



# Quarterly Statement Blank

For the Year 2018

Not for Distribution

Property/Casualty

**Not for Distribution**

# Official NAIC Quarterly Statement Blank

Property/Casualty

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For the 2018 reporting year

Not for Distribution



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.....  
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**QUARTERLY STATEMENT**  
AS OF \_\_\_\_\_, **2018**  
OF THE CONDITION AND AFFAIRS OF THE

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

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

DIRECTORS OR TRUSTEES	
Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens .....				
4. Real estate:				
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 (\$.....), cash equivalents (\$.....) and short-term investments (\$.....)				
6. Contract loans (including \$..... premium notes).....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....				
13. Title plants less \$..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....				
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)				
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

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**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....)		
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees) .....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$..... on realized capital gains (losses)) .....		
7.2 Net deferred tax liability .....		
8. Borrowed money \$..... and interest thereon \$.....		
9. Unearned premiums (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 .....		
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		
20. Derivatives.....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$..... and interest thereon \$.....		
25. Aggregate write-ins for liabilities .....		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....		
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27).....		
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other-than-special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....		
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$.....)		
36.2 ..... shares preferred (value included in Line 31 \$.....)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....		
38. Totals (Page 2, Line 28, Col. 3)		
<b>DETAILS OF WRITE-INS</b>		
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)		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$.....)			
1.2 Assumed (written \$.....)			
1.3 Ceded (written \$.....)			
1.4 Net (written \$.....)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....):			
2.1 Direct .....			
2.2 Assumed .....			
2.3 Ceded .....			
2.4 Net .....			
3. Loss adjustment expenses incurred .....			
4. Other underwriting expenses incurred .....			
5. Aggregate write-ins for underwriting deductions .....			
6. Total underwriting deductions (Lines 2 through 5) .....			
7. Net income of protected cells .....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) .....			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned .....			
10. Net realized capital gains (losses) less capital gains tax of \$.....			
11. Net investment gain (loss) (Lines 9 + 10) .....			
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$..... amount charged off \$.....)			
13. Finance and service charges not included in premiums .....			
14. Aggregate write-ins for miscellaneous income .....			
15. Total other income (Lines 12 through 14) .....			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....			
17. Dividends to policyholders .....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....			
19. Federal and foreign income taxes incurred .....			
20. Net income (Line 18 minus Line 19) (to Line 22) .....			
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year .....			
22. Net income (from Line 20) .....			
23. Net transfers (to) from Protected Cell accounts .....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....			
25. Change in net unrealized foreign exchange capital gain (loss) .....			
26. Change in net deferred income tax .....			
27. Change in nonadmitted assets .....			
28. Change in provision for reinsurance .....			
29. Change in surplus notes .....			
30. Surplus (contributed to) withdrawn from protected cells .....			
31. Cumulative effect of changes in accounting principles .....			
32. Capital changes:			
32.1 Paid in .....			
32.2 Transferred from surplus (Stock Dividend) .....			
32.3 Transferred to surplus .....			
33. Surplus adjustments:			
33.1 Paid in .....			
33.2 Transferred to capital (Stock Dividend) .....			
33.3 Transferred from capital .....			
34. Net remittances from or (to) Home Office .....			
35. Dividends to stockholders .....			
36. Change in treasury stock .....			
37. Aggregate write-ins for gains and losses in surplus .....			
38. Change in surplus as regards policyholders (Lines 21 through 37) .....			
39. Surplus as regards policyholders as of statement date (Lines 21 plus 38) .....			
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page .....			
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....			
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page .....			
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above) .....			

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**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	.....	.....	.....
2. Net investment income .....	.....	.....	.....
3. Miscellaneous income .....	.....	.....	.....
4. Total (Lines 1 to 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) .....	.....	.....	.....
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	.....	.....	.....
12.2 Stocks .....	.....	.....	.....
12.3 Mortgage loans .....	.....	.....	.....
12.4 Real estate .....	.....	.....	.....
12.5 Other invested assets.....	.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	.....	.....	.....
12.7 Miscellaneous proceeds .....	.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	.....	.....	.....
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	.....	.....	.....
13.2 Stocks .....	.....	.....	.....
13.3 Mortgage loans .....	.....	.....	.....
13.4 Real estate .....	.....	.....	.....
13.5 Other invested assets.....	.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	.....	.....	.....
14. Net increase (or decrease) in contract loans and premium notes.....	.....	.....	.....
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	.....	.....	.....
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock .....	.....	.....	.....
16.3 Borrowed funds.....	.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....	.....
16.5 Dividends to stockholders.....	.....	.....	.....
16.6 Other cash provided (applied) .....	.....	.....	.....
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	.....	.....	.....
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17).....	.....	.....	.....
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	.....	.....	.....
19.2 End of period (Line 18 plus Line 19.1) .....	.....	.....	.....

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 .....	.....	.....	.....
20.0002 .....	.....	.....	.....
20.0003 .....	.....	.....	.....
20.9996 .....	.....	.....	.....

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NOTES TO FINANCIAL STATEMENTS

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## GENERAL INTERROGATORIES

### PART 1 – COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [ ]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ ]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....  
.....

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ ]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administration(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [ ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 6.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_
- 6.4 By what department or departments?.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificate of Authority licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ ]
- 7.2 If yes, give full information.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.]

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

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:  
 .....  
 .....
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....  
 .....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....  
 .....

**FINANCIAL**

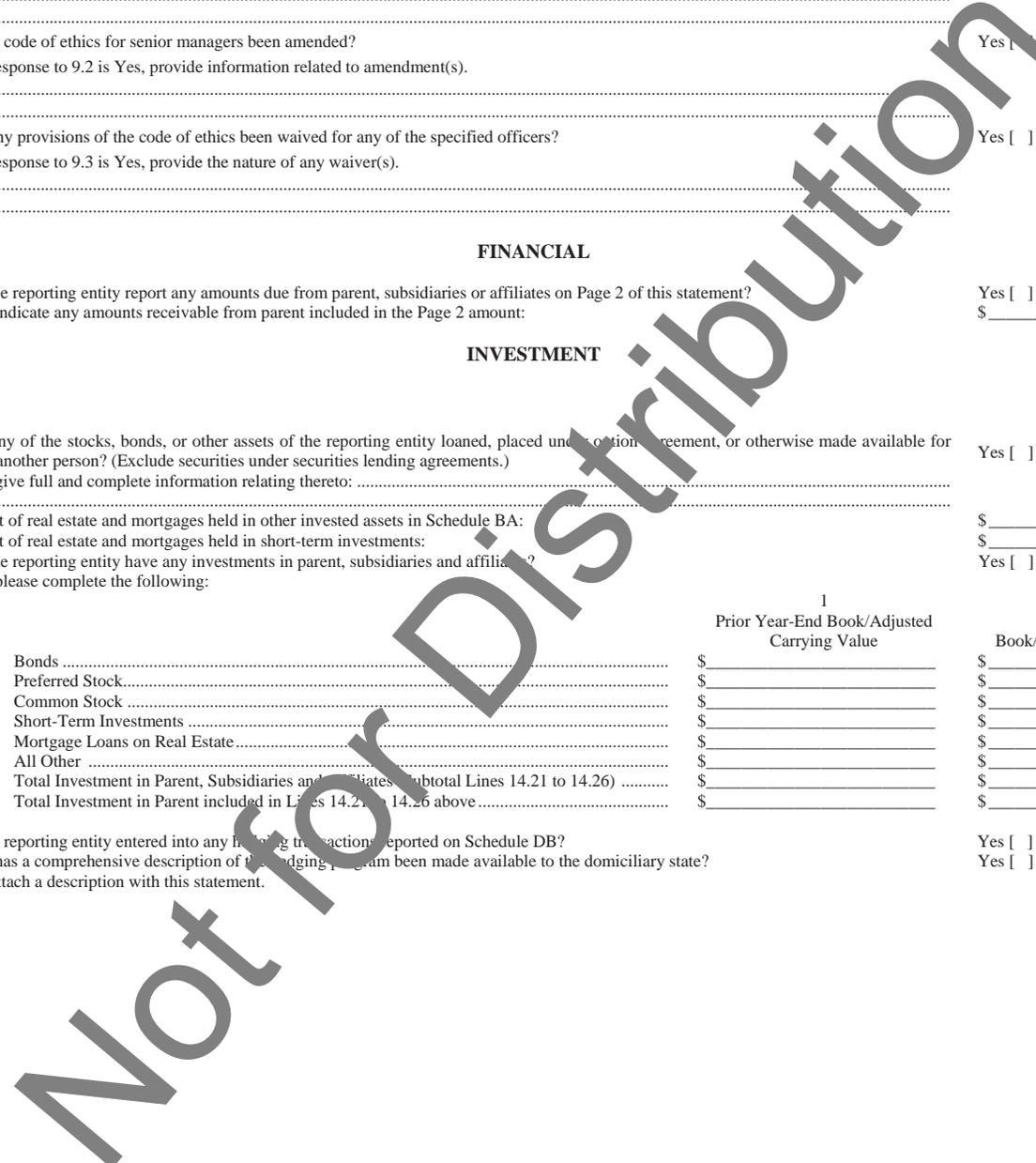
- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ ]
- 11.2 If yes, give full and complete information relating thereto: .....  
 .....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ \_\_\_\_\_
13. Amount of real estate and mortgages held in short-term investments: \$ \_\_\_\_\_
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [ ]
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ _____	\$ _____
14.22 Preferred Stock.....	\$ _____	\$ _____
14.23 Common Stock .....	\$ _____	\$ _____
14.24 Short-Term Investments .....	\$ _____	\$ _____
14.25 Mortgage Loans on Real Estate.....	\$ _____	\$ _____
14.26 All Other .....	\$ _____	\$ _____
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ _____	\$ _____
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ _____	\$ _____

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
 If no, attach a description with this statement.



### GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
  - 16.3 Total payable for securities lending reported on the liability page \$ \_\_\_\_\_

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [ ]

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address

- 17.2 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)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [ ]
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 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, or 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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [ ]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregated more than 50% of the reporting entity's assets? Yes [ ] No [ ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ ] No [ ]
- 18.2 If no, list exceptions: \_\_\_\_\_

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

### GENERAL INTERROGATORIES

#### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [ ] No [ ] N/A [ ]  
If yes, attach an explanation.
- 2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [ ] No [ ]  
If yes, attach an explanation.
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [ ] No [ ]
- 3.2 If yes, give full and complete information thereto .....
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [ ] No [ ]
- 4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	TOTAL DISCOUNT		6 IBNR	7 TOTAL	DISCOUNT TAKEN DURING PERIOD			11 TOTAL
			4 Unpaid Losses	5 Unpaid LAE			8 Unpaid Losses	9 Unpaid LAE	10 IBNR	
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		TOTAL	.....	.....	.....	.....	.....	.....	.....	.....

- 5. Operating Percentages:
  - 5.1 A&H loss percent \_\_\_\_\_ %
  - 5.2 A&H cost containment percent \_\_\_\_\_ %
  - 5.3 A&H expense percent excluding cost containment expenses \_\_\_\_\_ %
- 6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ ]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ \_\_\_\_\_
- 6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ ]
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ \_\_\_\_\_
- 7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ ]
- 7.1 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 [ ]

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**SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN**  
**Current Year to Date – Allocated by States and Territories**

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

(a) Active Status Counts:

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	_____	R – Registered - Non-domiciled RRGs.....	_____
E – Eligible - Reinsurers eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	_____	Q – Qualified - Qualified or accredited reinsurer.....	_____
D – Domestic Surplus Lines Insurers - Supporting entities authorized to write surplus lines in the state of domicile.....	_____	N – None of the above – Not allowed to write business in the state.....	_____

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

**PART 1 – ORGANIZATIONAL CHART**

*Not for Distribution*



**PART 1 – LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....				
2. Allied lines.....				
3. Farmowners multiple peril.....				
4. Homeowners multiple peril.....				
5. Commercial multiple peril.....				
6. Mortgage guaranty.....				
8. Ocean marine.....				
9. Inland marine.....				
10. Financial guaranty.....				
11.1. Medical professional liability -occurrence.....				
11.2. Medical professional liability -claims made.....				
12. Earthquake.....				
13. Group accident and health.....				
14. Credit accident and health.....				
15. Other accident and health.....				
16. Workers' compensation.....				
17.1. Other liability occurrence.....				
17.2. Other liability-claims made.....				
17.3. Excess Workers' Compensation.....				
18.1. Products liability-occurrence.....				
18.2. Products liability-claims made.....				
19.1, 19.2 Private passenger auto liability.....				
19.3, 19.4 Commercial auto liability.....				
21. Auto physical damage.....				
22. Aircraft (all perils).....				
23. Fidelity.....				
24. Surety.....				
26. Burglary and theft.....				
27. Boiler and machinery.....				
28. Credit.....				
29. International.....				
30. Warranty.....				
31. Reinsurance-Nonproportional Assumed Property.....	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....				
35. TOTALS				
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Sum. of remaining write-ins for Line 34 from overflow page.....				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)				

**PART 2 – DIRECT PREMIUMS WRITTEN**

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

**PART 3 (000 omitted)**  
**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Paid Year-End Reserves (Col. 3+2)	2018 Loss and LAE Payments on Claims Reported as of Prior Year-End	2018 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2018 Loss and LAE Payments (Col. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	Prior Year-End Known Case Loss and LAE Reserves (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2015+ Prior													
2. 2016													
3. Subtotals 2016 + prior													
4. 2017													
5. Subtotals 2017 + prior													
6. 2018	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policy-holders									Col. 11, Line 7 As % of Col. 1, Line 7		Col. 12, Line 7 As % of Col. 2, Line 7		Col. 13, Line 7 As % of Col. 3, Line 7
									1.		2.		3.
													Col. 13, Line 7 Line 8
													4.

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**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

- 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....
- 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....
- 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....
- 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

**Explanation:**

**Bar Code:**

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**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**  
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

**SCHEDULE B – VERIFICATION**  
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
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 .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4-5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

**SCHEDULE B – VERIFICATION**  
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

**SCHEDULE D – VERIFICATION**  
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....		
2. Cost of bonds and stocks acquired .....		
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

**SCHEDULE D – PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a)	.....	.....	.....	.....	.....	.....	.....	.....
2. NAIC 2 (a)	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a)	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a)	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a)	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a)	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds	.....	.....	.....	.....	.....	.....	.....	.....
<b>PREFERRED STOCK</b>								
8. NAIC 1	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock	.....	.....	.....	.....	.....	.....	.....	.....

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....; NAIC 2 \$.....; NAIC 3 \$.....; NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$.....



**SCHEDULE DA – PART 1**  
Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

**SCHEDULE DA – VERIFICATION**  
Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
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)	.....	.....

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**SCHEDULE DB – PART A – VERIFICATION**  
Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year) .....	_____
2.	Cost Paid/(Consideration Received) on additions .....	_____
3.	Unrealized Valuation increase/(decrease) .....	_____
4.	Total gain (loss) on termination recognized .....	_____
5.	Considerations received/(paid) on terminations .....	_____
6.	Amortization .....	_____
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item .....	_____
8.	Total foreign exchange change in Book/Adjusted Carrying Value .....	_____
9.	Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8) .....	_____
10.	Deduct nonadmitted assets .....	_____
11.	Statement value at end of current period (Line 9 minus Line 10) .....	_____

**SCHEDULE DB – PART B – VERIFICATION**  
Futures Contracts

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

**SCHEDULE DB – PART C – SECTION 1**

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

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

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

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

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**SCHEDULE DB – VERIFICATION**

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

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14 .....	_____
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance .....	_____
3.	Total (Line 1 plus Line 2) .....	_____
4.	Part D, Section 1, Column 5 .....	_____
5.	Part D, Section 1, Column 6 .....	_____
6.	Total (Line 3 minus Line 4 minus Line 5) .....	_____

Fair Value Check

7.	Part A, Section 1, Column 16 .....	_____
8.	Part B, Section 1, Column 13 .....	_____
9.	Total (Line 7 plus Line 8) .....	_____
10.	Part D, Section 1, Column 8 .....	_____
11.	Part D, Section 1, Column 9 .....	_____
12.	Total (Line 9 minus Line 10 minus Line 11) .....	_____

Potential Exposure Check

13.	Part A, Section 1, Column 21 .....	_____
14.	Part B, Section 1, Column 20 .....	_____
15.	Part D, Section 1, Column 11 .....	_____
16.	Total (Line 13 plus Line 14 minus Line 15) .....	_____

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**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
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)	.....	.....

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**SCHEDULE B – PART 2**  
Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

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

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

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

**SCHEDULE BA – PART 2**  
Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	3		4	5	6	7	8	9	10	11	12	13
		Name or Description	Location										
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership	
4699999	Totals											XXX	

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

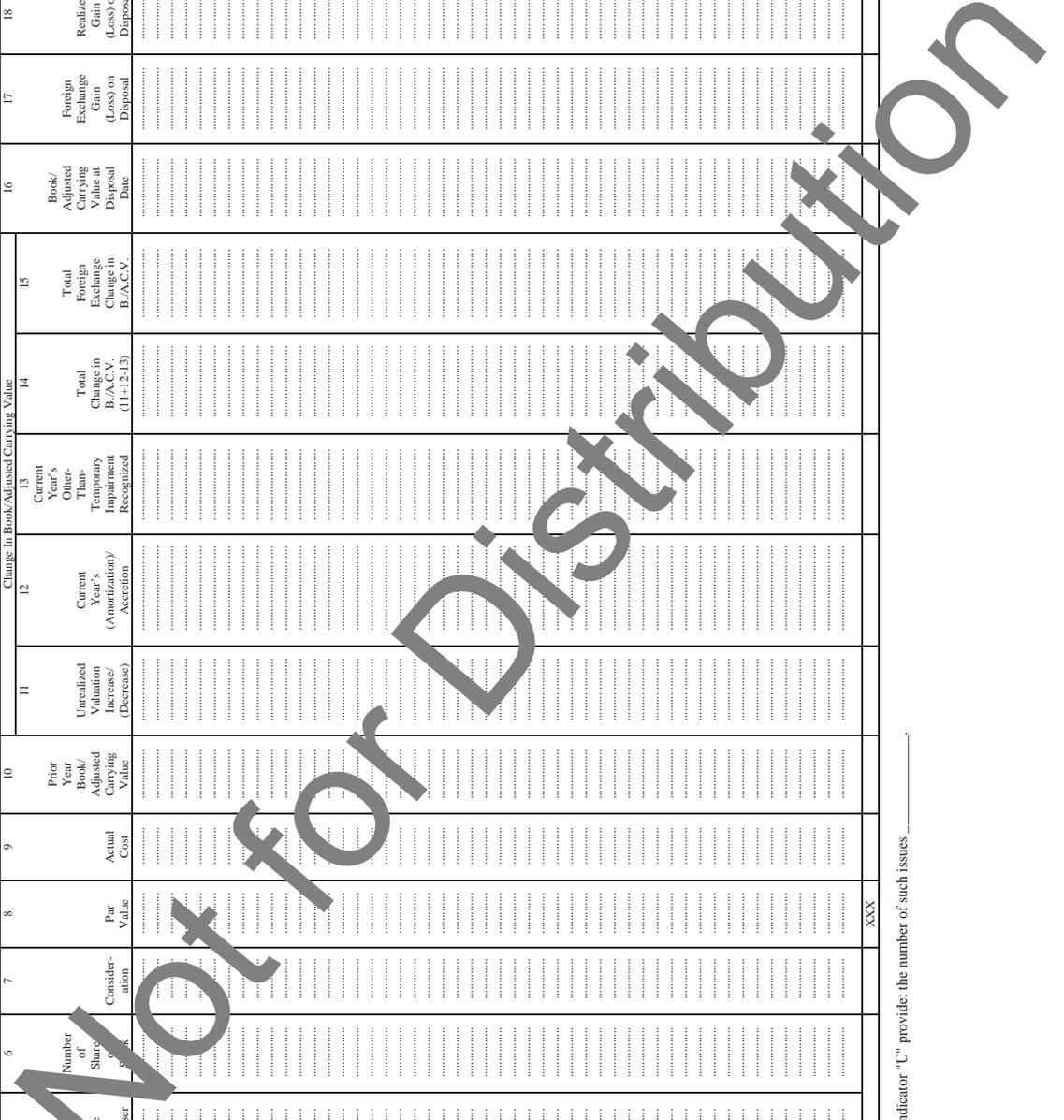
1	2	3		4	5	6	7	8	9			14	15	16	17	18	19	20
		Name or Description	Location						Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date							
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) /Accretion	Change in Book/Adjusted Carrying Value	Total Foreign Exchange Change in F.A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income	
4699999	Totals																	



**SCHEDULE D – PART 4**  
 Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of  
 During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B.A.C.V. (11+12-13)	Total Foreign Exchange Change in B.A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
9999999	Totals						XXX													XXX	XXX

(a) For all common stock bearing the NAIC market indicator, "U" provide: the number of such issues \_\_\_\_\_



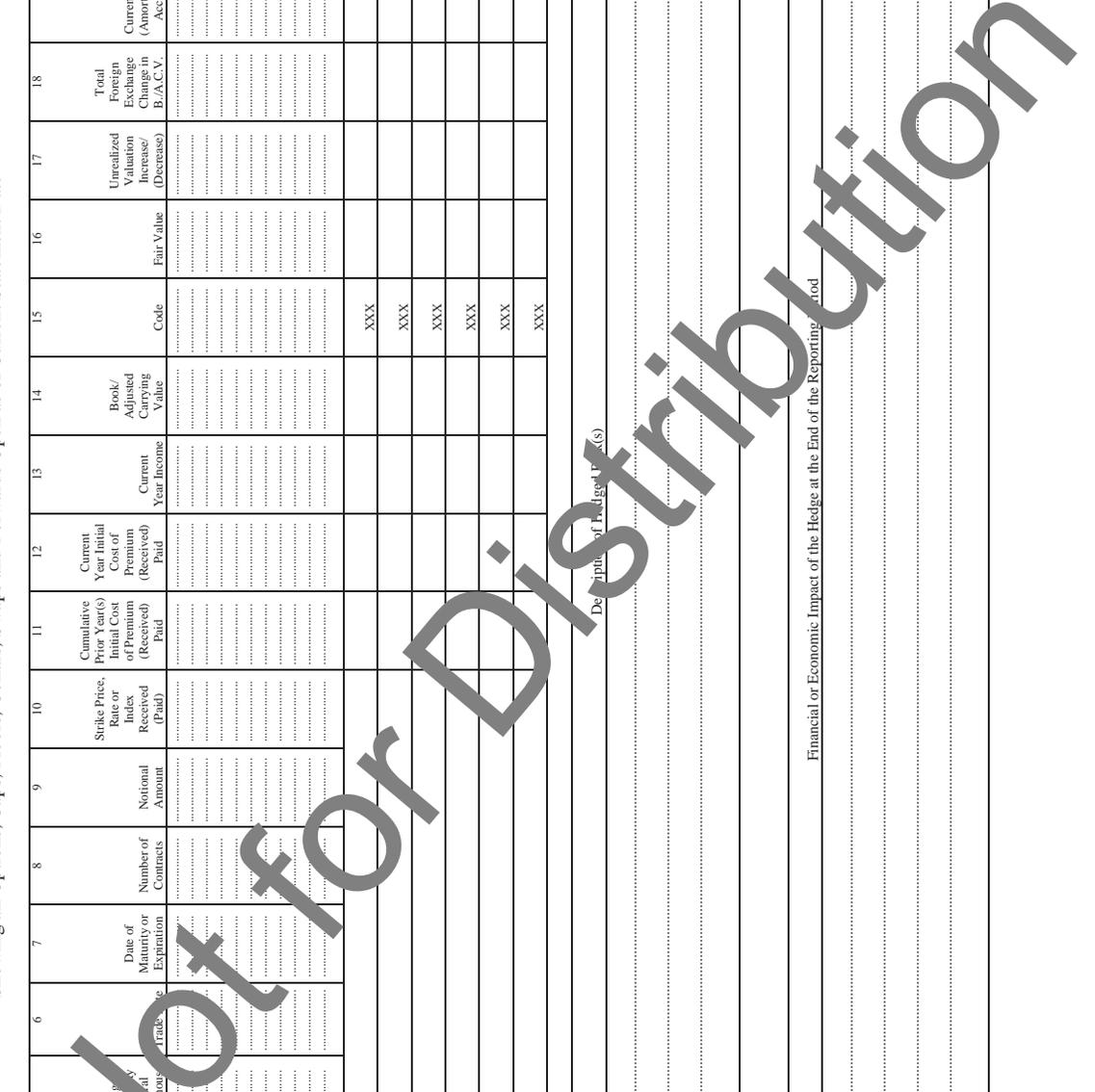
**SCHEDULE DB – PART A – SECTION 1**

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Items Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Change in Fair Value	Contractual Cash Flows	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of 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 Quarter-end
	Subtotal - Hedging Effective													XXX							XXX	XXX
	Subtotal - Hedging Other													XXX							XXX	XXX
	Subtotal - Replication													XXX							XXX	XXX
	Subtotal - Income Generation													XXX							XXX	XXX
	Subtotal - Other													XXX							XXX	XXX
	Totals													XXX							XXX	XXX

(a)	Code	Description of Hedge Item(s)
	.....	.....
	.....	.....
	.....	.....

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



**SCHEDULE DB – PART B – SECTION 1**

Future Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedge(s) Used to Generate or Replicate	Symbol/ Arbitrator Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Quarter-end (b)	Value of One (1) Point	
1399999			Subtotal - Hedging Effective																			
1409999			Subtotal - Hedging Other																			
1419999			Subtotal - Replication																			
1429999			Subtotal - Income Generation																			
1439999			Subtotal - Other																			
1449999			Totals																			

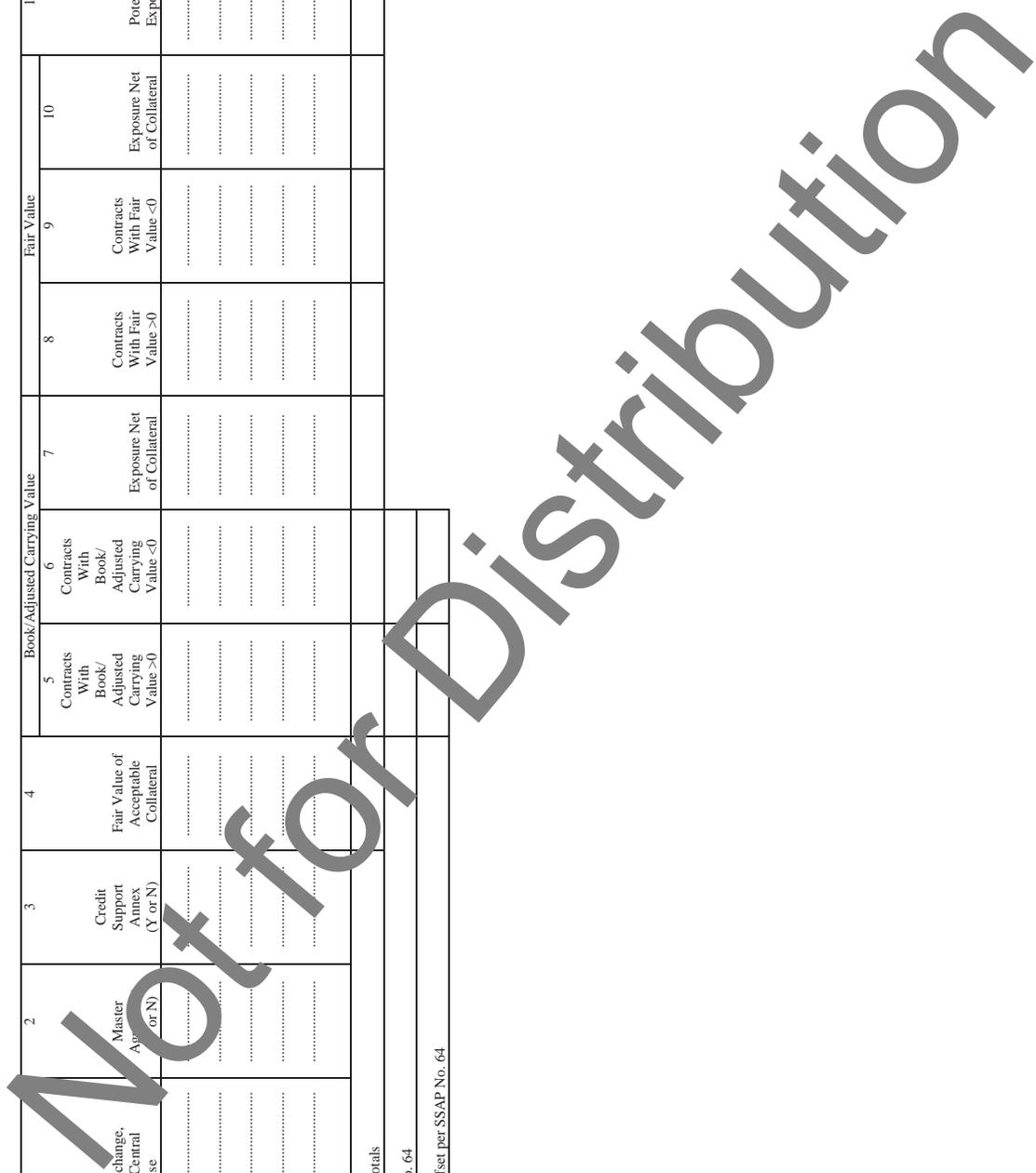
Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits			

(a)	Code	Description of Hedged Risk

(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 as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure	
				5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure Net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral			
0999999												
Gross Totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												













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### TRUSTEED SURPLUS STATEMENT

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### AFFIDAVIT OF TRUSTEE - SCHEDULE C

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

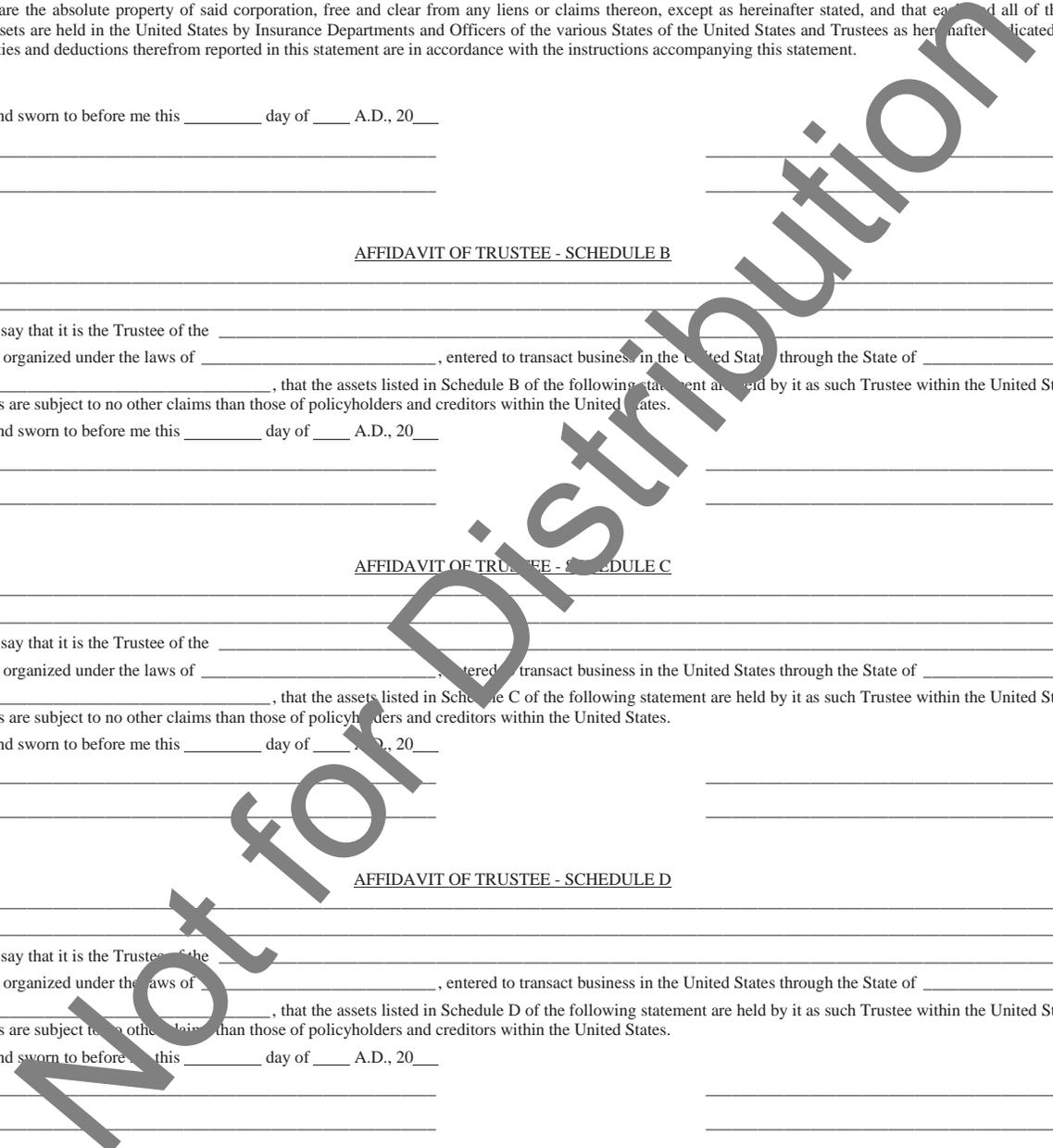
#### AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





**TRUSTEED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS**

		1 Current Quarter
1.	Total Liabilities.....	
<b>ADDITIONS TO LIABILITIES:</b>		
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).....	
<b>DEDUCTIONS FROM LIABILITIES:</b>		
7.	Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:	
7.1	Authorized Companies.....	
7.2	Unauthorized Companies.....	
7.3	Certified Companies.....	
8.	Special State Deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1	Special State Deposits (submit schedule) .....	
8.2	Accrued interest on Special State Deposits.....	
9.	Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon .....	
10.	Unpaid Reinsurance Premiums Receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1	Authorized Companies.....	
10.2	Unauthorized Companies.....	
11.	Aggregate write-ins for other deductions from liabilities .....	
12.	Total Deductions (Lines 7 thru 11) .....	
13.	Total Adjusted Liabilities (Line 6 minus Line 12).....	
14.	Trusteed Surplus .....	
15.	Total .....	
<b>DETAILS OF WRITE-INS</b>		
0401.	.....	
0402.	.....	
0403.	.....	
0498.	Summary of remaining write-ins for Line 4 from overflow page.....	
0499.	Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above) .....	
1101.	.....	
1102.	.....	
1103.	.....	
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	

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**OVERFLOW PAGE FOR WRITE-INS**

---

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

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

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

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**MEDICARE PART D COVERAGE SUPPLEMENT**  
(Net of Reinsurance)

NAIC Group Code.....

NAIC Company Code .....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....	.....	xxx	.....	xxx	.....
2. Earned Premiums .....	.....	xxx	.....	xxx	xxx
3. Claims Paid.....	.....	xxx	.....	xxx	.....
4. Claims Incurred.....	.....	xxx	.....	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	xxx	.....	xxx	.....	.....
6. Aggregate Policy Reserves – change.....	.....	xxx	.....	xxx	xxx
7. Expenses Paid.....	.....	xxx	.....	xxx	.....
8. Expenses Incurred .....	.....	xxx	.....	xxx	xxx
9. Underwriting Gain or Loss.....	.....	xxx	.....	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	.....

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$..... due from CMS or \$..... to CMS

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**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**  
Year To Date For The Period Ended \_\_\_\_\_

NAIC Group Code .....

NAIC Company Code .....

Company Name .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$	\$	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [ ] No [ ]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ ] No [ ]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
  - 2.31 Amount quantified: \$ .....
  - 2.32 Amount estimated using reasonable assumptions: \$ .....
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$ .....

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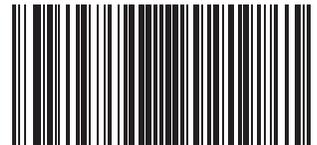


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