjus	stments for SS	AP No. 108 De	rivatives														XXX	XXX
175999999	9 Totals																	XXX	XXX
(a)	Code	_	_				_		Docarietie	n of Hedged R	ick(c)				_				
(a)	Couc								Descriptio	ii oi iieagea K	38(3)								=

(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	Counterp	arty Offset	Book	/Adjusted Carrying	Value		Fair Value		12	13
		G 11:	4	5	6	7	8	9	10	11		
Description of Exchange, Counterparty or	Master Agreement	Credit Support Annex	Fair Value of Acceptable	Present Value of Financing	Contracts With Book/Adjusted Carrying Value	Contracts With Book/Adjusted Carrying Value	Exposure Net of	Contracts With	Contracts With	Exposure Net of	Potential	Off-Balance
Central Clearinghouse	(Y or N)	(Y or N)	Collateral	Premium	>0	<0	Collateral	Fair Value >0	Fair Value <0	Collateral	Exposure	Sheet Exposure
099999999 Gross Totals												
Offset per SSAP No. 64									•			
Net after right of offset per SSAP No.	o. 64											

SCHEDULE DB – PART D – SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

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

SCHEDULE DB – PART E

Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

C	DHS				Hedge	d Item							H	ledging Instrumer	nts			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
									Current Year									1
				Fair Value			Current Year		Increase/				Hedging					1
		Prior Fair	Ending Fair	Gains (Loss) in			Increase/	Change in the	(Decrease) in				Instruments'	Hedge Gain				1
		Value in Full	Value in Full	Full Contract	Fair Value	Current Year	(Decrease) in	Hedged Item	VM-21		Current Year		Current Fair	(Loss) in				1
		Contract Cash	Contract Cash	Cash Flows	Gain (Loss) in	Increase/	VM-21	Attributed to	Liability		Fair Value	Current Year	Value	Current Year	Current Year	Current Year	Current Year	Ending
		Flows	Flows	Attributed to	Hedged Item	(Decrease) in	Liability	Hedged Risk	Attributed to		Fluctuation of	Natural Offset	Fluctuation	Deferred	Prescribed	Additional	Total Deferred	Deferred
		Attributed to	Attributed to	Interest Rates	Attributed to	VM-21	Attributed to	Percentage	Hedged Risk	Prior Deferred	the Hedge	to VM-21	Not Attributed	Adjustment	Deferred	Deferred	Amortization	Balance
Identifier	Description	Interest Rates	Interest Rates	(4-3)	Hedged Risk	Liability	Interest Rates	(6/5)	(8*9)	Balance	Instruments	Liability	to Hedged Risk	[12-(13+14)]	Amortization	Amortization	(16+17)	(11+15+18)
																		ļJ
		[[l
		[
l		l		l						l					l	l		l
l		l		l	l					l	l	l			l	l	l	l!
Total	·					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	XXX										

SCHEDULE DL – PART 1 SECURITIES LENDING COLLATERAL ASSETS

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

T		ı		T	T	Т.
1	2	3	4	5	6	7
			NAIC Designation,			
			NAIC Designation			
			Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
			••••••			
			•••••			
			•••••			
			•••••			
••••••				••••••		
	•••••		•••••			
9999999999 Totals	s					XXX
General Interrogator						
 Total activity : 	for the year	Fair '	Value \$		usted Carrying Value	
Average balan	ice for the year	Fair '	Value \$		usted Carrying Value	
3.						
Line Book/Adjust Number	ed Carrying Value by NAIC Designation C	ategory Footnot	e:			
3A 1A \$	1B \$ 1C \$		1D \$ 1E \$	1F \$	1G \$	
3C 3A \$	2B \$ 2C \$ 3B \$ 3C \$					
3D 4A \$	4B \$ 4C \$					
3E 5A \$ 3F 6 \$	5B \$ 5C \$					

SCHEDULE DL – PART 2 SECURITIES LENDING COLLATERAL ASSETS

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

1	2	3	4)	6	7
			NAIC Designation,			
			NAIC Designation			
			Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
1001111110011011			Symeen			materity Batt
••••••						
••••••				***************************************		

••••••				***************************************		
	•••••		•			
	•••••		•			
999999999 Total	S					XXX
1000				ı	1	
General Interrogator	ries:					
1. Total activity		Fair V	Value \$	Rook/Adi	usted Carrying Value	\$
	ice for the year	Fair V		Book/Adi	usted Carrying Value	§

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
		Rate of	Amount of Interest Received	Amount of Interest Accrued December 31		,
Depository	Code	Interest	During Year	of Current Year	Balance	*
OPEN DEPOSITORIES						
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
	***************************************	•••••				XXX XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
	***************************************	•••••				XXX XXX
						XXX
						XXX
						XXX
						XXX
						XXX
0100000 D '' 1 1 '' 1 1 1 1 1 1						XXX
019998 Deposits indepositories that do not exceed the allowable limit in any one depository (See						
Instructions)-open depositories	XXX	XXX				XXX
instructions) open depositories	717171	717171				7.7.7.
0199999 Totals – Open Depositories	XXX	XXX				XXX
	ΛΛΛ	ΛΛΛ	***************************************			ΑΛΛ
SUSPENDED DEPOSITORIES						
0299998 Deposits indepositories that do not exceed the allowable limit in any one depository						
(See Instructions)-suspended depositories	XXX	XXX				XXX
0299999 Totals – Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX				XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX				XXX

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

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

SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4 Date	5 Rate of	6 Maturity	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
					•••••			
•••••					•••••	••••••		••••••
•••••					•••••			
•••••					•••••			
•••••								
					•••••			

		***************************************			***************************************			
860999999 Total	Cash Equivalents							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash Equivalents					l		<u> </u>

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

		1	2		sits For	All Oth on Sm	anial Damanita
				3	All Policyholders 4	All Other Sp	ecial Deposits 6
		True of	Purpose of	Book/Adjusted	Fair	Book/Adjusted	· .
	States, etc.	Type of Deposit	Deposit	Carrying Value	Value	Carrying Value	Fair Value
1.	AlabamaAL	Берови	Берови	currying , unue	, 4140	currying , urue	, and
2.	AlaskaAK						
3.	Arizona AZ						
4.	Arkansas AR						
5.	CaliforniaCA						
6.	ColoradoCO						
7.	ConnecticutCT						
8.	Delaware DE						
9.	District of ColumbiaDC						
10.	FloridaFL						
11.	GeorgiaGA						
12.	HawaiiHI						
13.	IdahoID						
14.	IllinoisIL						
15.	IndianaIN						
16.	IowaIA						
17.	KansasKS						
18.	KentuckyKY						
19.	Louisiana LA						
20.	Maine ME						
21.	MarylandMD						
22.	Massachusetts MA						
23.	Michigan MI						
24. 25.	Minnesota						
26.	Mississippi MS Missouri MO						
27.	Montana MT						
28.	Nebraska NE						
29.	Nevada NV						
30.	New HampshireNH						
31.	New Jersey						
32.	New MexicoNM						
33.	New YorkNY						
34.	North CarolinaNC						
35.	North DakotaND						
36.	OhioOH						
37.	OklahomaOK						
38.	OregonOR						
39.	PennsylvaniaPA						
40.	Rhode IslandRI						
41.	South CarolinaSC						
42.	South DakotaSD						
43.	TennesseeTN						
44.	TexasTX						
45.	UtahUT						
46.	VermontVT						
47.	VirginiaVA						
48.	Washington						
49.	West Virginia						
50. 51	WisconsinWI						
51. 52.	Wyoming						
53.	American SamoaAS GuamGU						
54.	Puerto RicoPR						
55.	U.S. Virgin IslandsVI						
56.	Northern Mariana IslandsMP						
57.	Canada						
58.	Aggregate Alien and Other OT	XXX	XXX				
59.	Total	XXX	XXX				
DET	AILS OF WRITE-INS						
5801							
	Sum of remaining write-ins for Line				1		
	58 from overflow page	XXX	XXX				
5899	Totals (Lines 5801 – 5803 + 5898)				1		
	(Line 58 above)	XXX	XXX		J.		

OF THE

•	•••	•••	•	۰	۰	•	۰	۰	۰	۰	۰	۰	۰	۰	۰	۰	۰	۰	۰	•	•	۰	۰	•	۰	۰	۰	۰	۰	۰	۰	•
	Α	f	f	í	x		I	3	ć	ı	I		(()	Ċ	ł	e	;		Ä	١	ŀ)	C)	١	7,	e	

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

	FOR THE STATE OF	
NAIC Group Code		NAIC Company Code

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Direct	Direct	Assumed	Ceded	Net Premiums				Net Incurred	Change in		Number of Policies	Number of	
	Premiums Written	Premiums Earned	Premiums Earned	Premiums Earned	Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Claims Amount (6+7-8)	Contract Reserves	Loss Ratio (6+10)/2	or Certificates as of Dec. 31	Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS	Witten	Lamed	Larned	Lamed	(2:5-4)	Ciamis Amount	Ciainis Amount	Cianns Amount	(0.7-0)	reserves	(0:10)/2	Dec. 51	of Bec. 31	Wolldis
Comprehensive major medical														
2.1 Short-Term Medical – 6 Months or Less														
2.2 Short-Term Medical – Over 6 Months														
2.3 Subtotal Short-Term Medical (2.1+2.2)														
Other Medical (Non-Comprehensive) Specified/Named Disease														
Specified Named Disease Limited Benefit														
6. Student														
7. Accident Only or AD&D														
Disability Income – Short–Term														
Disability Income – Long–Term														
10. Long-Term Care														
11. Medicare Supplement (Medigap)														
Dental State Children's Health Insurance Program						•								
State Children's Health Insurance Program Medicare														
15. Medicaid														
16. Medicare Part D - Stand-Alone														
17. Vision														
18. Other Individual Business														
19. Grand Total Individual			ļ.							ļ.				
B. GROUP BUSINESS Comprehensive Major Medical		T		1	T		ı					1	1	1
1.1 Single Employer – Small Employer														
1.2 Single Employer – Other Employer														
1.3 Single Employer Subtotal														
Multiple Employer Assns and Trusts														
 Other Associations and Discretionary Trusts 														
Other Comprehensive Major Medical														
Comprehensive/Major Medical Subtotal														
Other Medical (Non-Comprehensive) 6. Specified/Named Disease														
Specified/Named Disease Limited Benefit														
8. Student														
Accident Only or AD&D														
10. Disability Income – Short–term														
11. Disability Income – Long–term														
12. Long-Term Care														
Medicare Supplement (Medigap) Federal Employees Health Benefits Plan														
Federal Employees Health Benefits Plan Tricare						•••••								
16. Dental														
17. Medicare														
18. Medicare Part D - Stand-Alone														
19. Vision														
20. Other Group Care														
21. Grand Total Group Business C. OTHER BUSINESS	-	L	l	l	l		l			l		l	l	l .
Credit (Individual and Group)	1		1	1			ı			1			I	
Stop Loss/Excess Loss						•								
Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
Grand Total Other Business														
D. TOTAL BUSINESS		•			,						•			
1. Total Non-U.S. Policy Forms														
Grand Total Individual, Group and Other Business														

۰	٠		•						•	•	•	۰											۰		•	•	•		•	
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(To Be Filed By April 1		IEALTH CARE EXHIBIT – PART 1 ontent.naic.org/sites/default/files/inline-files/committees_e_app_blanks_re	elated_shce_cautionary_statement.pdf)
REPORT FOR:	1. CORPORATION	2.	
		(LOC	CATION)
NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR	NAIC Company Code

					Busines	ss Subject to MI	LR.				10	11	12	13	14	15
		Compre	hensive Health (Coverage		Mini-Med Plan	s	Expatri	ite Plans	9	1		Medicare			
		1	2	3	4	5	6	7	8	1			Advantage			
													Part C and Medicare			
													Part D			
											Government		Stand-			
			Small	Large		Small	Large			Student	Business	Other	Alone	Subtotal		
			Group	Group		Group	Group	Small	Large	Health	(excluded by	Health	Subject to	(Cols 1	Uninsured	Total
		Individual	Employer	Employer	Individual	Employer	Employer	Group	Group	Plans	statute)	Business	ACA	thru 12)	Plans	13 + 14
1.	Premium:															
	1.1 Health premiums earned (From Part 2, Line 1.11)														XXX	
	1.2 Federal high risk pools														XXX	
	1.3 State high risk pools														XXX	
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)														XXX	
	1.5 Federal taxes and federal assessments															
	1.6 State insurance, premium and other taxes (Similar local taxes of \$)															
	1.6a Community Benefit Expenditures (informational only)															
	1.7 Regulatory authority licenses and fees															
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)														XXX	
	1.9 Net assumed less ceded reinsurance premiums earned														XXX	
	1.10 Other adjustments due to MLR calculations – Premiums														XXX	
	1.11 Risk revenue														XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)															
2.	Claims:															
	2.1 Incurred claims excluding prescription drugs														XXX	
	2.2 Prescription drugs														XXX	
	2.3 Pharmaceutical rebates														XXX	
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)														XXX	
3.	Incurred medical incentive pools and bonuses														XXX	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)														XXX	
	5.1 Net assumed less ceded reinsurance claims incurred														XXX	
	5.2 Other adjustments due to MLR calculations – Claims														XXX	
	5.3 Rebates paid										XXX	XXX			XXX	
	5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
	5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
	5.6 Fee for service and co-pay revenue														XXX	
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)		<u> </u>			<u> </u>	<u> </u>	ļ							XXX	
6.	Improving Health Care Quality Expenses Incurred:	l			l			1					1			1
	6.1 Improve Health Outcomes															
	6.2 Activities to prevent hospital readmissions															
	6.3 Improve patient safety and reduce medical errors															
	6.4 Wellness and health promotion activities															
	6.5 Health Information Technology expenses related to health improvement															
—	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5) Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8		ļ			1	1	ļ	ļ	ļ	1007	70707	ļ	27777	7000	100
7.			-			.	.		<u> </u>		XXX	XXX		XXX	XXX	XXX
8.	Claims Adjustment Expenses: 8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	l			l			1					1			1
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
0	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)		<u> </u>			<u> </u>	<u> </u>	 		<u> </u>	<u> </u>		<u> </u>	WW	VVV	VVV
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	l	l		l	1	<u> </u>	l	l		1	l	l	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)

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

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

	AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, REC	EIVABLES AND PA	YABLES		
		Curre	nt Year	Prior	Year
		Comprehensive	Health Coverage	Comprehensive	Health Coverage
		1	2	3	4
			Small Group		Small Group
		Individual Plans	Employer Plans	Individual Plans	Employer Plans
ACA R	eceivables and Payables				
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)				
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium				
ACA Re	eceipts and Payments				
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)				
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received				

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

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

	REPORT FOR: 1. C	ORPORATION				2					LOCATION	7)			
NAIC	Group Code	BUSINESS IN THE STATE OF					DURING	THE YEA	.R	`		NAIC Co	mpany Co	ode	
						Business	Subject to MI	.R				10	11	12	13
			Comprel	hensive Health	Coverage		Mini-Med Plan		Expatri	ate Plans	9	10		Medicare	13
			1 Individual	2 Small Group Employer	Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	Total (a)
١.	Health Premiums Earned:														
		/ear													
		it year													
		ium (Lines 1.2 – 1.3)													
		rrent year.													
		ior year													
		credits (Lines 1.6 – 1.7)													
		off													
		ned (Lines 1.1 + 1.4 – 1.9 + 1.10)													
	1.12 Assumed premiums earner	d from non-affiliates													
	1.13 Net assumed less ceded pr	remiums earned from affiliates													
	1.14 Ceded premiums earned to	o non-affiliates													
		MLR calculation – Premiums													
		nes 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15)													
2.	Direct Claims Incurred:													İ	
		ar													
		ent year													
		year													
		ent year													
		r year													
		rrior year													
		nor year													
		urrent year													
		ior year													
		e pools and bonuses (Lines 2.11a + 2.11b – 2.11c)													
		acentive pools and bonuses current year													
		al incentive pools and bonuses current year													
		al incentive pools and bonuses prior year													
		s (Lines 2.12a – 2.12b)													
	2.12a Health care rec	eivables current year													
	2.12b Health care reco	eivables prior year													
		nded rate adjustment													
	2.11 - 2.12 + 2.13 + 2.14	tes 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 +													
		from non-affiliates													
		curred claims from affiliates													
		non-affiliates													
		MLR calculation – Claims													
		% / 11 = / X = / 9 ± / 10 ± / 10 ± / 1/= / 1X ± / 19)	1		•		ī	•	1			•		1	

Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)

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

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2024 (To Be Filed by April 1)

Of The		Insurance Company
Address (City, State and Zip Code)		
NAIC Group Code	NAIC Company Code	Employer's ID Number
Direct Business in the S	state of	
Does the con	mpany have credit insurance in this state? Ye	es () No ()

OF THE

PART 1A – CREDIT LIFE INSURANCE

PART 1B – CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

Single Premium (SP) and Total

1. 1. 1.	rned Premiums:	1 Single	2	3	4	1	2	3
1. 1. 1.	rned Premiums:	Single						
1. 1. 1.	rned Premiums:	Single	Joint	Single	Joint	Single SP	Joint SP	Total SP + MO
1. 1. 1.			Joint	Single	Joint	51	SI .	DI / IVI
1. 1. 1.								
II.	1							
II.	2 Refunds on terminations							
II.	Net written premiums (Lines 1.1–1.2) Premium reserves, start of period	•••••						
1.	· •		•••••		•••••			
1.	, 1							
1.								
2. In	curred Claims:							
2.	Claims paid							
2.	2 Unreported claim reserve, start of period							
2.	Unreported claim reserve, end of period							
2.								
2.	, I							
2.	5 Incurred claims (Lines 2.1–2.2+2.3–2.4+2.5)							
3. In	curred Compensation:							
3.	Commissions and service fees incurred							
3.	2 Other incurred compensation							
3.								
3.		%	%	%	%	%	%	
3.	Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	
4. Lo	ss Percentage:							
4.	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	
	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	
5. M	ean insurance in force							
6. Lo	sses per \$1,000 mean insurance in force [(1,000 x Line 2.6)/Line 5]							

1 Single SP	2 Joint SP	3 Total SP + MOB					
% %	% %	% %					
% %	% %	% %					

OF THE

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium—Closed-End

	1	2	3	4	5	6	7
	7 Day	14 Day	14 Day	30 Day	30 Day	Other	
	Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	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	•••••		•••••				
Claim reserves, start of period Claim reserves, end of period							
, 1							
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3. Incurred Compensation:							
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)	%	%	%	%	%	%	%
	L	L	1	L	L	1	L

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

OF THE

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance—Closed-End

	1	2	3	4	5	6	7
	7 Day	14 Day	14 Day	30 Day	30 Day	Other	
	Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	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							
A 7 101:							
2. Incurred Claims:							
2.1 Claima maid							
2.1 Claims paid							
2.2 Unreported claim reserve, start 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)		•••••			••••••		
2.0 incurred ciainis (Lines 2.1-2.2+2.3-2.4+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 2.6/1.6)	%	%	%			%	%
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):	

OF THE

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance – Open-End

		1	2	3	4	5	6	7		1	2
		7 Day	14 Day	14 Day	30 Day	30 Day	Other		Al	ll Other	Total -Parts 2A,
		Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	Total		(b)	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:										
٦.	Loss i ciccitage.										
	4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%		%	%
	4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%		%	%
i	1 5 1										
(a)	Provide a description of "other" coverages (including their percent	of Line 1.6, Co	lumn 6):								
(I-)	Durvide a decomination of Wethouth commence (in the direction of	of Line 1 C C									
(D)	Provide a description of "other" coverages (including their percent	oi Line 1.6, Co	iuiin 1):								

OF THE

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

	1	2	3	1	2	3
	30 Day	30 Day	30 Day	30 Day	Other	
	Retro-SP	Non-Retro-SP	Retro-MOB	Non-Retro-MOB	(a)	Total
1. Earned Premiums:						
1.1 Gross written premiums						
1.2 Refunds on terminations						
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						
1 1						
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)	%	%	%	%	%	%
2 2555 percentage at printa table tates (Entes 2.0/1.7)		70	70			
	L			L	ı	

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

OF THE

PART 4 – CREDIT PROPERTY INSURANCE

	1	2	3	4	5	6	7	8	9	10	11
	Creditor	Creditor	3	_	,	0	,	O		10	11
	Placed	Placed	Creditor	Creditor	Creditor	Creditor	Creditor	Creditor			
			Placed			Placed			D1	D1	
	Home-	Home-		Placed	Placed		Placed	Placed	Personal	Personal	
	Hazard	Hazard	Wind Only	Wind Only	Home	Home	Auto-	Auto-	Property-	Property-	
	Single	Dual	Single	Dual	Flood Only	Flood Only	Single	Dual	Single	Dual	Other
	Interest	Interest	Interest	Interest	First Dollar	Excess	Interest	Interest	Interest	Interest	(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).											ll
3. Incurred Compensation:											
3.1 Commissions and service fees											
incurred											
2.2 Other in comment and a comment in a							***************************************				
3.2 Other incurred compensation											
3.3 Total incurred compensation (Lines											
3.1+3.2)											
3.4 Commissions/service fee percentage											
(Lines 3.1/1.3)	%	%					%	%	%	%	%
3.5 Other incurred compensation											
percentage (Lines 3.2/1.6)	%	%					%	%	%	%	%
4. Loss Percentage:											
4.1 Actual loss percentage (Lines											
2.4/1.6)	%	%					%	%	%	%	%
4.2 Loss percentage at prima facie rates											
(Lines 2.4/1.7)	%	%					%	%	%	%	%
5. Incurred Loss Adjustment Expense:											
5.1 Defense and cost containment											
expenses incurred			•••••								
5.2 Adjusting and other expenses											
incurred											
6. Written Exposures											
7. Earned Exposures											

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

OF THE

PART 5 – OTHER CREDIT INSURANCE

		1	2	3
		Credit Family Leave	Personal GAP	All Other (a)
1.	Earned Premiums:	•		
	11 0 ''			
	1.1 Gross written premiums			
	1.2 Refunds on terminations			
	1.4 Premium reserves, start of period			
	1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)			
	1.7 Earned premiums at prima facie rates			
	1.7 Earned premiums at prima facile 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)	%	%	%

le a description of "other" coverages (including their percent of Line 1.6, Colum	13):

OF THE

PART 6 - NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

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

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4):	•

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FINANCIAL GUARANTY INSURANCE EXHIBIT

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

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

PART 1
Showing Total Net Exposures (Principal & Interest) By Year Payable
On Municipal Bond Guaranties In Force As Of Year End

1 2		2	Ind	6			
Municipal			3	4	5		
		Obligation	Special				
	Year Payable	Bonds	Revenue Bonds	Type I	Type II	Type III	Totals
1.	<mark>2025</mark>						
2.	<mark>2026</mark>						
3.	<mark>2027</mark>						
4.	<mark>2028</mark>						
5.	<mark>2029</mark>						
6.	<mark>2030</mark>						
7.	<mark>2031</mark>						
8.	<mark>2032</mark>						
9.	<mark>2033</mark>						
10.	<mark>2034</mark>						
11.	<mark>2035</mark>						
12.	<mark>2036</mark>						
13.	<mark>2037</mark>						
14.	<mark>2038</mark>						
15.	2039						
16.	<mark>2040-44</mark>						
17.	2045-49						
18.	2050+						
19.	Totals						

PART 2
Showing Total Net Exposures (Principal & Interest) By Year Payable
On Non-Municipal Bond Guaranties In Force As Of Year End

		Cor	porate Obligat	ions	4	5	6	7	8	9
		1	2	3				Other Non-		
					Cons			Investment		
					Debt	Pass-Thru	Ltd	Grade	All Other	
Year Payable		Type I	Type II	Type III	Obligations	Securities	Partnerships	Obligations	Guaranties	Totals
1.	<mark>2025</mark>									
2.	<mark>2026</mark>									
3.	<mark>2027</mark>									
4.	<mark>2028</mark>									
5.	2029									
6.	2030									
7.	2031									
8.	<mark>2032</mark>									
9.	2033									
10.	2034									
11.	2035									
12.	2036									
13.	2037									
14.	2038									
15.	2039									
16.	2040-44		•••••							
17.	2045-49									
18.	2050+									
19.	Totals									

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS PART 3A

MUNICIPAL OBLIGATION BONDS

		1	2	3	4	5	Curren	nt Year	8
	Calendar Year Written	Net Premiums Written	Net Principal Guaranteed	Average Premium (Cols. 1/2)	Current Year Earned Premium	Prior Year Reserve	6 Addition to Reserve	7 Withdrawals from Reserve	Contingency Reserve (Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	2014 S.P								
22.	2014 I.P								
23.	2013 S.P								
24.	2013 I.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P								
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P								
34.	2008 I.P								
35.	2007 S.P								
36.	2007 I.P								
37.	2006 S.P								
38.	2006 I.P								
39.	2005 S.P								
40.	2005 I.P								
41.	Prior to 2005 S.P								
42.	Prior to 2005 I.P.								
43.									
		1	1	1	1	1	1	1	1

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS PART 3B

SPECIAL REVENUE BONDS

		1	2	3	4	5		nt Year	8
	Calendar	Net Premiums	Net Principal	Average Premium	Current Year Earned	Prior Year	6 Addition	7 Withdrawals	Contingency Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P							•••••	
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	2014 S.P								
22.	2014 I.P								
23.	2013 S.P								
24.	2013 I.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P								
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P								
34.	2008 I.P								
35.	2007 S.P								
36.	2007 I.P								
37.	2006 S.P								
38.	2006 I.P								
39.	2005 S.P								
40.	2005 I.P	•••••							
41.	Prior to 2005 S.P	•••••							
42.	Prior to 2005 I.P.								
43.	Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

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

		1	2	3	4	5	Curre	nt Year	8
		Net	N. D	Average	Current Year	D: 17	6	7	Contingency
	Calendar Year Written	Premiums Written	Net Principal Guaranteed	Premium (Cols. 1/2)	Earned Premium	Prior Year Reserve	Addition to Reserve	Withdrawals from Reserve	Reserve (Cols. 5+6-7)
1.	2024 S.P		Guaranteed	, ,	Tremium				
2.	2024 I.P				•••••		•••••		
3.	2023 S.P				•••••		•••••		
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	2014 S.P								
22.	2014 I.P								
23.	2013 S.P								
24.	2013 J.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P								
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P				•••••		•••••		
34.					•••••				
35.	2007 S.P				•••••		•••••		
36.	2007 I.P				•••••		•••••		
37.	2006 S.P				•••••		•••••		
38.	2006 J.P				•••••		•••••		
39.	2005 S.P						•••••		
40.	2005 I.P				•••••		•••••		
40.	Prior to 2005 S.P	•••••			•••••		•••••		
42.	Prior to 2005 S.P Prior to 2005 I.P.	•••••			•••••		•••••		
43.	Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS PART 3D

INDUSTRIAL DEVELOPMENT BONDS – TYPE II

		1	2	3	4	5	Currer	nt Year	8
		Net		Average	Current Year	n · **	6	7	Contingency
	Calendar Year Written	Premiums Written	Net Principal Guaranteed	Premium (Cols. 1/2)	Earned Premium	Prior Year Reserve	Addition to Reserve	Withdrawals from Reserve	Reserve (Cols. 5+6-7)
1				/				Hom Reserve	(Cois. 3+0-7)
1.	2024 S.P								
2.	2024 I.P	•••••							
3.	2023 S.P	•••••	•••••		•••••				
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	2014 S.P								
22.	2014 J.P								
23.	2013 S.P								
24.									
	2013 I.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P		•••••		•••••				
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P								
34.	2008 I.P								
35.	2007 S.P								
36.	2007 I.P								
37.	2006 S.P								
38.	2006 I.P								
39.	2005 S.P								
40.	2005 I.P								
41.	Prior to 2005 S.P								
42.	Prior to 2005 I.P.						•••••		
43. To	otals								

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS $\begin{array}{c} \textbf{PART 3E} \\ \textbf{INDUSTRIAL DEVELOPMENT BONDS} - \textbf{TYPE III} \end{array}$

		1	2	3	4	5	Curren	t Year	8
		Net	Net	Average	Current Year	Prior	6	7	Contingency
	Calendar Year Written	Premiums Written	Principal Guaranteed	Premium (Cols. 1/2)	Earned Premium	Year Reserve	Addition to Reserve	Withdrawals from Reserve	Reserve (Cols. 5+6-7)
1.	2024 S.P	WILLEII			1 Termum		to Reserve		(COIS. 3+0-7)
2.	2024 S.F						•••••		•••••
3.	2023 S.P								
3. 4.	2023 I.P		•••••						
	2022 S.P								
5.	2022 S.P								
6.									
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P						•••••		
16.	2017 I.P		•••••				•••••		
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	2014 S.P								
22.	2014 I.P								
23.	2013 S.P								
24.	2013 I.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P								
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P								
34.	2008 I.P								
35.	2007 S.P								
36.	2007 I.P								
37.	2006 S.P								
38.	2006 I.P								
39.	2005 S.P								
40.	2005 I.P								
41.	Prior to 2005 S.P								
42.	Prior to 2005 I.P.								
43. T	otais			İ]		1	

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS PART 3F

TOTALS – ALL MUNICIPAL BONDS WRITTEN

		1	2	3	4	5		ent Year	8
	Calendar	Net Premiums	Net Principal	Average Premium	Current Year Earned	Prior Year	6 Addition	7 Withdrawals	Contingency Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P							•••••	
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P 2014 S.P			•••••					
21. 22.	2014 S.P			•••••					
23.	2013 S.P								
24.	2013 I.P								
25.	2012 S.P								
26.	2012 I.P								
27.	2011 S.P								
28.	2011 I.P								
29.	2010 S.P								
30.	2010 I.P								
31.	2009 S.P								
32.	2009 I.P								
33.	2008 S.P								
34.	2008 I.P								
35.	2007 S.P								
36.	2007 I.P								
37.	2006 S.P								
38.	2006 I.P								
39.	2005 S.P								
40.	2005 I.P								
	Prior to 2005 S.P								
42.	Prior to 2005 I.P.								
43. T	otals								

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4A

CORPORATE OBLIGATIONS TYPE I

		1	2	3	4	5	Curren	nt Year	8
		Net	Net	Average	Current Year		6	7	Contingency
	Calendar	Premiums	Principal	Premium	Earned	Prior Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	<mark>2022</mark> I.P								
7.	2021 S.P								
8.	<mark>2021</mark> I.P								
9.	2020 S.P								
10.	<mark>2020</mark> I.P								
11.	2019 S.P								
12.	<mark>2019</mark> I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4B

CORPORATE OBLIGATIONS TYPE II

	1	2	3	4	5	Current	t Year	8
	Net	Net	Average	Current Year	Prior	6	7	Contingency
Calendar	Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1. 2024 S.P								
2. 2024 I.P								
3. 2023 S.P								
4. 2023 I.P								
5. 2022 S.P								
6. 2022 I.P								
7. <mark>2021</mark> S.P								
8. 2021 I.P								
9. <mark>2020</mark> S.P								
10. <mark>2020</mark> I.P								
11. <mark>2019</mark> S.P								
12. <mark>2019</mark> I.P								
13. <mark>2018</mark> S.P								
14. <mark>2018</mark> I.P								
15. <mark>2017</mark> S.P								
16. <mark>2017</mark> I.P								
17. <mark>2016</mark> S.P								
18. <mark>2016</mark> I.P								
19. <mark>2015</mark> S.P								
20. <mark>2015</mark> I.P <u></u>								
21. Prior to <mark>2015</mark> S.P								
22. Prior to <mark>2015</mark> I.P.								
23. Totals								

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

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4C

CORPORATE OBLIGATIONS TYPE III

		1	2	3	4	5	Currer	t Year	8
			Net	Average	Current Year	Prior	6	7	Contingency
	Calendar	Net Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	<mark>2016</mark> S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals				•				

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4D

CONSUMER DEBT OBLIGATIONS

		1	2	3	4	5	Currer	nt Year	8
				Average	Current Year		6	7	Contingency
	Calendar	Net Premiums	Net Principal	Premium	Earned	Prior Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	<mark>2024</mark> S.P								
2.	<mark>2024</mark> I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	<mark>2022</mark> S.P								
6.	<mark>2022</mark> I.P								
7.	<mark>2021</mark> S.P								
8.	<mark>2021</mark> I.P								
9.	<mark>2020</mark> S.P								
10.	<mark>2020</mark> I.P								
11.	2019 S.P								
12.	<mark>2019</mark> I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	<mark>2017</mark> I.P								
17.	<mark>2016</mark> S.P								
18.	<mark>2016</mark> I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

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

		1	2	3	4	5	Curre	nt Year	8
		Net	Net	Average	Current Year	Prior	6	7	Contingency
	Calendar	Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	<mark>2024</mark> I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	<mark>2022</mark> S.P								
6.	<mark>2022</mark> I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	<mark>2016</mark> S.P								
18.	<mark>2016</mark> I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4F

LIMITED PARTNERSHIPS

		1	2	3	4	5	Curre	nt Year	8
					Current		6	7	
	Calendar	Net	Net	Average	Year	Prior			Contingency
	Year Written	Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
		Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	2021 I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

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

CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS PART 4G

OTHER NON-INVESTMENT GRADE OBLIGATIONS

		1	2	3	4	5	Currer	nt Year	8
		Net	Net	Average	Current Year	Prior	6	7	Contingency
	Calendar	Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	<mark>2024</mark> I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	<mark>2021</mark> I.P								
9.	<mark>2020</mark> S.P								
10.	2020 I.P								
11.	<mark>2019</mark> S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P								
23.	Totals								

CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS PART 4H

ALL OTHER GUARANTIES

		1	2	3	4	5	Curren	it Year	8
		Net	Net	Average	Current Year	Prior	6	7	Contingency
	Calendar	Premiums	Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	<mark>2021</mark> I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	<mark>2016</mark> I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	. Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS PART 4I

TOTALS – ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

		1	2	3	4	5	Currer	nt Year	8
				Average	Current Year	Prior	6	7	Contingency
	Calendar	Net Premiums	Net Principal	Premium	Earned	Year	Addition	Withdrawals	Reserve
	Year Written	Written	Guaranteed	(Cols. 1/2)	Premium	Reserve	to Reserve	from Reserve	(Cols. 5+6-7)
1.	2024 S.P								
2.	2024 I.P								
3.	2023 S.P								
4.	2023 I.P								
5.	2022 S.P								
6.	2022 I.P								
7.	2021 S.P								
8.	<mark>2021</mark> I.P								
9.	2020 S.P								
10.	2020 I.P								
11.	2019 S.P								
12.	2019 I.P								
13.	2018 S.P								
14.	2018 I.P								
15.	2017 S.P								
16.	2017 I.P								
17.	2016 S.P								
18.	2016 I.P								
19.	2015 S.P								
20.	2015 I.P								
21.	Prior to 2015 S.P								
22.	Prior to 2015 I.P.								
23.	Totals								

S.P. = Single Premiums

MUNICIPAL BOND EXPOSURES WRITTEN PART 5A

GROSS EXPOSURES WRITTEN DURING YEAR

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

MUNICIPAL BOND EXPOSURES WRITTEN PART 5B

NET OUTSTANDING EXPOSURE

	1	2	3	4	5	6
	Net Outstanding				Net Exposure	
	Exposure	Less Collateral	Exposures Net of	Net Exposure Prior	Expired During	Net Outstanding
	(Part 5A, Col. 4)	Held	Collateral	Year	Year	Exposure
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	2	Ceded Exp	osure	5
			3	4	Net Outstanding Exposure
					(Part 5B, Col. 6)
	Direct Exposure	Assumed Exposure	Authorized	Unauthorized	(Cols. 1 + 2 - 3 - 4)
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					

I.P. = Installment Premiums

NON – MUNICIPAL BOND EXPOSURES WRITTEN PART 6A

GROSS EXPOSURES WRITTEN DURING YEAR

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

NON – MUNICIPAL BOND EXPOSURES WRITTEN PART 6B

NET OUTSTANDING EXPOSURE

	1	2	3	4	5	6
	Net					
	Outstanding	_	-		Net	37.
	Exposure	Less	Exposures	Net	Exposure	Net
	(Part 6A,	Collateral	Net of	Exposure	Expired	Outstanding
	Col. 4)	Held	Collateral	Prior Year	During Year	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 $6\mathrm{C}$

BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

		1	2	Ceded I	Exposure	5
				3	4	Net Outstanding
			_			Exposure
		Direct	Assumed			(Part 6B, Col. 6)
		Exposure	Exposure	Authorized	Unauthorized	(Cols. 1+2-3-4)
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					on Received	7	8								d Liability		uch Estimated
	Reinsurance R	eceived Dur	ing the Year	in	the Current	Year			Losses Unp	aid Decembe	er 31 of Cur	rent Year	Develop	ment	on Unpai	d Losses	Lia	bility
	1	2	3	4	5	6			9	10	11	12	13	14	15	16	17	18
														On losses				
								Losses paid				Total Per		incurred				
	On losses	On losses	On losses	On losses	On losses	On losses		during 2023	On losses	On losses	On losses	Col. 5,	On losses	prior to				
	incurred	incurred	incurred	incurred	incurred	incurred	Total	on losses	incurred	incurred	incurred	Part 3A	incurred prior	2023			Dec. 31, 2023	
	during	during	prior to	during	during	prior to	(Cols. 1+2+3	incurred prior	during	during	prior to	(Cols.	to 2024 (Cols.	(Cols.	Dec. 31,	Dec. 31,	(Col. 13 less	(Col. 14 less
	<mark>2024</mark>	2023	2023	<mark>2024</mark>	2023	2023	-4-5-6)	to 2023	<mark>2024</mark>	2023	2023	9+10+11)	2+3+10+11)	3+8+11)	2023	<mark>2022</mark>	Col. 15)	Col. 16)
Municipal Obligation Bonds																		
Special Revenue Bonds																		
3. IDB's—Class I																		
4. IDB's—Class II																		
5. IDB's—Class III																		
Total Municipal Bonds																		
Corporate Obligation Bonds—																		
Class I																		
Corporate Obligation Bonds—																		
Class II																		
Corporate Obligation Bonds—																		
Class III																		
10. Consumer Debt Obligations																		
11. Pass Through Securities																		
12. Limited Partnerships																		
Other Non-Investment Grade																		
Obligations																		
14. All Other Non-Municipal																		
15. Total Non-Municipal Bonds																		
16. Totals																		

Affix Bar Code Above

INSURANCE EXPENSE EXHIBIT

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

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

INTERROGATORIES

1.	Indi	ndicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:													
	1.1	Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2\$													
	1.2	Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2\$													
	1.3	Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2\$													
	1.4	Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2\$													
	1.5														
2.	Indi	cate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:													
	2.1	Net Investment Income, Page 4, Line 9, Column 1													
	2.2	Net realized Capital Gain or (Loss), Page 4, Line 10, Column 1 \$													
3.1		information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation xpenses and profit to the various lines of business. Are there any items requiring special comment or explanation?	Yes	[]	No	[]								
3.2		items allocated to lines of business in Parts II and III using methods not defined in the instructions? ement may be attached.	Yes	[]	No	[]								
3.3	If ye	es, explain:													

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

		0.1	TT 1 12 TO			
	1	Other 2	Underwriting Ex		5	6
		Acquisition, Field Supervision	3	4		
	Loss	and		Taxes,		
Operating Expense	Adjustment	Collection	General	Licenses and	Investment	Total
Classifications	Expense	Expenses	Expenses	Fees	Expenses	Expenses
Claim adjustment services:						
1.1 Direct						
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						
(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						
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						
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						
Postage, telephone and telegraph, exchange and express. 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						
20.4 All other (excl. Fed. and foreign income and real						
estate)						
20.5 Total taxes, licenses and fees (Lines 20.1+20.2+20.3+20.4)						
21. Real estate expenses.						
22. Real estate taxes						
23. Reimbursements by uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX
24. Aggregate write-ins for miscellaneous operating						
expenses						
25. TOTAL EXPENSES INCURRED						
DETAILS OF WRITE-INS						
2401.						
2402 2403						
2498. Summary of remaining write-ins for Line 24 from						
overflow page						
2499. TOTAL (Lines 2401 through 2403 plus 2498) (Line						
24 above)						
·			•		•	

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

									Lo	oss Adjustn	nent Expense				Los	s Adjustr	nent Expense	,	Unearne	ed		
	ъ.	337 144			D: 11			1.7	D.C	10 .					D.C	10 .	4.11	1	Premiu			
	Premium (Pg. 8,		Promium	ns Earned	Divide: Policyh		Incurred (Pg. 9,		Defense a Contair		Adjustir Other Ex		(Pg. 10,	Losses Pt 2A	Defense an Contain		Adjustin Other Exp		Reserve (Pg. 7, Pt.			
	Col			1, Col. 4)	(Pg. 4, L		Col.		Expenses		Incur			l. 8)	Expenses		Unpa		Col. 5		Agents' Ba	lances
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Fire		XXX		100.0 100.0																		
2.2 Multiple Peril Crop		XXX		100.0																		
2.3 Federal Flood		XXX		100.0																		
2.4 Private Crop		XXX		100.0 100.0																		
Farmowners Multiple Peril		XXX		100.0																		
Homeowners Multiple Peril Comm Mult Peril (Non-Liab)		XXX XXX		100.0 100.0																		
5.2 Comm Mult Peril (Liab)		XXX		100.0																		
Mortgage Guaranty		XXX		100.0																		
Ocean Marine Inland Marine		XXX		100.0 100.0																		
9.2 Pet Insurance Plans		XXX		100.0																		
10. Financial Guaranty		XXX		100.0																		
11.1 Med Prof Liab—Occurrence		XXX XXX		100.0 100.0																		
12. Earthquake		XXX		100.0																		
13.1 Comprehensive Individual		XXX		100.0																		
13.2 Comprehensive Group		XXX XXX		100.0 100.0																		
15.1 Vision Only		XXX		100.0																		
15.2 Dental Only		XXX		100.0																		
15.3 Disability Income		XXX XXX		100.0 100.0																		
15.5 Medicaid Title XIX		XXX		100.0																		
15.6 Medicare Title XVIII		XXX		100.0																		
15.7 Long-Term Care		XXX XXX		100.0 100.0																		
15.9 Other Health		XXX		100.0																		
16. Workers' Compensation		XXX		100.0																		
17.1 Other Liability—Occurrence		XXX XXX		100.0 100.0																		
17.3 Excess Workers' Compensation		XXX		100.0																		
18.1 Products Liab—Occurrence		XXX		100.0																		
18.2 Products Liab— Claims-Made		XXX		100.0 100.0																		
19.2. Other Priv Passenger Auto Liab		XXX		100.0																		
Commercial Auto No-Fault Other Commercial Auto Liability		XXX XXX		100.0 100.0																		
21.1 Priv Passenger Auto Phys Damage		XXX		100.0																		
21.2 Commercial Auto Phys Damage		XXX		100.0																		
22. Aircraft (all perils)		XXX XXX		100.0 100.0																		
24. Surety		XXX		100.0																		
26. Burglary and Theft		XXX		100.0																		
27. Boiler and Machinery		XXX XXX		100.0 100.0																		
29. International		XXX		100.0																		
30 Warranty		XXX XXX		100.0 100.0																		
Reins-Nonproportional Assumed Property Reins-Nonproportional Assumed Liab		XXX		100.0																		
 Reins-Nonproportional Assumed Fin Lines. 		XXX		100.0																		
 Aggr Write-Ins for Other Lines of Bus TOTAL (Lines 1 through 34) 		XXX		100.0 100.0												-		 	 			\vdash
DETAILS OF WRITE-INS	-	λλλ		100.0																		\vdash
3401.		XXX		100.0																		
3402		XXX		100.0																		
3403	.	XXX		100.0																		
34 from overflow page		XXX		100.0																		
3499. TOTAL (Lines 3401 through 3403 plus 3498 (Line 34 above)	1	XXX		100.0																		
3496 (Lilie 34 above)		АЛЛ		100.0										ļ		<u> </u>		<u> </u>	!			

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)

				Othe	er Underw	riting Expenses	3													i T	
		Commissior Brokerage Ex Incurred (IEE	penses	Taxes, Lic	enses &	Other Acqu Field Supe and Colle Expenses I	isitions, rvision, ection	General E Incur (IEE Pt.	red	Other Inco		Pre-Tax Pro Loss Exclu		Investmen on Fun Attributal	ds	Profit or l Excludi Investment Attributab	ing t Gain	Investm Gain Attributab			
		Line 2.8 Col. 2)		(IEE Pt. 20.5, C		(IEE Pt. 1, minus 2.8		25 Col.		(Pg. 4, L minus L		All Invest	ment	Insurar Transact		Capital a Surplu		Capital a		Total Profit Loss	t or
		23 Amount	24 %	25 Amount	26 %	27 Amount	28	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
1	Fire	rimount		Amount		7 tinount		7 tinount		Amount		7 tinount		Zimount		7 tinount		7 tinount		- Timount	
2	Allied Lines																				
	Multiple Peril Crop																			l	
	Private Crop																			l	
2	Private Flood																				
3																					
5	Homeowners Multiple Peril																			l	
5																				l	
6	Mortgage Guaranty																				
8	Ocean Marine																			l	
9																					
10	Financial Guaranty																				
11	Med Prof Liab—Occurrence																				
11 12	Med Prof Liab—Claims-Made Earthquake																			ı	
12																				i	
13																					
14	Credit A&H																				
15																				l	
15 15																				1	
15	Medicare Supplement																			l	
15	Medicaid Title XIX																				
15																					
15 15																				l	
15																					
16	Workers' Compensation																				
17																				l	
17	Other Liability—Claims-Made																			l	
18																				l	
18	Products Liab —Claims-Made																				
19																				l	
19 19																				1	
19	Other Commercial Auto Liab																			1	
21	Priv Passenger Auto Phys Damage																				
21	Commercial Auto Phys Damage																			l	
22 23	Fidelity																			l	
24	Surety																				
26	Burglary and Theft																			l	
27 28	Boiler and Machinery Credit																			l	
28	International																				
30	Warranty																				
31	Reins-Nonproportional Assumed Property																			l	
32 33	Reins-Nonproportional Assumed Liab Reins-Nonproportional Assumed Fin Lines																			l	
34	Aggr Write-Ins for Other Lines of Bus																			ł	l
35	TOTAL (Lines 1 through 34)																			i	1
DE	AILS OF WRITE-INS																			ĺ	T
340																					
340																				l	
340 349																				l	
349	Summary of remaining write-ins for Line 34 from overflow page TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)				***************************************						***************************************							***************************************			L

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

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

										L	oss Adjustn	nent Expense				L	oss Adjustr	nent Expense	9				
		Premiums		Premiums		Divide	ends	Incurre		Defense a		Adjustir		Unpaid		Defense a		Adjusti					
		(Pg. 8, I		(Sch. T, I		to		(Sch. T, I		Contair		Other Ex		(Sch. T, I		Contain		Other Ex		Unearned			_
		Col.		Col.	- /	Policyh		Col.	- /	Expenses		Incur		Col.	. ,	Expenses		Unp		Reser		Agents' Ba	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
	Fire	Amount	% XXX	Amount	% 100.0	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
2.1	Allied Lines		XXX		100.0																		
2.2	Multiple Peril Crop		XXX		100.0																		
2.3	Federal Flood		XXX		100.0																		
2.4 2.5	Private Crop		XXX		100.0 100.0																		
3.	Farmowners Multiple Peril		XXX		100.0																		
4.	Homeowners Multiple Peril		XXX		100.0																		
5.1	Comm Mult Peril (Non-Liab)		XXX		100.0																		
5.2	Comm Mult Peril (Liab)		XXX		100.0 100.0																		
6. 8.	Mortgage Guaranty Ocean Marine		XXX		100.0																		
9. <mark>1</mark>	Inland Marine		XXX		100.0																		
	Pet Insurance Plans		XXX		100.0																		
10. 11.1	Financial Guaranty Med Prof Liab—Occurrence	***************************************	XXX		100.0 100.0																		
11.1	Med Prof Liab—Claims-Made		XXX		100.0																		
12.	Earthquake		XXX		100.0																		
13.1	Comprehensive Individual		XXX		100.0																		
13.2 14.	Comprehensive Group		XXX XXX		100.0 100.0																		
15.1	Vision Only		XXX		100.0																		
15.2	Dental Only		XXX		100.0																		
15.3	Disability Income		XXX		100.0																		
15.4	Medicare Supplement		XXX		100.0																		
15.5 15.6	Medicaid Title XIX		XXX		100.0 100.0																		
15.7	Long-Term Care		XXX		100.0			***************************************															
	FEHBP		XXX		100.0																		
15.9	Other Health		XXX		100.0																		
16.	Workers' Compensation		XXX		100.0																		
17.1 17.2	Other Liability—Occurrence Other Liability—Claims-Made		XXX		100.0 100.0																		
17.2	Excess Workers' Compensation		XXX		100.0																		
18.1	Products Liab—Occurrence		XXX		100.0																		
18.2	Products Liab—Claims-Made		XXX		100.0																		
19.1 19.2.	Priv Passenger Auto No-Fault Other Priv Passenger Auto Liab		XXX		100.0 100.0																		
19.2.	Commercial Auto No-Fault		XXX		100.0																		
19.4.	Other Commercial Auto Liability		XXX		100.0																		
21.1	Priv Passenger Auto Phys Damage		XXX		100.0																		
21.2	Commercial Auto Phys Damage		XXX		100.0																		
22. 23.	Aircraft (all perils)		XXX		100.0 100.0																		
24.	Surety		XXX		100.0																		
26.	Burglary and Theft		XXX		100.0																		
27.	Boiler and Machinery		XXX		100.0																		
28. 29.	Credit		XXX		100.0 100.0																		
30.	Warranty		XXX		100.0																		
31.	Reins-Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins-Nonproportional Assumed Liab	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. 34.	Reins-Nonproportional Assumed Fin Lines Aggr Write-Ins for Other Lines of Bus	XXX	XXX	XXX	XXX 100.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	TOTAL (Lines 1 through 34)		XXX		100.0																		
	ILS OF WRITE-INS		АЛЛ		100.0														1				
3401.			XXX		100.0																		
3402.			XXX		100.0																		
3403. 3498.	C		XXX		100.0																		
3498.	Summary of remaining write-ins for Line 34 from overflow page		XXX		100.0													1		1			
3499.	TOTAL (Lines 3401 through 3403 plus		ААА		100.0														***************************************				
	3498) (Line 34 above)		XXX		100.0																		
														•		•							

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

				Oth	er Underwi	riting Expenses							
						Other Acquisitio	ns, Field						ŀ
		Commission	n and			Supervision						Pre-Tax Profit	
		Brokerage Ex		Taxes, Licenses		Collection Ex		General Exp		Other Incom		Excluding	
		Incurred		Incurred		Incurred		Incurred		Other Expe		Investme	
		23	24	25	26	27	28	29	30	31	32	33	34
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
	Fire												
	Multiple Peril Crop												
2.3	Federal Flood												
	Private Crop Private Flood												
	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril												
	Comm Mult Peril (Non-Liab)												
6.	Comm Mult Peril (Liab)												
8.	Ocean Marine												
9.1	Inland Marine												
10.	Pet Insurance Plans Financial Guaranty												
11.1	Med Prof Liab — Óccurrence												
	Med Prof Liab—Claims-Made												
	Earthquake												
13.2	Comprehensive Group												
	Credit A&H												
	Vision Only												
	Disability Income												
15.4	Medicare Supplement												
	Medicaid Title XIX Medicare Title XVIII												
15.7	Long-Term Care												
15.8	FEHBP												
	Other Health												
17.1	Other Liability—Occurrence												
17.2	Other Liability—Claims-Made												
17.3	Excess Workers' Compensation Products Liab—Occurrence												
	Products Liab—Occurrence Products Liab—Claims-Made												
19.1	Priv Passenger Auto No-Fault.												
	Other Priv Passenger Auto Liab												
	Other Commercial Auto Liability												
21.1	Priv Passenger Auto Phys Damage												
	Commercial Auto Phys Damage												
22. 23.	Aircraft (all perils) Fidelity												
24.	Surety												
26.	Burglary and Theft												
27. 28.	Boiler and Machinery												
29.	International												
30.	Warranty	373737											
31. 32.	Reins-Nonproportional Assumed Property Reins-Nonproportional Assumed Liab.	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX
33.	Reins-Nonproportional Assumed Fin Lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggr Write-Ins for Other Lines of Bus												
35.	TOTAL (Lines 1 through 34)										<u> </u>		
DETA 3401.	ILS OF WRITE-INS												
3401.													
3403.													
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page												
5499.	101AL (Lines 3401 unough 3403 plus 3498) (Line 34 above)									1	1	l	1

OVERFLOW PAGE FOR WRITE-INS

OF THE

Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

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

\ ,	, , ,				Employer	s ID Number	
The Investi Financial S		errogatories are	to be filed by April	1. They	are also to be inclu	ded with the A	udited Statutory
			reporting the appli		. dollar amounts an	d percentages	of the reporting
1. Report	ing entity's tot	al admitted asset	s as reported on Page	e 2 of this	annual statement. \$.		
2. Ten la	rgest exposures	s to a single issue	r/borrower/investme	ent.			
	<u>1</u>		$\frac{2}{2}$ Description of		<u>3</u>		4 ge of Total
2.01	<u>Issuer</u>		<u>Exposure</u>	¢	<u>Amount</u>		ted Assets
2.01 2.02							% %
2.02				*			%
2.04							%
2.05				\$			%
2.06				\$			%
2.07							%
2.08				_			%
2.09 2.10							% %
3. Amour design	ation.			admitted a	assets held in bonds	-	
	Bonds	<u>1</u>	<u>2</u>		Preferred Stocks	<u>3</u>	<u>4</u>
3.01	NAIC 1	\$	%	3.07	NAIC 1	\$	%
3.02	NAIC 2	\$	%	3.08	NAIC 2	\$	%
3.03	NAIC 3	\$	%	3.09	NAIC 3	\$	%
3.04	NAIC 4	\$	0%	3.10	NAIC 4	\$	%
3.05	NAIC 5	\$	0%	3.11	NAIC 5	\$	%
3.06	NAIC 6	\$	%	3.12	NAIC 6	\$	%
4. Assets	held in foreign	investments:					
4.01	Are assets total admit		nvestments less than	2.5% of th	ne reporting entity's	Yes []	No []
	If response	e to 4.01 above is	s yes, responses are i	not require	ed for interrogatories	5 - 10.	
4.02			n foreign investmen	ts		\$	%
4.03		rrency-denomina				\$	
4.04	insurance	naomnes denom	inated in that same for	oreign cur	rency	\$	%0

5.	Aggregate	foreign	investment	exposure	categorized	by NAI	C 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:

				1	2.	
		Countries designated NAIC 1:		<u> </u>	=	
	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:	\$			%
				1	<u>2</u>	
7.	Aggrega	ate unhedged foreign currency exposure	\$			%
8.	Aggrega	ate unhedged foreign currency exposure ca	tegorized	by NAIC sovereign d	esignation:	
					_	
	8 01	Countries designated NAIC 1	\$	<u>l</u>	<u>2</u>	%

8.01	Countries designated NAIC I	\$ %
8.02	Countries designated NAIC 2	\$ %
8.03	Countries designated NAIC 3 or below	\$ 0%

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

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

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

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

OF THE

11	1.01	Are assets held in Canadian investments less than 2.5 total admitted assets?	% of the reporting entity's	Yes [] No []	
		If response to 11.01 is yes, detail is not required for the	he remainder of Interrogatory	11.	
			<u>1</u>	<u>2</u>	
	1.02	Total admitted assets held in Canadian investments	\$ \$.%
	1.03 1.04	Canadian-currency-denominated investments Canadian-denominated insurance liabilities	\$ \$	•••••	. 70
	1.05	Unhedged Canadian currency exposure	\$		
		gregate amounts and percentages of the reporting er sales restrictions.	ntity's total admitted assets	held in investments with	
12	2.01	Are assets held in investments with contractual sales of the reporting entity's total admitted assets?	s restrictions less than 2.5%	Yes [] No []	
		If response to 12.01 is yes, responses are not required	for the remainder of Interrog	atory 12.	
		<u>1</u>	<u>2</u>	<u>3</u>	
12	2.02	Aggregate statement value of investments with contractual sales restrictions	\$.%
		Largest three investments with contractual sales restrictions:			
	2.03		*		
	2.04				
12	2.05		\$.%
13. Am	nounts ai	nd percentages of admitted assets held in the ten larges	t equity interests:		
13	3.01	Are assets held in equity interest less than 2.5% of admitted assets?	f the reporting entity's total	Yes [] No []	
		If response to 13.01 is yes, responses are not required	I for the remainder of Interrog	atory 13.	
		<u>1</u>	<u>2</u>	<u>3</u>	
		<u>Issuer</u>			
	3.02		\$		
	3.03 3.04		\$ \$		
	3.05		\$		
	3.06		\$		• , •
	3.07		\$		
	3.08		\$.%
			\$.%
13	3.09		Ψ		
13 13 13	3.09 3.10 3.11		\$		

OF THE

Amounts	and percentages of the reporting entity's total admitted	assets held in nonaffiliated, private	vately placed equities:
14.01	Are assets held in nonaffiliated, privately placed ed reporting entity's total admitted assets?	quities less than 2.5% of the	Yes [] No []
	If response to 14.01 above is yes, responses are not re	equired for 14.02 through 14.05	5.
	<u>1</u>	<u>2</u>	<u>3</u>
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	\$	
	Largest three investments held in nonaffiliated privately placed equities:	,	
14.03		. \$	
14.04 14.05		Ф	
	Ten largest fund managers:		
	<u>1</u>	<u>3</u>	<u>4</u>
	Fund Manager Total Inves	sted <u>Diversified</u>	Nondiversified
14.06	\$		\$
14.07	\$		\$
14.08	\$		\$
14.09	\$		\$
14.10	\$	<u>.</u>	\$
14.11	\$		\$
14.11			
	\$		\$
14.13	\$		\$
14.14	\$	*	\$
14.15 Amounts	and percentages of the reporting entity's total admitted		\$ip interests:
15.01	Are assets held in general partnership interests less		
	entity's total admitted assets? If response to 15.01 above is yes, responses are not re	aguired for the remainder of In	Yes [] No []
	if response to 13.01 above is yes, responses are not in	equired for the remainder of the	cirogatory 13.
15.02	Aggregate statement value of investments held in general partnership interests	<u>2</u> 1 \$	<u>3</u>
	Largest three investments in general partnership interests:)	
15.03	mores.	. \$	
15.04		Φ.	
15.05		ф	
15.05		. \$	

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

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		\$	%

OF THE

19.		aggregate amounts and percentages of ine real estate loans:	the reporting	entity's total a	dmitted assets	held in investr	ments held in
	19.01	Are assets held in investments held in the reporting entity's total admitted a		eal estate loans	less than 2.5%	of Yes[]	No[]
		If response to 19.01 is yes, responses	are not require	d for the remain	nder of Interrog	atory 19.	
	19.02	Aggregate statement value of inv mezzanine real estate loans:	vestments held	in \$	<u>2</u>		<u>3</u> %
		Largest three investments held in mea	zzanine real est	ate loans:			
	19.03 19.04 19.05			\$			% %
20.	Amoun	ats and percentages of the reporting entity	y's total admitte	ed assets subjec	et to the followi	ng types of agr	eements:
			At Yea		1st Qtr	End of Each Qu 2 nd Qtr 4	arter 3 rd Qtr
2	20.01	Securities lending agreements (do not include assets held as collateral for	1	<u>2</u>	<u>3</u>		<u>5</u>
4	20.02 20.03 20.04 20.05	such transactions) Repurchase agreements Reverse repurchase agreements Dollar repurchase agreements Dollar reverse repurchase agreements	\$ \$ \$ \$	%	\$ \$ \$ \$	\$ \$ \$	\$ \$
21.	Amoun	its and percentages of the reporting en	ntity's total adr	mitted assets fo	or warrants not	attached to o	ther financial

instruments, options, caps, and floors:

		Own	ned	Wri	<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:

		At Yea	At Year-End			<u>arter</u>
				1 st Qtr	2 nd Qtr	$3^{\rm rd}$ Qtr
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
22.01	Hedging	\$	%	\$	\$	\$
22.02	Income generation	\$	%	\$	\$	\$
22.03	Replications	\$	%	\$	\$	\$
22.04	Other	\$	%	\$	\$	\$

OF THE

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

		At Yea	At Year-End At En			
				1st Qtr	2^{nd} Qtr	$3^{\rm rd}$ Qtr
		<u>1</u>	<u>2</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

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

OF THE	NAIC	C COMPANY CODE	3		
Direct B	usiness in the State of				
	DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS	1 Life Insurance Premiums	2 Allocated Annuity and Other Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity and Other Unallocated Fund 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 Reporting entity contributions to employee benefits plans				
	2.3 Dividends or refunds applied to purchase paid-up additions and annuities				
	Dividends or refunds applied to shorten endowment or premium paying period Premium and annuity considerations waived under disability or other contract provisions				
	2.6 Aggregate write-ins for other considerations, if any				
	2.99 Total (Lines 2.1 through 2.6)				
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in				
	the following categories: 3.1 Transfers to guaranteed Separate Accounts				
	3.2 Roll over of GICs or annuities into other companies				
	3.3 Surrenders or other benefits paid out				
	3.4 Excess interest credited to accounts				
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
4.	3.99 Total (Lines 3.1 through 3.5)				
٦.	401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be				
	transferred on Line 4.2:				
	4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all				
	ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included				
	in Column 4, Lines 1, 2.99, and 3.99.	XXX		XXX	
	4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all	12.22		12.22	
	UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee)				
	established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code that are included in	******		*****	
	Column 4, Lines 1, 2.99 and 3.99. 4.3 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all other	XXX		XXX	
	amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts				
	received to fund allocated annuity contracts owned by both non-governmental and governmental				
	retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue				
	Code as these amounts are to be included on Line 4.1).	XXX		XXX	
	4.4 Enter in Column 4, as a positive number, and Column 2 as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund				
	unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section				
	401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2	XXX		XXX	
	4.99 Total (Lines 4.1 through 4.4)	XXX		XXX	
	Total (Lines 1 + 2.99 + 3.99 + 4.99)				
	ELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN E RT 2. Do not include any amounts more than once in Lines 6 through 9.	ETERMINING TH	IE BASE PRIOR I	O ADDITIONAL A	DJUSTMENTS
6.	Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT				
_	guaranteed or under which the entire investment risk is borne by the policyholder				
7.	Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5				
8.	Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included				
	in Line 5 and if any prior years original premiums were reported as assessable premium				
9.	Dividends paid or credited, but only if NOT guaranteed in advance				
	SSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2 Current Year before Part 2 additional adjustments (Line 5 – 6 – 7 – 8 – 9)				
	ALS OF WRITE-INS				
2.601	MES OF WAITE-INS				
2.602					
2.603					
2.698	Summary of remaining write-ins for Line 2.6 from overflow page				
2.699	Total (Lines 2.601 through 2.603 plus 2.698) (Line 2.6 above)				
3.501 3.502					
3.502					
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)				
Foots	ote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the	nremium associated	with standalone Die	ability Income ("DI"	- include both short
	ng term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with				
1 a)	Disability income (include both short and long term)	XXX	XXX		XXX
1 b)	Long-term care	XXX	XXX		XXX
Foots	ote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty as	sociation should cont	tact regarding assess	ment inquiries (hillin	g navment etc.)
	dual namedual name				
Title					
	tment				
	address				
	phone number				
	address				

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

OF THE	NAIC COMPANY CODE
District of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	

		1	2 Allocated	3	4 Unallocated
			Annuity and	Accident	Annuity &
		Life	Other	&	Other
		Insurance	Allocated	Health	Unallocated
11.	Line 10 of the Assessable Premium Exhibit – Part 1	Premiums	Fund Deposits	Premiums	Fund Deposits
	INTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE		I	I	l
12.	Premium received for multiple non-group policies of life insurance owned by one owner:				
	12.1 Amounts in excess of \$1 million		XXX	XXX	XXX
13.	12.2 Amounts in excess of \$5 million		XXX	XXX	XXX
	13.1 Federal Employees Health Benefit Program	XXX	XXX		XXX
	13.2 Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX		XXX
	13.3 Medicare Part D stand alone plans	XXX XXX	XXX XXX		XXX XXX
	13.5 Stop loss contracts	XXX	XXX		XXX
	13.6 MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or	373737	3/3/3/		373737
	uninsured	XXX XXX	XXX XXX		XXX XXX
	13.99 Total (Lines 13.1 through 13.7)	XXX	XXX		XXX
14.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included				
	in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans	XXX		XXX	
15.	Amounts received from obligations to provide a book value accounting guaranty for defined contribution	AAA		AAA	
	benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee,				
	which in each case is not an affiliate of the member insurer: 15.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
	15.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
	15.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	
	15.4 Total (Lines 15.1+15.2+15.3)	XXX	XXX	XXX	
	15.5 Amounts NOT in excess of \$10 million per contract (Minnesota only)	XXX XXX	XXX XXX	XXX XXX	
16.	Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific	AAA	AAA	AAA	
	employee, union, or association of natural persons benefit plans:				
	16.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
	16.2 All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	
	association of natural persons benefit plans (New Jersey only)	XXX	XXX	XXX	
17.	Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of				
	the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal				
	place of business of the plan sponsor, which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit				
	Guaranty Corporation:				
	17.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
	17.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract	XXX XXX	XXX XXX	XXX XXX	
	17.4 Total (Lines 17.1 + 17.2 + 17.3)	XXX	XXX	XXX	
	17.5 Amounts up to \$10 million per contract (Minnesota only)	XXX	XXX	XXX	
18.	Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
	18.1 Amounts NOT in excess of \$2 million per contract for contracts issued to fund a specific employee,				
	union, or association of natural persons benefit plans, based on the principal place of business of the				
	plan sponsor (New Jersey only)	XXX	XXX	XXX	
	18.2 Amounts NOT in excess of \$5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the				
	plan sponsor (Iowa only)	XXX	XXX	XXX	
19.	Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included				
	in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a				
	governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
	19.1 Amounts NOT in excess of \$1 million per contract	XXX		XXX	
	19.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract	XXX		XXX	
	19.3 Amounts in excess of \$5 million per contract	XXX XXX		XXX XXX	
	19.5 Amounts NOT in excess of \$10 million per contract (Minnesota Only)	XXX	XXX	XXX	
	19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	
	19.7 Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the				
	U.S. Internal Revenue Code (Louisiana only)	XXX	XXX	XXX	
	19.8 Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts				
	owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of	vvv		vvv	vvv
20.	the U.S. Internal Revenue Code (Kansas only)	XXX		XXX	XXX
20.	Benefit Guaranty Corporation:				
	20.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
21	20.2 All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	
21.	ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
	ASSESSABLE I REPUTORI BASE after adjustments – see state specific formula S OF WRITE-INS				i
21.01					
21.02 21.03					
21.98 21.99	Summary of remaining write-ins for Line 21 from overflow page				
41.99	10tais (Lines 21.01 dirough 21.03 plus 21.76) (Line 21 above)		L	L	

OVERFLOW PAGE FOR WRITE-INS

9. Current...... Net (Direct+Assumed-Ceded) 10. Current OF THE

A ffix	Par	Code	Ahove	

LONG-TERM CARE EXPERIENCE REPORTING FORM 1 STAND-ALONE LTC ONLY (\$000 OMITTED)

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

NAIC Group Code					·					N	NAIC Company	Code
		1	2	3	4	5	6	7	8	9	10	11
								Number of	Number of Lives			
		Earned	Incurred	Number of Claims	Number of Claims		Number of	Policies In Force	In Force	Active Life		
		Premiums	Claims (a)	Opened	Closed	Remaining Open	Terminations	Year-End	Year-End	Reserves	Claim Reserves	Other Reserves
Individual												
Direct												
 Current 												
Total Inception	n-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed												
 Current 												
Ceded												
 Current 												
Net (Direct+Assumed-0	Ceded)											
Current												
Group												
Direct												
 Current 												
Total Inceptio	n-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed												
Ceded		1	1		1	1	I	1	1	1		

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

^[] Paid by Waiver [] Paid Up

OF THE

Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 2 DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) (a)

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

(To Be F

NAIC Company Code

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

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

^[] Policy [] Policy Form

OF THE

Affix Bar Code Above

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

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

(To Be Filed By April 1)

NAIC Group Code						(10 Be Flied By	NAIC Company Code					
	ırred Y		1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024		
A. II	PART 1 – Total (Direct and Transferred) Amount Paid Policyholders											
1.	Prior	r										
2.	<mark>2017</mark>	<mark>7</mark>										
3.	<mark>2018</mark>	<mark>3</mark>	XXX									
4.	<mark>2019</mark>	<mark>)</mark>	XXX	XXX								
5.	<mark>2020</mark>	<mark>)</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>		XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	<u></u>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	<mark>3</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	<mark>l</mark>	XXX	XXX	XXX	XXX	XXX	XXX	xxx			
			PAF	RT 2 - Sum of Total	Amount Paid Policyh	olders and Claim Lia	bility and Reserve Ou	itstanding at End of Y	Year			
1.	Prior	r										
2.	<mark>2017</mark>	<mark>7</mark>										
3.	<mark>2018</mark>	<mark>3</mark>	XXX									
4.	<mark>2019</mark>	<mark>)</mark>	XXX	XXX								
5.	<mark>2020</mark>	<mark>)</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>		XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	<u></u>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	<mark>3</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	<mark>l</mark>	XXX	XXX	XXX	XXX	XXX	XXX	xxx			
					PAR	Γ3 – Transferred Res	serves					
1.	Prior	r										
2.	<mark>2017</mark>	<mark>7</mark>										
3.	<mark>2018</mark>	<mark>3</mark>	XXX									
4.	<mark>2019</mark>	<mark>)</mark>	XXX	XXX								
5.	<mark>2020</mark>	<mark>)</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>		XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	<u></u>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	<mark>}</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	<mark>l</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
					PART 4 – F	Present Value of Incu	rred Claims					
1.	Prior	r										
2.	<mark>2017</mark>	<mark>7</mark>										
3.		<mark>3</mark>	XXX									
4.	2019	<mark>)</mark>	XXX	XXX								
5.	<mark>2020</mark>		XXX	XXX	XXX							
6.	<mark>2021</mark>		XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	<u></u>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	<mark>3</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	<mark>l</mark>	XXX	XXX	XXX	XXX	XXX	XXX	xxx			

OF THE

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

			1	2	3	4	5	6	7	8	
Iı	ncurred	Year	2017	<mark>2018</mark>	<mark>2019</mark>	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>	
B.	Grou	р									
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders											
		Prior									
	2. <mark>2</mark>	2 <mark>017</mark>									
	3. <mark>2</mark>	2 <mark>018</mark>	XXX								
		2019	XXX	XXX							
	5. <mark>2</mark>	2020	XXX	XXX	XXX						
	6. <mark>2</mark>	2021	XXX	XXX	XXX	XXX					
	7. <mark>2</mark>	2022	XXX	XXX	XXX	XXX	XXX				
	8. <mark>2</mark>	2023	XXX	XXX	XXX	XXX	XXX	XXX			
	9. <mark>2</mark>	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	xxx		
			PAR	T 2 – Sum of Total A	mount Paid Policyho	lders and Claim Liab	ility and Reserve Out	tstanding at End of Y	ear		
	1. P	Prior									
	2. <mark>2</mark>	2 <mark>017</mark>									
	3. <mark>2</mark>	2 <mark>018</mark>	XXX								
	4. <mark>2</mark>	2 <mark>019</mark>	XXX	XXX							
		2 <mark>020</mark>	XXX	XXX	XXX						
	6. <mark>2</mark>	<u>2021</u>	XXX	XXX	XXX	XXX					
	7. <mark>2</mark>	2 <mark>022</mark>	XXX	XXX	XXX	XXX	XXX				
	8. <mark>2</mark>	2 <mark>023</mark>	XXX	XXX	XXX	XXX	XXX	XXX			
	9. <mark>2</mark>	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
					PART	3 – Transferred Res	erves				
		Prior									
		2 <mark>017</mark>									
		2018	XXX								
	4. <mark>2</mark>		XXX	XXX							
	5. <mark>2</mark>	2 <mark>020</mark>	XXX	XXX	XXX						
	6. <mark>2</mark>	2 <mark>021</mark>	XXX	XXX	XXX	XXX					
	7. <mark>2</mark>	2 <mark>022</mark>	XXX	XXX	XXX	XXX	XXX				
		2 <mark>023</mark>	XXX	XXX	XXX	XXX	XXX	XXX			
	9. <mark>2</mark>	2 <mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
			,		PART 4 – P	resent Value of Incur	red Claims		1		
		Prior									
		2 <mark>017</mark>									
		<mark>2018</mark>	XXX								
		2 <mark>019</mark>	XXX	XXX							
			XXX	XXX	XXX						
		2021	XXX	XXX	XXX	XXX					
		2 <mark>022</mark>	XXX	XXX	XXX	XXX	XXX				
		2023	XXX	XXX	XXX	XXX	XXX	XXX			
	9. <mark>2</mark>	2 <mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

OF THE

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

		1	2	3	4	5	6	7	8		
Incu	rred Year	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>		
C. Summary											
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders											
1.	Prior										
2.	2017										
3.	<mark>2018</mark>	XXX									
4.	<mark>2019</mark>	XXX	XXX								
5.	<mark>2020</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
		PAI	RT 2 – Sum of Total A	Amount Paid Policyho	olders and Claim Lia	bility and Reserve Ou	tstanding at End of Y	/ear			
1.	Prior										
2.	2017										
3.	<mark>2018</mark>	XXX									
4.	<mark>2019</mark>	XXX	XXX								
5.	<mark>2020</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
				PAR	Γ3 – Transferred Res	serves					
1.	Prior										
2.	<mark>2017</mark>										
3.	<mark>2018</mark>	XXX									
4.	<mark>2019</mark>	XXX	XXX								
5.	<mark>2020</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
				PART 4 – I	Present Value of Incu	rred Claims					
1.	Prior										
2.	<mark>2017</mark>										
3.	<mark>2018</mark>	XXX									
4.	<mark>2019</mark>	XXX	XXX								
5.	<mark>2020</mark>	XXX	XXX	XXX							
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

^[] Historical [] Current

OF THE

Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 4 DIRECT GROUP EXPERIENCE – STAND-ALONE ONLY (\$000 OMITTED)

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

(То В	e Filed By April 1)
NAIC Group Code	NAIC Company Code

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

OF THE

Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 5 EXPERIENCE IN THE STATE OF STAND-ALONE AND HYBRID PRODUCTS – DIRECT STATE REPORTING (\$000 OMITTED)

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

	(To Be Filed By April 1)
NAIC Group Code	NAIC Company Code

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

OF THE

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	۰	•	۰	•	•	•	•	•	•	•	•	•	•	•
	Δ	١	í	1	f	í	X			E	3	i	ì	I	r	•	C	2	()	(ł	Ę				۸		ŀ)	C)	١	71	e	•	

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

								To Be Filed STATE OF	by March 1)								
NAIC G	roup Code								NAIC Cor	mpany Code							
Address	(City, State and	Zip Code)															
Person C	Completing This	Exhibit															
		Title							Telephone	Number				-			
1	2	3	4	5	6	7	8	9	10		Policies Issu	ed Through <mark>2021</mark>		I	Policies Issued	in <mark>2022, 2023, 20</mark>	24
		Standardized							Policy	11	Incurre 12	ed Claims	14 Number	15	Incurre 16	ed Claims	18 Number
Compliance with OBRA	Policy Form Number	Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	of Covered Lives
0199999 TO	TAL EXPERIEN	NCE ON INDIVID			1	1		T	T								
0299999 TO	TAL EXPERIEN	L NCE ON GROUP F	POLICIES														
							C	ENEDAL INTE	RROGATORIES			Į			l .		
							U	ENERAL INTE	KKOGATOKIES								
1.	_		-	and complete details.													
2.		_	erson provided	to the Secretary of I	Health and Hum	nan Services as re	equired by 42 U	J.S.C. 1395ss(c)	(3) (E) for this sta	ate							
	2.1 Ad	ldress:															
	2.2 Contact Person and Phone Number:																
3.	3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).																
	3.1 Address:																
	3.2 Co	ontact Person and P	hone Number:														
4		ny nolicies identifie															

OF THE

Affix Bar Code Above

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

		Individual	Coverage	•	Coverage	5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected	Hisurea	Omnsured	Hisured	Omnsured	Casii
1.1	Standard Coverage					
1.1	1.11 With Reinsurance Coverage		XXX		XXX	
	1.12 Without Reinsurance Coverage		XXX		XXX	
	1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		xxx	
2.	Premiums Due and Uncollected-change					
2.1	Standard Coverage					
	2.11 With Reinsurance Coverage		XXX		XXX	xxx
	2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium-change					
3.1	Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments-change		XXX		XXX	XXX
4.1	Receivable		XXX		xxx	xxx
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums		MA		AAA	AAA
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
8.2	8.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.	Health Care Receivables-change		XXX		XXX	XXX
9.1	Standard Coverage					
7.1	9.11 With Reinsurance Coverage		XXX		xxx	xxx
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits		XXX		XXX	xxx
10.	Claims Incurred					
10.1	Standard Coverage					
	10.11 With Reinsurance Coverage		XXX		XXX	XXX
	10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims		XXX		XXX	
12.	Reinsurance Coverage and Low Income Cost Sharing					
	12.1 Claims Paid – Net of Reimbursements Applied	xxx		xxx		
	12.2 Reimbursements Received but Not Applied-change	XXX		xxx		
	12.3 Reimbursements Receivable-change	XXX		XXX	•••••	XXX
	12.4 Health Care Receivables-change	XXX		XXX		XXX
13.	Aggregate Policy Reserves-change					XXX
14.	Expenses Paid		XXX		XXX	
15.	Expenses Incurred		XXX		XXX	XXX
16.	Underwriting Gain/Loss		XXX		XXX	XXX
17.	Cash Flow Result	XXX	XXX	XXX	XXX	

Affix Bar Code Above	

PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT

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

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

	Premiums Losses							Loss Adjustment Expenses						
		1	2	3	4	5		Unpaid December 31		9	10		ecember 31	13
		-	_			-	6	7	8	1		11	12	1
	Line of Business	Attributed	Prior Year	Current Year	Earned Premium	Paid	Adjusted or in Process	Incurred But Not Reported	Prior Year Total	Incurred	Paid	Current Year	Prior Year	Incurred
1.	Fire													
2.1 2.2	Allied lines													
2.2	Federal flood													
2.3	Private crop													
2.5	Private flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.1	Inland marine													
9.2 10.	Pet insurance plans													
10. 11.1	Medical professional liability occurrence													
11.1	Medical professional liability claims-made													
12.	Earthquake													
13.1	Comprehensive (hospital and medical) individual													
13.2	Comprehensive (hospital and medical) group													
14.	Credit accident and health (group and individual)													
15.1	Vision Only													
15.2	Dental only													
15.3	Disability income													
15.4	Medicare supplement													
15.5 15.6	Medicaid Title XIX													
15.6	Long-term care													
15.8	Federal employees health benefits plan													
15.9	Other health													
16.	Workers' compensation													
17.1	Other liability—occurrence													
17.2	Other liability—claims-made													
17.3	Excess workers' compensation													
18.1	Products liability—occurrence													
18.2	Products liability—claims-made													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3 19.4	Commercial auto no-fault (personal injury protection) Other commercial auto liability													
21.1 21.2	Private passenger auto physical damage Commercial auto physical damage													
21.2	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
29.	International													
30. 31.	Warranty													
31.	Reinsurance-nonproportional assumed property													
32.	Reinsurance-nonproportional assumed financial lines													
34.	Aggregate write-ins for other lines of business													
35.	Totals			l										
	F WRITE-INS									Ì		İ	İ	_
	WRITE-ING			l										
3403														
3498. St	ım. of remaining write-ins for Line 34 from overflow page													
3499. Tot	al (Lines 3401 through 3403 plus 3498) (Line 34 above)							İ		i	İ	I	l	

OF THE

OVERFLOW PAGE FOR WRITE-INS

Affix Bar Code Above

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

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

	NAIC Group Code	To Be Filed by March	1	NAIC Company Code
	NAIC Group Code			TATE Company Code
		(A) Financial Impac	et	-
		l As Reported	2 Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory Reinsurance
A01.	Assets	115 116 501164	Trombulance Effect	Ttomburanee
A02.	Liabilities			
A03.	Surplus as regards to policyholders			
A04.	Income before taxes			
	(B) Summary of Reinsurance	Contract Terms	(C) Ma	nagement's Objectives
	(b) Summary of Remsurance	Contract Terms	(C) IVII	magement 3 Objectives
D. I	If the response to General Interrogatory 9.4 (Part for GAAP and SAP.	2 Property & Casualty Interrogate	ries) is yes, explain below why t	the contracts are treated differently

e All rights reserved. Reprinting of distributing this material without permission is prohibited without written permiss	SION HOIN THE NAIC.
···	Affix Bar Code Above
NATIONAL ASSOCIATION OF INSURANCE COMMISSIO	NERS
SCHEDULE SIS	
STOCKHOLDER INFORMATION SUPPLEMENT	
For The Year Ended December 31, <mark>2024</mark> (To Be Filed by March 1)	
REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INT FOR THE PROPERTY/CASUALTY, LIFE, ACCIDENT AND HEALTH/FRATERNAL, TITLE AND HEALTH INSURANCE BLANKS	FERROGATORIES
TO ANNUAL STATEMENT OF THE	

COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

	If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if no	ecessary.			
2.	Will the company distribute to its stockholders prior to the Annual Meeting during the following year year? Answer	an Annu	al Repor	t for the	current
	If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the c same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate				e at the
3.	If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution the solicitation of proxies in respect to the Annual Meeting? Answer	prior to o	r contem	poraneo	us with
	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 substantially on the basis (individual or consolidated) as required to be present in the Company's A in Column B)?				
		Colu	nn A	Colu	mn B
	To be answered by Life, Accident and Health Companies:	Yes	No	Yes	No
	 a. Statement of Assets, Liabilities, Surplus and Other Funds b. Summary of Operations c. Surplus Account 				
	To be answered by Property and Casualty Companies:				
	Statement of Assets, Liabilities, Surplus and Other Funds Statement of Income				
	b. Statement of Income				
	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				

OF THE

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

Furnish the foll	owing information for each director,	and for each of the three highest	paid officers, whose aggregat	te direct remuneration ex	sceeded \$100,000 during th	e year, naming each such	n person.			
1	2	3	4	Set Aside I	Accrued or During Year	Est. Annual Benefits Upon Retirement				
	Daimainal Commetica	Camradaa	Accessor Disset	5 Datimon out	6 Other Fran	7 Patimam ant	8 Other Fran			
Name and Title	Principal Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	Retirement Plan	Other Emp. Benefits	Retirement Plan	Other Emp. Benefits			
							-			
	· —									
	<u> </u>									
	· <u></u>									
							•			
	· 						-			
	· ———									
	<u> </u>									
							-			
	<u> </u>									
	· -		·				-			
										
	. <u></u>									
Furnish on a se	parate sheet the following information	on as to each of the individuals n	amed above (or state below the	at such information is no	ot present):					
A. Information	on as to any material interest, direct	or indirect, on the part of such in	ndividual during the vear in an	ny material transaction o	or any material proposed tra	insaction as to which the	Company, or			
	subsidiaries, was or is to be a party.	, 1	8 7		, , , ,		1 37			
B. Information	on as to all options to purchase secur	ities of the Company granted to	or exercised by each such indi	vidual during the year.						
2. Answer "ves" o	or "no" in each column as to whether	or not the information in Item 1	above has been, or will be, fu	ırnished to stockholders	in any proxy statement rel	ating to (i) the election of	f directors. (ii)			
any bonus, pro	fit sharing or other remuneration pla	an, contract or arrangement in v	hich any director, nominee f	for election as a director	r, or officer of the Compar	ny will participate, (iii) a	nv pension or			
issued to securi	in which any such person will partity holders, as such, on a pro rata bas	is. If any answer is "no" explain	in detail on a separate sheet.	i any options, warrants,	or rights to purchase any	securities, other than war	rants or rights			
	. <u> </u>									
3. Furnish the info	ormation specified in Item 1 for all di	rectors and all officers of the Co	mpany, as a group, without na	aming them.						
	•		1 37 0 17	Ü						
xxx	XXX	XXX					1			
Did the stockho	lders have an opportunity to vote for	or against the election of direct	ors and also other matters to be	e presented at any stockl	holder's meeting?					
		_	maners to be	1 at any stocks						
	If answer is "no	•								
Will the Compa	my solicit proxies from its stockhold	ers during the following year and	d will such solicitation(s) prece	ede any shareholders' m	eeting or meetings by at le	ast 10 days?				
Answer	If answer is "yes	s" and proxies are to be solicited	copies of the proxy statement	t and form of proxy and	other soliciting material to	be furnished stockholder	s shall be			
	e Insurance Commissioner of the Co				given to stockholders.					
If answer is "no	" and proxies are not to be solicited	trom stockholders, explain in de	tail below Attach separate sh	eet if necessary						

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3				of Shares		
			4	5		ing Current Year	8	9
					6	7		Percentage of Voting Stock Directly and Indirectly Owned or
Name and Title of (a) Each Director and	Title	Nature	Owned at	Acquired	Held Less	Held 6	Owned at	Controlled at the
Each Officer with any Ownership and	of	of	End of	During	Than 6	Months	End of	End of the
(b) Any Other Owner of More Than 10%	Security	Ownership	Prior Year	Current Year	Months	or More	Current Year	Current Year
								-
							·	
								-
	<u> </u>			<u> </u>		<u> </u>		
								-
-				-	-			-
	-							
	 -							
								-
								-
	 -							
-		-						
<u> </u>								
Note: Answer "yes" or "no" as to whether the inf will be furnished to stockholders in a proxy	ormation concerning the numb	er of shares owned at the end of	the year (as shown in Colum	n 8) by each Director and the t	hree highest paid Officers who	ese aggregate direct remunerat	ion exceeded \$100,000 during	the year, has been or
Answer If answer is "no" e								
State the number of stockholders of record of the c	ompany at the end of the year.	Answer						
Has the state of domicile granted an exemption or	disclaimer of control? Answer							

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

		1	2	Direct Lo	osses Paid	5	Direct Loss	8	
		•	-	3	4	1 ~	6	7	Direct
	States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Losses Incurred But Not Reported
1.	AlabamaAL								
2. 3.	AlaskaAK ArizonaAZ								
4.	Arkansas								
5.	CaliforniaCA								
6.	ColoradoCO								
7.	ConnecticutCT								
8.	DelawareDE								
9.	District of ColumbiaDC								
10.	FloridaFL								
11. 12.	GeorgiaGA HawaiiHI								
13.	IdahoID								
14.	IllinoisIL								
15.	IndianaIN								
16.	IowaIA								
17.	KansasKS								
18.	KentuckyKY								
19. 20.	Louisiana LA								
20.	MaineME								
22.	MarylandMD MassachusettsMA								
23.	Michigan MI								
24.	MinnesotaMN								
25.	Mississippi MS								
26.	MissouriMO								
27.	Montana MT								
28.	NebraskaNE								
29.	NevadaNV								
30. 31.	New Hampshire								
32.	New JerseyNJ New MexicoNM								
33.	New YorkNY								
34.	North CarolinaNC								
35.	North DakotaND								
36.	OhioOH								
37.	OklahomaOK								
38.	OregonOR								
39. 40.	PennsylvaniaPA								
40.	Rhode Island								
42.	South DakotaSD								
43.	TennesseeTN								
44.	TexasTX								
45.	UtahUT								
46.	VermontVT								
47.	VirginiaVA								
48. 49.	WashingtonWA West VirginiaWV								
50.	WisconsinWI								
51.	WyomingWY								
52.	American SamoaAS								
53.	GuamGU								
54.	Puerto RicoPR								
55.	U.S. Virgin IslandsVI								
56.	Northern Mariana Islands MP								
57. 58	CanadaCAN								
58. 59.	Aggregate other alienOT Totals								
	ILS OF WRITE-INS								
58001.									
	Sum. of remaining write-ins for								
	Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus								
	58998) (Line 58 above)					I .		l .	

OF THE

Affix B	ar Code Above
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SUPPLEMENTAL COMPENSATION EXHIBIT

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

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
Current:									
Principal Executive Officer	2024								
	2023								
	2022								
Current:	2024								
2. Principal Financial Officer	2024								
	2023 2022								
3.	2024								
3.	2023								
	2022								•••••
4.	2024								
	2023								
	2022								
5.	2024								
	2023								
	<mark>2022</mark>								
6.	2024								
	2023								
	2022								
7.	2024								
	2023 2022								
8.	2024								
6.	2023								
	2022								
9.	2024								
	2023								
	2022								
10.	2024								
	2023								
	2022								

PART 3 – DIRECTOR COMPENSATION

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

OF THE

PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

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

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

	heing duly sworn says	that he/she is the		of the		
a corporation organized under the laws surplus statement together with its relate enumerated, are the absolute property of mentioned assets are held in the United assets, liabilities and deductions therefron	ofed schedules appended but said corporation, free States by Insurance Dep	, entere ereto is a true staten and clear from any artments and Officer	ed to transact business in ment of the trusteed surpl liens or claims thereon, rs of the various States o	the United States thro lus of said corporation except as hereinafter of the United States and	stated, and that each and I Trustees as hereinafter i	all of the hereinafter
Subscribed and sworn to before me this	day of	A.D., 20				
		AFFIDAVIT OF	TRUSTEE - SCHEDUL	 LE B		
being sworn, say that it is the Trustee of a corporation organized under the laws located at	of, that the ass	ets listed in Schedul	entered to transact busing le B of the following sta	ness in the United Stat atement are held by it States.	es through the State of as such Trustee within the	ne United States, and
Subscribed and sworn to before me this	day of	A.D., 20				
			TRUSTEE - SCHEDUL	 LE <u>C</u>		
being sworn, say that it is the Trustee of a corporation organized under the laws located at that the said assets are subject to no other	of, that the asser claims than those of p	ets listed in Schedul olicyholders and cree	entered to transact busing le C of the following standitors within the United	ness in the United Stat atement are held by it States.	es through the State of as such Trustee within the	ne United States, and
Subscribed and sworn to before me this	day of	A.D., 20				
		AFFIDAVIT OF	TRUSTEE - SCHEDUL	 LE D		
being sworn, say that it is the Trustee of a corporation organized under the laws located at that the said assets are subject to no other	of, that the ass	ets listed in Schedul	le D of the following sta	atement are held by it	es through the State of as such Trustee within the	he United States, and
Subscribed and sworn to before me this	day of	A.D., 20				

TRUSTEED SURPLUS STATEMENT ASSETS

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

1	2	3	4	5
Line Number	Description	Admitted Asset Value	Par Value	Fair Value
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals			

SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

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

SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

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

SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

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

TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

		1
		Current Year
1.	Total liabilities	
ADDITI	IONS 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)	
DEDUC	CTIONS FROM LIABILITIES:	
7.	Reinsurance recoverable on paid losses and loss adjustment expenses:	
	7.1 Authorized companies	
	7.2 Unauthorized companies	
	7.3 Certified companies	
	7.4 Reciprocal jurisdiction companies	
8.	Special state deposits, not exceeding net liabilities carried in this statement on	
	business in each respective state:	
	8.1 Special state deposits (submit schedule)	
	8.2 Accrued interest on special state deposits	
9.	Agents' balances or uncollected premiums not more than ninety days past due, not	
	exceeding unearned premium reserves carried thereon	
10.	Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment	
	expenses due to reinsured:	
	10.1 Authorized companies	
	10.2 Unauthorized companies	
11.	Aggregate write-ins for other deductions from liabilities	
12.	Total deductions (Lines 7 thru 11)	
13.	Total adjusted liabilities (Line 6 minus Line 12)	
14.	Trusteed surplus	
15.	Total	
DETAI	LS OF WRITE-INS	İ
0401.	2001 11412 210	
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.		
1199.		
1103. 1198.		

OVERFLOW PAGE FOR WRITE-INS

•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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BAIL BOND SUPPLEMENT

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

NAIC	Group Code				NAIC Compai	ny Code	
Comp	any Name						
1. 2.	reporting entity writes any bail bond business, please provide the following: Is the bail bond premium reported on a gross basis? If the answer to #1 was no, was a permitted practice granted to the reporting the answer to #2 was no, please explain	ng entity?				Yes	[] No []
4. 5. 6.	What bond life is used to calculate unearned premium in days? Are any amounts charged to the consumer excluded from gross premiums. If the answer to #5 was Yes, please explain	?				Yes	[] No []
7. 8.	Do the agents have ongoing performance obligations on the bond after exe If the answer to #7 is Yes, please describe the nature of the agents' continu	ecution? ing obligations				Yes	[] No []
		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)						
	(Line 10 minus Line 11 should equal Line 12)	\$	%		\$	%	
			% of GPE	% of NPE		% of GPE	% of NPE
13.	Direct premiums earned (gross)	\$	7001 012	70011112	\$	7001012	70 011112
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	\$			\$		

•	٠	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
		Z	١		f	f	ï	,	v		1	F	2	e		r		(-	٦			ċ	1	c			Z	١	1	h		n	,		٠,	3			

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC C	Group Code		NAIC Company Co	ode				
Compar	ny Name							
		tes any director ar	nd officer (D&O)	business, please p	provide the follow	ing:		
. M	onoline Policies							
	Dir	rect	Di	rect	Dir	rect	Percen	tage of
	Pren	niums	Lc	sses	Defense and Co	ost Containment	In Force	Policies
					_		_	i
	1	2	3	4	5	6	7	8
	1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence

2.	Commercial Multiple Peril	

Comr	nercial 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 cover quantified or estimated?	rage provided as part of a CMP packaged policy be	Yes [] No []
2.3	If the answer to question 2.2 is yes, provide the quantified liability coverage in CMP packaged policies	I or estimated direct premium earned amount for D&O	
	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:

Dir	rect	Dia	rect	Percen	tage of	
Lo	sses	Defense and Co	ost Containment	In Force	Policies	
1	2	3	4	5	6	
	Paid + Change in		Paid + Change in			
Paid	Case Reserves	Paid	Case Reserves	Claims Made	Occurrence	
\$	\$	\$	\$	%	(%

•	•		•																•			•			•	•	•	
		į	۸	4	A	7	,	1	Б	١.	•	,-	1	r	٠,	ċ	4.		٨	ŀ	ŀ		ĸ	,	,			

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

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

NA	IC Group Code	NAIC Company Code
Cor	npany Name	
	PART 1 – INTERROGATORIES	
Cyl	persecurity Insurance Coverage:	
1.	Does the reporting entity write any primary cybersecurity insurance coverage?	Yes [] No []
	If yes, complete Part 2.	
2.	Does the reporting entity write any cybersecurity insurance coverage provided as an excess policy?	Yes [] No []
	If yes, complete Part 3.	
3.	Does the reporting entity write any cyber security insurance coverage provided as an endorsement?	Yes [] No []
	If yes, complete Part 4.	
4.	Does the reporting entity answer "YES" to questions 1, 2, or 3?	Yes [] No []
	If yes, complete Part 5.	

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

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

	1
	Cybersecurity Insurance
Direct Premiums	
1. Written	
Direct Losses	
3. Paid	
Direct Defense and Cost Containment	
5. Paid	
Number of Policies in Force	
7. Number of policies in force	
Number of Claims Reported	
8. First party 9. Third party 10. Total (8 + 9)	
Number of Claims Open	
11. First party 12. Third party 13. Total (11 + 12)	
Number of Claims Closed with Payment	
14. First party 15. Third party 16. Total (14 + 15)	
Number of Claims Closed without Payment	
17. First party 18. Third party 19. Total (17 + 18)	

CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

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

	1
	Cybersecurity Insurance
Direct Premiums	
1. Written	
2. Earned	
Direct Losses	
3. Paid	
Direct Defense and Cost Containment	
_	
5. Paid	
•	
Number of Policies in Force	
7. Number of policies in force	
Number of Claims Reported	
8. First party	
9. Third party	
10. Total (8 + 9)	
Number of Claims Open	
11. First party	
12. Third party	
13. Total (11 + 12)	
Number of Claims Closed with Payment	
14. First party	
15. Third party	
16. Total (14 + 15)	
Number of Claims Closed without Payment	
17. First party	
18. Third party 19. Total (17 + 18)	
17. 10m (17 · 10)	



CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

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

	1
	Cybersecurity Insurance
Direct Premiums Estimated Using Reasonable Assumptions	
1. Written	
2. Earned	
Direct Losses	
3. Paid	
4. Incurred	
Direct Defense and Cost Containment	
5. Paid	
6. Incurred	
Number of Policies in Force	
7. Number of policies in force	
Number of Claims Reported	
8. First party	
9. Third party	
10. Total (8 + 9)	
Number of Claims Open	
11. First party	
12. Third party	
13. Total (11 + 12)	
Number of Claims Closed with Payment	
14. First party	
15. Third party	
16. Total (14 + 15)	
Number of Claims Closed without Payment	
17. First party	
18. Third party	
19. Total (17 + 18)	



CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT

PART 5 – CYBERSECURITY COVERAGE BY STATE

		1	2	3	4
	State	Stand-Alone	Packaged	Excess	Endorsement
_		Stand Mone	1 dekaged	Execss	Endorsement
1.	AlabamaAL	•••••	••••••		
2.	AlaskaAK				
3.	ArizonaAZ	•••••	•••••		
4.	Arkansas AR	•••••	•••••		
5.	CaliforniaCA				
6.	ColoradoCO				
7.	ConnecticutCT				
8.	DelawareDE				
9.	Dist. Columbia DC				
10.	Florida FL				
11.	GeorgiaGA				
12.	HawaiiHI				
13.	IdahoID				
14.	IllinoisIL				
15.	IndianaIN				
16.	IowaIA				
17.	KansasKS				
18.	Kentucky KY				
19.	LouisianaLA				
20.	MaineME				
21.	MarylandMD				
22.	MassachusettsMA				
I					
23.	Michigan MI				
24.	MinnesotaMN		••••••		
25.	MississippiMS	•••••			
26.	MissouriMO				
27.	MontanaMT	•••••	•••••		
28.	NebraskaNE				
29.	NevadaNV				
30.	New HampshireNH		•••••		
31.	New JerseyNJ				
32.	New MexicoNM				
33.	New YorkNY				
34.	No. CarolinaNC				
35.	No. DakotaND				
36.	OhioOH				
37.	OklahomaOK				
38.	OregonOR				
39.	PennsylvaniaPA				
40.	Rhode IslandRI				
41.	So. CarolinaSC				
42.	So. DakotaSD				
43.	TennesseeTN				
44.	TexasTX				
45.	UtahUT				
46.	VermontVT				
47.	VirginiaVA				
48.	Washington WA				
49.	West Virginia WV				
50.	WisconsinWI				
51.	WyomingWY				
52.	American SamoaAS				
53.	Guam GU				
54.	Puerto RicoPR				
	U.S. Virgin IslandsVI				
55. 56					
56.	Northern Mariana Islands. MP				
57.	CanadaCAN				
58.	Aggregate other alienOT				

Affix Bar Code Above	

SUPPLEMENTAL SCHEDULE FOR REINSURANCE COUNTERPARTY REPORTING EXCEPTION – ASBESTOS AND POLLUTION CONTRACTS

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

				_							Original Reinsurer Collateral			15				ecoverable				23	24
	Origin	nal Reinsurer			active Reinsurer		Reinsu	rance Recov					Collateral			and Paid Loss Adjustment Expenses							
1	2	3	4	5	6	7	8	9	10	11	12	13	14		16			Overdue			22		Percentage
													Trust			17	18	19	20	21			More Than
													Funds and	Amounts						Total			90 Days
								Unpaid					Other	Approved						Overdue	Total	Percentage	Overdue
	NAIC				Name of Reinsurer			Case	IBNR	Cols 7+8		Letters	Allowed	as Other						Cols.	Due	Overdue	Col.
ID	Company	Name of	Domiciliary	ID	Reported	Paid	Paid	Losses &	Losses &	+9+10	Funds	Of	Offset	Offset		1 to 29	20 to 00	91 to 120	Over 120	17+18+	Cols.	Col. 21/	(19+20)/
Number	Code	Reinsurer	Jurisdiction	Number	Schedule F, Part 3	Losses	LAE	LAE	LAE	Totals	Held	Credit	Items	Items	Current	Davs	Davs	Davs	Days	19+20	16+21	Col. 22	Col. 22
																,	,	,					+
9999999	Tatala		l	l .	l .				-				-	1									+
7999999	1 otais									<u> </u>		<u> </u>	<u> </u>	1								<u> </u>	

OF THE

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PRIVATE FLOOD INSURANCE SUPPLEMENT

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

	(To Be Filed by April 1)			
NA	C Group CodeNAIC C	Company Code		
	PART 1 - INTERROGATORIES			
Pri	vate Flood Insurance Coverage:			
1.	Does the reporting entity write any stand-alone first-dollar residential private flood?	Yes []	No []	
	If yes, complete Part 2			
2.	Does the reporting entity write any stand-alone excess residential private flood?	Yes []	No []	
	If yes, complete Part 3			
3.	Does the reporting entity write any first-dollar residential private flood provided as a endorsement?	ın Yes []	No []	
	If yes, complete Part 4			
4.	Does the reporting entity write any excess residential private flood insurance provided as a endorsement?	ın Yes []	No []	
	If yes, complete Part 5			
5.	Does the reporting entity write any commercial private flood insurance provided as either stand-alone or package policy? (include both first-dollar and excess)	a Yes []	No []	
	If yes, complete Part 6			

OF THE

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 2

Stand-Alone Residential Private Flood Policies – First-Dollar Policy and Claims Data

	1	2	1	Direct Losses		Defence an	d Cost Containme	ent Evnence	9	10	11	12	13	14
	1	2	3	4	5	6	7	8	Number of	Number of	Number of	12	13	14
			-	Paid +			Paid +	-	Policies In	Policies In	Claims Open	Number of	Number of	Number of
	Direct	Direct	Paid	Change			Change in		Force End	Force End of	Beginning of	Claims Opened	Claims Open	Claims
	Written	Premium	(Deducting	in Case	Case		Case	Case	of the Prior	the Current	the Current	During the	the End of	Closed with
States, Etc.	Premium	Earned	Salvage)	Reserves	Reserves	Paid	Reserves	Reserves	Year	Year	Year	Reporting Year	Current Year	Payment
1. Alabama AL														
2. AlaskaAK														
3. Arizona AZ														
4. Arkansas														
6. ColoradoCO														
7. ConnecticutCT														
8. Delaware														
9. Dist. ColumbiaDC														
10. FloridaFL														
11. GeorgiaGA														
12. Hawaii									•••••					
13. IdahoID 14. IllinoisIL														
15. IndianaIN														
16. IowaIA														
17. KansasKS														
18. KentuckyKY														
19. LouisianaLA														
20. MaineME														
21. Maryland MD														
22. MassachusettsMA														
23. MichiganMI 24. MinnesotaMN														
25. MississippiMS														
26. MissouriMO														
27. MontanaMT														
28. NebraskaNE														
29. NevadaNV														
30. New HampshireNH														
31. New Jersey														
32. New Mexico														
34. No. CarolinaNC														
35. No. DakotaND														
36. OhioOH														
37. OklahomaOK														
38. OregonOR														
39. PennsylvaniaPA														
40. Rhode Island									•••••					
41. So. CarolinaSC 42. So. DakotaSD														
43. Tennessee														
44. Texas														
45. Utah UT														
46. VermontVT														
47. VirginiaVA														
48. WashingtonWA														
49. West VirginiaWV									•••••					
50. WisconsinWI 51. WyomingWY														
52. American SamoaAS														
53. GuamGU														
54. Puerto RicoPR														
55. U.S. Virgin Islands VI														
56. Northern Mariana IslandsMP														
57. Totals														

OF THE

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 3

Stand-Alone Residential Private Flood Policies – Excess Policy and Claims Data

	1	2	1	Direct Losses		Defence an	d Cost Containme	ent Evnence	9	10	11	12	13	14
	1	2	3	4	5	6	7	8	Number of	Number of	Number of	12	13	14
			-	Paid +			Paid +	-	Policies In	Policies In	Claims Open	Number of	Number of	Number of
	Direct	Direct	Paid	Change			Change in		Force End	Force End of	Beginning of	Claims Opened	Claims Open	Claims
	Written	Premium	(Deducting	in Case	Case		Case	Case	of the Prior	the Current	the Current	During the	the End of	Closed with
States, Etc.	Premium	Earned	Salvage)	Reserves	Reserves	Paid	Reserves	Reserves	Year	Year	Year	Reporting Year	Current Year	Payment
1. Alabama AL														
2. AlaskaAK														
3. Arizona AZ														
4. Arkansas														
6. ColoradoCO														
7. ConnecticutCT														
8. Delaware														
9. Dist. ColumbiaDC														
10. FloridaFL														
11. GeorgiaGA														
12. Hawaii									•••••					
13. IdahoID 14. IllinoisIL														
15. IndianaIN														
16. IowaIA														
17. KansasKS														
18. KentuckyKY														
19. LouisianaLA														
20. MaineME														
21. Maryland MD														
22. MassachusettsMA														
23. MichiganMI 24. MinnesotaMN														
25. MississippiMS														
26. MissouriMO														
27. MontanaMT														
28. NebraskaNE														
29. NevadaNV														
30. New HampshireNH														
31. New Jersey														
32. New Mexico														
34. No. CarolinaNC														
35. No. DakotaND														
36. OhioOH														
37. OklahomaOK														
38. OregonOR														
39. PennsylvaniaPA														
40. Rhode Island									•••••					
41. So. CarolinaSC 42. So. DakotaSD														
43. Tennessee														
44. Texas														
45. Utah UT														
46. VermontVT														
47. VirginiaVA														
48. WashingtonWA														
49. West VirginiaWV									•••••					
50. WisconsinWI 51. WyomingWY														
52. American SamoaAS														
53. GuamGU														
54. Puerto RicoPR														
55. U.S. Virgin Islands VI														
56. Northern Mariana IslandsMP														
57. Totals														

OF THE

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 4

Residential Private Flood Policy Endorsements – First-Dollar Policy and Claims Data

	1	2	I	Direct Losses		Defense an	d Cost Containme	ent Expense	9	10	11	12	13	14
	Direct	Direct	3 Paid	4 Paid + Change	5	6	7 Paid + Change in	8	Number of Policies In Force End	Number of Policies In Force End of	Number of Claims Open Beginning of	Number of Claims Opened	Number of Claims Open	Number of Claims
States, Etc.	Written Premium	Premium Earned	(Deducting Salvage)	in Case Reserves	Case Reserves	Paid	Case Reserves	Case Reserves	of the Prior Year	the Current Year	the Current Year	During the Reporting Year	the End of Current Year	Closed with Payment
1. Alabama AL														
2. AlaskaAK														
3. ArizonaAZ														
4. ArkansasAR														
5. CaliforniaCA 6. ColoradoCO														
7. ConnecticutCT														
8. DelawareDE														
9. Dist. ColumbiaDC														
10. FloridaFL														
11. GeorgiaGA														
12. Hawaii														
13. IdanoID 14. IllinoisIL														
15. IndianaIN														
16. IowaIA														
17. KansasKS														
18. KentuckyKY														
19. LouisianaLA														
20. MaineME 21. MarylandMD														
22. MassachusettsMA														
23. MichiganMI														
24. MinnesotaMN														
25. MississippiMS														
26. Missouri														
27. MontanaMT														
28. Nebraska														
30. New HampshireNH														
31. New JerseyNJ														
32. New MexicoNM														
33. New YorkNY														
34. No. CarolinaNC														
35. No. DakotaND 36. OhioOH														
37. OklahomaOK														
38. OregonOR														
39. PennsylvaniaPA														
40. Rhode IslandRI														
41. So. CarolinaSC														
42. So. DakotaSD 43. TennesseeTN														
43. Tennessee														
45. UtahUT														
46. VermontVT														
47. VirginiaVA														
48. WashingtonWA														
49. West VirginiaWV														
50. WisconsinWI 51. WyomingWY														
52. American SamoaAS														
53. GuamGU														
54. Puerto RicoPR														
55. U.S. Virgin Islands VI														
56. Northern Mariana IslandsMP														
57. Totals							l		l					

OF THE

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 5

Residential Private Flood Policy Endorsements – Excess Policy and Claims Data

	1	2	1	Direct Losses		Defence an	d Cost Containme	ent Evnence	9	10	11	12	13	14
	1	2	3	4	5	6	7	8	Number of	Number of	Number of	12	13	14
			-	Paid +			Paid +	-	Policies In	Policies In	Claims Open	Number of	Number of	Number of
	Direct	Direct	Paid	Change			Change in		Force End	Force End of	Beginning of	Claims Opened	Claims Open	Claims
	Written	Premium	(Deducting	in Case	Case		Case	Case	of the Prior	the Current	the Current	During the	the End of	Closed with
States, Etc.	Premium	Earned	Salvage)	Reserves	Reserves	Paid	Reserves	Reserves	Year	Year	Year	Reporting Year	Current Year	Payment
1. Alabama AL														
2. AlaskaAK														
3. Arizona AZ														
4. Arkansas														
6. ColoradoCO														
7. ConnecticutCT														
8. Delaware														
9. Dist. ColumbiaDC														
10. FloridaFL														
11. GeorgiaGA														
12. Hawaii									•••••					
13. IdahoID 14. IllinoisIL														
15. IndianaIN														
16. IowaIA														
17. KansasKS														
18. KentuckyKY														
19. LouisianaLA														
20. MaineME														
21. Maryland MD														
22. MassachusettsMA														
23. MichiganMI 24. MinnesotaMN														
25. MississippiMS														
26. MissouriMO														
27. MontanaMT														
28. NebraskaNE														
29. NevadaNV														
30. New HampshireNH														
31. New Jersey														
32. New Mexico														
34. No. CarolinaNC														
35. No. DakotaND														
36. OhioOH														
37. OklahomaOK														
38. OregonOR														
39. PennsylvaniaPA														
40. Rhode Island														
41. So. CarolinaSC 42. So. DakotaSD														
43. Tennessee														
44. Texas														
45. Utah UT														
46. VermontVT														
47. VirginiaVA														
48. WashingtonWA														
49. West VirginiaWV														
50. WisconsinWI 51. WyomingWY														
52. American SamoaAS														
53. GuamGU														
54. Puerto RicoPR														
55. U.S. Virgin Islands VI														
56. Northern Mariana IslandsMP														
57. Totals														

OF THE

PRIVATE FLOOD INSURANCE SUPPLEMENT – PART 6

Commercial Private Flood Policies – First Dollar and Excess Policy and Claims Data

	1	2	I	Direct Losses		Defense an	d Cost Containme	ent Expense	9	10	11	12	13	14
States, Etc.	Direct Written	Direct Premium Earned	Paid (Deducting Salvage)	4 Paid + Change in Case	5 Case	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves	Number of Policies In Force End of the Prior	Number of Policies In Force End of the Current Year	Number of Claims Open Beginning of the Current Year	Number of Claims Opened During the Reporting Year	Number of Claims Open the End of Current Year	Number of Claims Closed with Payment
1. AlabamaAL	Premium	Earned	Salvage)	Reserves	Reserves	raid	Reserves	Reserves	Year	i ear	i ear	Reporting Fear	Current rear	rayment
2. AlaskaAK														
3. Arizona														
4. Arkansas AR														
5. CaliforniaCA														
6. ColoradoCO														
7. ConnecticutCT														
8. DelawareDE														
9. Dist. ColumbiaDC														
10. FloridaFL														
11. GeorgiaGA 12. Hawaii														
13. IdahoID														
14. IllinoisIL														
15. IndianaIN														
16. IowaIA														
17. KansasKS														
18. KentuckyKY														
19. Louisiana LA														
20. MaineME														
21. Maryland MD														
22. MassachusettsMA 23. MichiganMI										•••••				
23. MichiganMI 24. MinnesotaMN														
25. MississippiMS														
26. MissouriMO														
27. MontanaMT														
28. NebraskaNE														
29. NevadaNV														
30. New HampshireNH														
31. New JerseyNJ														
32. New MexicoNM														
33. New YorkNY 34. No. CarolinaNC														
35. No. DakotaND														
36. OhioOH														
37. OklahomaOK														
38. OregonOR														
39. PennsylvaniaPA														
40. Rhode IslandRI														
41. So. CarolinaSC														
42. So. DakotaSD														
43. Tennessee TN 44. Texas TX														
44. 1exas 1X 45. Utah UT			••••••											
46. VermontVT														
47. VirginiaVA														
48. WashingtonWA														
49. West VirginiaWV														
50. WisconsinWI														
51. WyomingWY														
52. American SamoaAS														
53. GuamGU														
54. Puerto RicoPR														
55. U.S. Virgin Islands														
 Northern Mariana IslandsMP Totals 														
51. TOTAIS		L		L		L	Ļ		L	l	L		L	

MORTGAGE GUARANTY INSURANCE EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 20XX

(To Be Filed by April 1)

	C	Of:	 	
NAIC Group Code		NAIC Company Code	 Employer's ID Number	

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

	1	2		Premium	s Earned			Losses and	Defense and Cost C	ontainment Expens	es Payments	
			3	4	5	6		Loss Payments		Defense and Co	st Containment Exp	enses Payments
Years in Which	Original Direct	Current Direct		Assumed			7	8	9	10	11	12
Policies Written	Risk In Force	Risk In Force	Direct Premium	Premium	Ceded Premium	Net	Direct	Assumed	Ceded	Direct	Assumed	Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. <mark>2015</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. <mark>2016</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. 2023												
11. <mark>2024</mark>												
12. Totals			XXX	XXX	XXX	XXX						

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

T T	25	T 1	D.f 1 C 1	3 F	T 1	T 1 1	LAE Ratio	32
	25		Defense and Cost C	Containment Expens				
		26	27	28	29	30	31	Net Loss & LAE
	Number of							as a % of
D	Delinquencies							Original
	(Direct)	Direct	Assumed	Ceded	Net	Direct Basis	Net Basis	Risk in Force
1. Prior		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017								
5. <mark>2018</mark>								
6. 2019								
7. <mark>2020</mark>								
8. <mark>2021</mark>								
9. <mark>2022</mark>								
11. <mark>2024</mark>								
12. Totals		XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

	1	2		Premium	s Earned			Losses and	Defense and Cost C	ontainment Expens	es Payments	
			3	4	5	6		Loss Payments		Defense and Co	st Containment Exp	enses Payments
Years in Which	Original Direct	Current Direct		Assumed			7	8	9	10	11	12
Policies Written	Risk In Force	Risk In Force	Direct Premium	Premium	Ceded Premium	Net	Direct	Assumed	Ceded	Direct	Assumed	Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. <mark>2015</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. <mark>2016</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. 2023												
11. <mark>2024</mark>												
12. Totals			XXX	XXX	XXX	XXX						

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

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

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

	1	2		Premium	s Earned			Losses and	Defense and Cost C	ontainment Expens	es Payments	
			3	4	5	6		Loss Payments		Defense and Co	st Containment Exp	enses Payments
Years in Which	Original Direct	Current Direct		Assumed			7	8	9	10	11	12
Policies Written	Risk In Force	Risk In Force	Direct Premium	Premium	Ceded Premium	Net	Direct	Assumed	Ceded	Direct	Assumed	Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. <mark>2015</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. <mark>2016</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2017												
5. <mark>2018</mark>												
6. <mark>2019</mark>												
7. <mark>2020</mark>												
8. <mark>2021</mark>												
9. <mark>2022</mark>												
10. <mark>2023</mark>												
11. 2024												
12. Totals			XXX	XXX	XXX	XXX						

		13	14	15	16		Losses and	Defense and Cost	Containment Expen	ses Unpaid		23	24
			Net		Number of	K	nown Loss Reserve	es		IBNR Reserves		Net	
		Salvage and	Adjusting and	Total Net	Claims Closed	17	18	19	20	21	22	Adjusting and	Total Net
		Subrogation Received	Other Expense Payments	Losses and Expenses Paid	with Payment (Direct)	Direct	Assumed	Ceded	Direct	Assumed	Ceded	Other Expenses Unpaid	Losses and LAE Unpaid
1.	Prior				XXX								
	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2017												
	2018												
6.	2019												
7.	<mark>2020</mark>												
-	<mark>2021</mark>												
	2022												
10.													
11.	2024												
12.	Totals				XXX								

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

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

Years in	n Which			Incurred Losses and Defe	nse and Cost Containmer	t Expenses at Year-End I	ncluding Known Losses a	nd IBNR on Unreported	Claims (\$000 OMITTED)		
Poli	icies	1	2	3	4	5	6	7	8	9	10
	Written	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prio	or										
2. 200	<mark>)5</mark>										
3. 200	<mark>)6</mark>										
4. 200	<mark>)7</mark>										
5. <mark>200</mark>	<mark>)8</mark>										
6. <mark>200</mark>	<mark>)9</mark>										
7. <mark>201</mark>	<mark>10</mark>										
8. <mark>201</mark>	l 1										
9. <mark>201</mark>	<mark>12</mark>										
10. <mark>201</mark>	1 <mark>3</mark>										
11. <mark>201</mark>	<mark> 4</mark>										
12. <mark>201</mark>	1 <mark>5</mark>										
13. <mark>201</mark>	<mark>l6</mark>	XXX									
14. <mark>201</mark>	<mark></mark>	XXX	XXX								
15. 201	<mark>18</mark>	XXX	XXX	XXX							
16. 201	<mark>19</mark>	XXX	XXX	XXX	XXX						
17. 202	20	XXX	XXX	XXX	XXX	XXX					
18. 202	<mark>21</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
19. 202	22	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 202	23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 202	<mark>24</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years	in Which				Cumulative Paid Losses a	and Defense and Cost Cor	ntainment Expenses at Yea	ar-End (\$000 OMITTED)			
Po	olicies	1	2	3	4	5	6	7	8	9	10
Were	Written	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	2022	2023	<mark>2024</mark>
1. Pı	rior										
2. <mark>20</mark>	005										
3. <mark>20</mark>	<mark>)06</mark>										
4. <mark>20</mark>	<mark>)07</mark>										
5. <mark>20</mark>	008										
6. <mark>20</mark>	<mark>)09</mark>										
7. <mark>20</mark>	<mark>)10</mark>										
8. <mark>20</mark>	<mark>)11</mark>										
9. <mark>20</mark>	<mark>)12</mark>										
0. <mark>20</mark>	<mark>)13</mark>										
1. 20)14										
2. <mark>20</mark>	<mark>)15</mark>										
3. <mark>20</mark>	<mark>)16</mark>	XXX									
4. <mark>20</mark>	<mark>)17</mark>	XXX	XXX								
5. <mark>20</mark>	<mark>)18</mark>	XXX	XXX	XXX							
l6. <mark>20</mark>	<mark>)19</mark>	XXX	XXX	XXX	XXX						
17. <mark>20</mark>	<mark>)20</mark>	XXX	XXX	XXX	XXX	XXX					
18. <mark>20</mark>	<mark>)21</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
19. <mark>20</mark>	022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. <mark>20</mark>	023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. <mark>20</mark>	024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

PART 2C - POLICY YEAR DIRECT CURRENT RISK IN FORCE

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

PART 2D – POLICY YEAR DIRECT EARNED PREMIUM

Year	rs in Which				C	umulative Direct Earned I	Premium (\$000 OMITTE	D)			
I	Policies	1	2	3	4	5	6	7	8	9	10
We	re Written	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. 1	Prior										
2.	2005										
3.	2006										
4.	2007										
5.	2008										
6.	<mark>2009</mark>										
7.	<mark>2010</mark>										
8.	2011										
9.	2012										
10.	2013										
11.	2014										
12.	2015										
13.	2016	XXX									
14.	<mark>2017</mark>	XXX	XXX								
15.	<mark>2018</mark>	XXX	XXX	XXX							
16.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
17.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
18.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
19.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21.	202 <mark>4</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

PART 2F – POLICY YEAR DIRECT DELINQUENCIES

Ye	ears in Which					Number of Delin	quencies (Direct)				
	Policies	1	2	3	4	5	6	7	8	9	10
V	/ere Written	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	<mark>2024</mark>
1.	Prior										
2.	2005										
3.	<mark>2006</mark>										
4.	<mark>2007</mark>										
5.	<mark>2008</mark>										
6.	<mark>2009</mark>										
7.	<mark>2010</mark>										
8.	2011										
9.	2012										
10.	2013										
11.	2014										
12.	2015	******									
13.	2016	XXX									
14.	2017	XXX	XXX								
15.	2018	XXX	XXX	XXX							
16.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
17.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
18.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
19.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

VAIC Group Code		NAIC Company Code

			Direct Bu	isiness Only	
		Prior Year		Current Year	
		1	2	3	4
				Losses Paid	Losses Unpaid
		Written Premium	Written Premium	(deducting salvage)	(Case Base)
1.	Completed operations				
2.	Errors & omissions (E&O)				
3.	Directors & officers (D&O)				
4.	Environmental liability				
5.	Excess workers' compensation				
6.	Commercial excess & umbrella				
7.	Personal umbrella				
8.	Employment liability				
9.	Aggregate write-ins for facilities and				
	premises (CGL)				
10.	Internet & cyber liability				
11.	Aggregate write-ins for other				
12.	Total ASL 17 – other liability (sum of				
	lines 1 through 11)				
l l	LS OF WRITE-INS				
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for				
	line 9 from overflow page				
0999.	Total (lines 0901 through 0903 plus				
	0998) (Line 9 above)				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for				
1100	line 11 from overflow page				
1199.	Total (lines 1101 through 1103 plus				
	1198) (Line 11 above)				

• • •	•	• • •	• •	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Α	f	fi	'n	7	1	R	2	2	1	r		(^	١	n		d	١	9			Δ	Ĺ	1	1		1	'n	7	6			

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR For The Year Ended December 31, 20_

(To Be Filed by March 1) =
FOR THE STATE OF	
NAIC Group Code	NAIC Company Code

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

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