

NAIC®

**Annual  
Statement  
Blank**

**2025**

**Property/  
Casualty**

# Official NAIC Annual Statement Blank

## Property/Casualty

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**For the 2025 reporting year**

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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](https://content.naic.org/cmte_e_app_blanks.htm).

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ISBN: 978-1-64179-485-5

Printed in the United States of America

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**ANNUAL STATEMENT**

OF THE

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of \_\_\_\_\_

in the state of \_\_\_\_\_

TO THE

**Insurance Department**

OF THE

STATE OF

FOR THE YEAR ENDED  
DECEMBER 31, 2025

**PROPERTY AND CASUALTY**

**2025**

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# ANNUAL STATEMENT

## For the Year Ended December 31, 2025

### OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code \_\_\_\_\_, \_\_\_\_\_ NAIC Company Code \_\_\_\_\_ Employer's ID Number \_\_\_\_\_  
(Current Period) (Prior Period)

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_  
 Country of Domicile \_\_\_\_\_

Incorporated/Organized \_\_\_\_\_ Commenced Business \_\_\_\_\_  
 Statutory Home Office \_\_\_\_\_, \_\_\_\_\_  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_ (City or Town, State, Country and Zip Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Telephone Number)

Mail Address \_\_\_\_\_, \_\_\_\_\_  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_ (City or Town, State, Country and Zip Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Telephone Number)

Internet Web Site Address \_\_\_\_\_

Statutory Statement Contact \_\_\_\_\_  
(Name) (Area Code) (Telephone Number) (Extension)

\_\_\_\_\_ (E-Mail Address) \_\_\_\_\_ (Fax Number)

#### OFFICERS

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

#### DIRECTORS OR TRUSTEES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of.....  
 County of..... ss

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

_____ <small>(Signature)</small>	_____ <small>(Signature)</small>	_____ <small>(Signature)</small>
_____ <small>(Printed Name)</small> 1.	_____ <small>(Printed Name)</small> 2.	_____ <small>(Printed Name)</small> 3.
_____ <small>(Title)</small>	_____ <small>(Title)</small>	_____ <small>(Title)</small>

a. Is this an original filing? Yes [ ] No [ ]

b. If no: 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me  
 this .....day of ..... 2026  
 .....

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	.....	.....	.....	.....
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	.....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....	.....
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$..... encumbrances) .....	.....	.....	.....	.....
4.2 Properties held for the production of income (less \$..... encumbrances) .....	.....	.....	.....	.....
4.3 Properties held for sale (less \$..... encumbrances) .....	.....	.....	.....	.....
5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA) .....	.....	.....	.....	.....
6. Contract loans (including \$..... premium notes) .....	.....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....	.....
13. Title plants less \$..... charged off (for Title insurers only) .....	.....	.....	.....	.....
14. Investment income due and accrued .....	.....	.....	.....	.....
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums) .....	.....	.....	.....	.....
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....) .....	.....	.....	.....	.....
16. Reinsurance:				
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16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....	.....
18.2 Net deferred tax asset .....	.....	.....	.....	.....
19. Guaranty funds receivable or on deposit .....	.....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets (\$.....) .....	.....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....	.....
24. Health care (\$.....) and other amounts receivable .....	.....	.....	.....	.....
25. Aggregate write-ins for other-than-invested assets .....	.....	.....	.....	.....
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	.....	.....	.....	.....
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....	.....
28. Total (Lines 26 and 27)	.....	.....	.....	.....
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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)	.....	.....	.....	.....

**LIABILITIES, SURPLUS AND OTHER FUNDS**

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

<b>UNDERWRITING INCOME</b>	<b>1</b> Current Year	<b>2</b> Prior Year
1. Premiums earned (Part 1, Line 35, Column 4).....		
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7) .....		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....		
5. Aggregate write-ins for underwriting deductions .....		
6. Total underwriting deductions (Lines 2 through 5) .....		
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....		
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		
10. Net realized capital gains (losses) less capital gains tax of \$.....(Exhibit of Capital Gains (Losses)) .....		
11. Net investment gain (loss) (Lines 9 + 10).....		
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$.....)		
13. Finance and service charges not included in premiums .....		
14. Aggregate write-ins for miscellaneous income .....		
15. Total other income (Lines 12 through 14) .....		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8+11+15).....		
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....		
19. Federal and foreign income taxes incurred.....		
20. Net income (Line 18 minus Line 19) (to Line 22) .....		
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....		
22. Net income (from Line 20) .....		
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....		
25. Change in net unrealized foreign exchange capital gain (loss) .....		
26. Change in net deferred income tax.....		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....		
29. Change in surplus notes .....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles .....		
32. Capital changes:		
32.1 Paid in .....		
32.2 Transferred from surplus (stock dividend) .....		
32.3 Transferred to surplus .....		
33. Surplus adjustments:		
33.1 Paid in .....		
33.2 Transferred to capital (stock dividend) .....		
33.3 Transferred from capital .....		
34. Net remittances from or (to) Home Office .....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....		
37. Aggregate write-ins for gains and losses in surplus.....		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....		
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		
<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)		

**CASH FLOW**

<b>Cash from Operations</b>		1	2
		Current Year	Prior Year
1.	Premiums collected net of reinsurance.....	.....	.....
2.	Net investment income.....	.....	.....
3.	Miscellaneous income .....	.....	.....
4.	Total (Lines 1 through 3) .....	.....	.....
5.	Benefit and loss related payments.....	.....	.....
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	.....	.....
8.	Dividends paid to policyholders .....	.....	.....
9.	Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) .....	.....	.....
10.	Total (Lines 5 through 9) .....	.....	.....
11.	Net cash from operations (Line 4 minus Line 10) .....	.....	.....
<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 <b>exclude cash equivalents and short-term investments</b> ):		
13.1	Bonds.....	.....	.....
13.2	Stocks .....	.....	.....
13.3	Mortgage loans.....	.....	.....
13.4	Real estate.....	.....	.....
13.5	Other invested assets .....	.....	.....
13.6	Miscellaneous applications .....	.....	.....
13.7	Total investments acquired (Lines 13.1 to 13.6).....	.....	.....
14.	Net increase/(decrease) in contract loans and premium notes.....	.....	.....
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	.....	.....
<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 (Lines 16.1 to 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 year (Line 18 plus Line 19.1) .....	.....	.....

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

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

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

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire .....				
2.1 Allied lines .....				
2.2 Multiple peril crop .....				
2.3 Federal flood .....				
2.4 Private crop .....				
2.5 Private flood .....				
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5.1 Commercial multiple peril (non-liability portion) .....				
5.2 Commercial multiple peril (liability portion) .....				
6. Mortgage guaranty .....				
8. Ocean marine .....				
9.1 Inland marine .....				
9.2 Pet insurance plans .....				
10. Financial guaranty .....				
11.1 Medical professional liability—occurrence .....				
11.2 Medical professional liability—claims-made .....				
12. Earthquake .....				
13.1 Comprehensive (hospital and medical) individual .....				
13.2 Comprehensive (hospital and medical) group .....				
14. Credit accident and health (group and individual) .....				
15.1 Vision only .....				
15.2 Dental only .....				
15.3 Disability income .....				
15.4 Medicare supplement .....				
15.5 Medicaid Title XIX .....				
15.6 Medicare Title XVIII .....				
15.7 Long-term care .....				
15.8 Federal employees health benefits plan .....				
15.9 Other health .....				
16. Workers' compensation .....				
17.1 Other liability—occurrence .....				
17.2 Other liability—claims-made .....				
17.3 Excess workers' compensation .....				
18.1 Products liability—occurrence .....				
18.2 Products liability—claims-made .....				
19.1 Private passenger auto no-fault (personal injury protection) .....				
19.2 Other private passenger auto liability .....				
19.3 Commercial auto no-fault (personal injury protection) .....				
19.4 Other commercial auto liability .....				
21.1 Private passenger auto physical damage .....				
21.2 Commercial auto physical damage .....				
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....				
27. Boiler and machinery .....				
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance-nonproportional assumed property .....				
32. Reinsurance-nonproportional assumed liability .....				
33. Reinsurance-nonproportional assumed financial lines .....				
34. Aggregate write-ins for other lines of business .....				
35. TOTALS				
<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 above)				

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

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

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

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

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3- 4-5
		2 From Affiliates	3 From Non- Affiliates	4 To Affiliates	5 To Non- Affiliates	
1. Fire .....						
2.1 Allied lines.....						
2.2 Multiple peril crop .....						
2.3 Federal flood.....						
2.4 Private crop.....						
2.5 Private flood.....						
3. Farmowners multiple peril .....						
4. Homeowners multiple peril .....						
5.1 Commercial multiple peril (non-liability portion).....						
5.2 Commercial multiple peril (liability portion) .....						
6. Mortgage guaranty.....						
8. Ocean marine.....						
9.1 Inland marine.....						
9.2 Pet insurance plans.....						
10. Financial guaranty.....						
11.1 Medical professional liability—occurrence.....						
11.2 Medical professional liability—claims-made .....						
12. Earthquake.....						
13.1 Comprehensive (hospital and medical) individual.....						
13.2 Comprehensive (hospital and medical) group .....						
14. Credit accident and health (group and individual).....						
15.1 Vision only.....						
15.2 Dental only.....						
15.3 Disability income.....						
15.4 Medicare supplement.....						
15.5 Medicaid Title XIX .....						
15.6 Medicare Title XVIII.....						
15.7 Long-term care.....						
15.8 Federal employees health benefits plan .....						
15.9 Other health.....						
16. Workers' compensation.....						
17.1 Other liability—occurrence .....						
17.2 Other liability—claims-made.....						
17.3 Excess workers' compensation.....						
18.1 Products liability—occurrence .....						
18.2 Products liability—claims-made.....						
19.1 Private passenger auto no-fault (personal injury protection).....						
19.2 Other private passenger auto liability .....						
19.3 Commercial auto no-fault (personal injury protection) .....						
19.4 Other commercial auto liability.....						
21.1 Private passenger auto physical damage .....						
21.2 Commercial auto physical damage.....						
22. Aircraft (all perils) .....						
23. Fidelity.....						
24. Surety.....						
26. Burglary and theft.....						
27. Boiler and machinery.....						
28. Credit.....						
29. International .....						
30. Warranty .....						
31. Reinsurance-nonproportional assumed property.....	XXX					
32. Reinsurance-nonproportional assumed liability .....	XXX					
33. Reinsurance-nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....						
35. TOTALS						
<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 above)						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ ]  
 If yes: 1. The amount of such installment premiums \$.....  
 2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....

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

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....								
2.1 Allied lines.....								
2.2 Multiple peril crop.....								
2.3 Federal flood.....								
2.4 Private crop.....								
2.5 Private flood.....								
3. Farmowners multiple peril.....								
4. Homeowners multiple peril.....								
5.1 Commercial multiple peril (non-liability portion).....								
5.2 Commercial multiple peril (liability portion).....								
6. Mortgage guaranty.....								
8. Ocean marine.....								
9.1 Inland marine.....								
9.2 Pet insurance plans.....								
10. Financial guaranty.....								
11.1 Medical professional liability—occurrence.....								
11.2 Medical professional liability—claims-made.....								
12. Earthquake.....								
13.1 Comprehensive (hospital and medical) individual.....								
13.2 Comprehensive (hospital and medical) group.....								
14. Credit accident and health (group and individual).....								
15.1 Vision only.....								
15.2 Dental only.....								
15.3 Disability income.....								
15.4 Medicare supplement.....								
15.5 Medicaid Title XIX.....								
15.6 Medicare Title XVIII.....								
15.7 Long-term care.....								
15.8 Federal employees health benefits plan.....								
15.9 Other health.....								
16. Workers' compensation.....								
17.1 Other liability—occurrence.....								
17.2 Other liability—claims-made.....								
17.3 Excess workers' compensation.....								
18.1 Products liability—occurrence.....								
18.2 Products liability—claims-made.....								
19.1 Private passenger auto no-fault (personal injury protection).....								
19.2 Other private passenger auto liability.....								
19.3 Commercial auto no-fault (personal injury protection).....								
19.4 Other commercial auto liability.....								
21.1 Private passenger auto physical damage.....								
21.2 Commercial auto physical damage.....								
22. Aircraft (all perils).....								
23. Fidelity.....								
24. Surety.....								
26. Burglary and theft.....								
27. Boiler and machinery.....								
28. Credit.....								
29. International.....								
30. Warranty.....								
31. Reinsurance-nonproportional assumed property.....	XXX							
32. Reinsurance-nonproportional assumed liability.....	XXX							
33. Reinsurance-nonproportional assumed financial lines.....	XXX							
34. Aggregate write-ins for other lines of business.....								
35. TOTALS								
DETAILS OF WRITE-INS								
3401. ....								
3402. ....								
3403. ....								
3498. Sum. of remaining write-ins for Line 34 from overflow page.....								
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)								

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

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire									
2.1 Allied lines									
2.2 Multiple peril crop									
2.3 Federal flood									
2.4 Private crop									
2.5 Private flood									
3. Farmowners multiple peril									
4. Homeowners multiple peril									
5.1 Commercial multiple peril (non-liability portion)									
5.2 Commercial multiple peril (liability portion)									
6. Mortgage guaranty									
8. Ocean marine									
9.1 Inland marine									
9.2 Pet insurance plans									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13.1 Comprehensive (hospital and medical) individual							(a)		
13.2 Comprehensive (hospital and medical) group							(a)		
14. Credit accident and health (group and individual)									
15.1 Vision only							(a)		
15.2 Dental only							(a)		
15.3 Disability income							(a)		
15.4 Medicare supplement							(a)		
15.5 Medicaid Title XIX							(a)		
15.6 Medicare Title XVIII							(a)		
15.7 Long-term care							(a)		
15.8 Federal employees health benefits plan							(a)		
15.9 Other health							(a)		
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1 Private passenger auto no-fault (personal injury protection)									
19.2 Other private passenger auto liability									
19.3 Commercial auto no-fault (personal injury protection)									
19.4 Other commercial auto liability									
21.1 Private passenger auto physical damage									
21.2 Commercial auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX				
33. Reinsurance-nonproportional assumed financial lines	XXX				XXX				
34. Aggregate write-ins for other lines of business									
35. TOTALS									
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)									

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

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

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

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

**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds .....	(a) .....	.....
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....	.....
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e) .....	.....
7.	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	<b>Total gross investment income</b> .....	.....	.....
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.	<b>Total deductions (Lines 11 through 15)</b> .....	.....	.....
17.	<b>Net investment income (Line 10 minus Line 16)</b> .....	.....	.....
<b>DETAILS OF WRITE-INS</b>			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	<b>Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)</b> .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	<b>Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)</b> .....	.....	.....

- (a) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (b) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued dividends on purchases.
- (c) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (d) Includes \$ \_\_\_\_\_ for company's occupancy of its own buildings; and excludes \$ \_\_\_\_\_ interest on encumbrances.
- (e) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium and less \$ \_\_\_\_\_ paid for accrued interest on purchases.
- (f) Includes \$ \_\_\_\_\_ accrual of discount less \$ \_\_\_\_\_ amortization of premium.
- (g) Includes \$ \_\_\_\_\_ investment expenses and \$ \_\_\_\_\_ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ \_\_\_\_\_ interest on surplus notes and \$ \_\_\_\_\_ interest on capital notes.
- (i) Includes \$ \_\_\_\_\_ depreciation on real estate and \$ \_\_\_\_\_ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	<b>Total capital gains (losses)</b> .....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	<b>Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)</b> .....	.....	.....	.....	.....	.....

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....			
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....			
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....			
25. Aggregate write-ins for other-than-invested assets.....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27)			
<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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**NOTES TO FINANCIAL STATEMENTS**

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**GENERAL INTERROGATORIES**

**PART 1 – COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [ ]
- 1.3 State Regulating? \_\_\_\_\_
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ ]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_
- 3.4 By what department or departments?.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
  - 4.11 sales of new business? Yes [ ] No [ ]
  - 4.12 renewals? Yes [ ] No [ ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
  - 4.21 sales of new business? Yes [ ] No [ ]
  - 4.22 renewals? Yes [ ] No [ ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ ]

10.2 If the response to 10.1 is yes, provide information related to this exemption: .....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ ]

10.4 If the response to 10.3 is yes, provide information related to this exemption: .....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain. ....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]

12.11 Name of real estate holding company \_\_\_\_\_  
 12.12 Number of parcels involved \_\_\_\_\_  
 12.13 Total book/adjusted carrying value \$ \_\_\_\_\_

12.2 If yes, provide explanation.....

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ ] No [ ]

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

14.11 If the response to 14.1 is no, please explain: .....

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s). ....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). ....

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes  No
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes  No
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes  No

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ \_\_\_\_\_
  - 20.12 To stockholders not officers \$ \_\_\_\_\_
  - 20.13 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ \_\_\_\_\_
  - 20.22 To stockholders not officers \$ \_\_\_\_\_
  - 20.23 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ \_\_\_\_\_
  - 21.22 Borrowed from others \$ \_\_\_\_\_
  - 21.23 Leased from others \$ \_\_\_\_\_
  - 21.24 Other \$ \_\_\_\_\_
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ \_\_\_\_\_
  - 22.22 Amount paid as expenses \$ \_\_\_\_\_
  - 22.23 Other amounts paid \$ \_\_\_\_\_
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ \_\_\_\_\_
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes  No
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes  No
- 25.02 If no, give full and complete information, relating thereto.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ \_\_\_\_\_
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ \_\_\_\_\_
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes  No  N/A
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes  No  N/A
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes  No  N/A

**GENERAL INTERROGATORIES**

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

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

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03).

Yes [ ] No [ ]

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

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

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

Yes [ ] No [ ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [ ] No [ ] N/A [ ]

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

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

Yes [ ] No [ ]

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

- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]

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

Yes [ ] No [ ]

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

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

Yes [ ] No [ ]

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

\$ \_\_\_\_\_

29. Excluding items in Schedule E– Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [ ] No [ ]

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

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

**GENERAL INTERROGATORIES**

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ ]

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

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

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

1 Name of Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [ ] No [ ] **N/A [ ]**

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 [ ] **N/A [ ]**

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

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

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

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999	TOTAL	

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

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

**GENERAL INTERROGATORIES**

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations			
31.2 Asset-Backed Securities			
31.3 Preferred Stocks			
31.4 Totals			

31.5 Describe the sources or methods utilized in determining the fair values:.....  
 .....  
 .....

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

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....  
 .....

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

33.2 If no, list exceptions:.....  
 .....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [ ] N/A [ ]

**GENERAL INTERROGATORIES**

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ ]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ ]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
  - 39.21 Held directly Yes [ ] No [ ]
  - 39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

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

**OTHER**

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

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

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

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

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

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

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

1.3.1 Reason for excluding.....

---

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ \_\_\_\_\_

1.62 Total incurred claims \$ \_\_\_\_\_

1.63 Number of covered lives \_\_\_\_\_

All years prior to most current three years:

1.64 Total premium earned \$ \_\_\_\_\_

1.65 Total incurred claims \$ \_\_\_\_\_

1.66 Number of covered lives \_\_\_\_\_

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ \_\_\_\_\_

1.72 Total incurred claims \$ \_\_\_\_\_

1.73 Number of covered lives \_\_\_\_\_

All years prior to most current three years:

1.74 Total premium earned \$ \_\_\_\_\_

1.75 Total incurred claims \$ \_\_\_\_\_

1.76 Number of covered lives \_\_\_\_\_

2. Health Test:

	1	2	
	Current Year	Prior Year	
2.1 Premium Numerator	\$ _____	\$ _____	
2.2 Premium Denominator	\$ _____	\$ _____	
2.3 Premium Ratio (2.1/2.2)	_____	_____	
2.4 Reserve Numerator	\$ _____	\$ _____	
2.5 Reserve Denominator	\$ _____	\$ _____	
2.6 Reserve Ratio (2.4/2.5)	_____	_____	

3.1 Did the reporting entity issue participating policies during the calendar year? Yes  No

3.2 If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:

3.21 Participating policies \$ \_\_\_\_\_

3.22 Non-participating policies \$ \_\_\_\_\_

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes  No

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

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

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

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes  No

5.2 If yes, is the commission paid:

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

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

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

---

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

5.5 If yes, give full information .....

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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 [ ] No [ ]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss .....
- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [ ] No [ ]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [ ] No [ ]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [ ] No [ ]
- 8.2 If yes, give full information .....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
  - (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
  - (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
  - (c) Aggregate stop loss reinsurance coverage;
  - (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
  - (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
  - (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.
 Yes [ ] No [ ]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
  - (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
  - (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
 Yes [ ] No [ ]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
  - (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
  - (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
  - (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 of *SSAP No. 62—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 [ ] 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 Yes [ ] No [ ]
  - (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [ ] No [ ]
- 10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [ ] No [ ] N/A [ ]

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes  No
- 11.2 If yes, give full information .....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- |  |       |   |          |
|--|-------|---|----------|
|  | 12.11 | Unpaid losses   | \$ _____ |
|  | 12.12 | Unpaid underwriting expenses (including loss adjustment expenses) | \$ _____ |
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ \_\_\_\_\_
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes  No  N/A
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- |  |       |      |         |
|--|-------|------|---------|
|  | 12.41 | From | _____ % |
|  | 12.42 | To   | _____ % |
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes  No
- 12.6 If yes, state the amount thereof at December 31 of current year:
- |  |       |                            |          |
|--|-------|----------------------------|----------|
|  | 12.61 | Letters of Credit          | \$ _____ |
|  | 12.62 | Collateral and other funds | \$ _____ |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ \_\_\_\_\_
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes  No
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. \_\_\_\_\_
- 14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes  No
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:.....  
.....  
.....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes  No
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes  No
- 14.5 If the answer to 14.4 is no, please explain: .....  
.....  
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes  No
- 15.2 If yes, give full information .....
- 16.1 Does the reporting entity write any warranty business? Yes  No
- If yes, disclose the following information for each of the following types of warranty coverage:
- |                  | 1                      | 2                    | 3                      | 4                       | 5                     |
|------------------|------------------------|----------------------|------------------------|-------------------------|-----------------------|
|                  | Direct Losses Incurred | Direct Losses Unpaid | Direct Written Premium | Direct Premium Unearned | Direct Premium Earned |
| 16.11 Home       | \$ .....               | \$ .....             | \$ .....               | \$ .....                | \$ .....              |
| 16.12 Products   | \$ .....               | \$ .....             | \$ .....               | \$ .....                | \$ .....              |
| 16.13 Automobile | \$ .....               | \$ .....             | \$ .....               | \$ .....                | \$ .....              |
| 16.14 Other*     | \$ .....               | \$ .....             | \$ .....               | \$ .....                | \$ .....              |

\* Disclose type of coverage: \_\_\_\_\_

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance? Yes  No
- Incurring but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:
- |  |       |  |          |
|--|-------|--|----------|
|  | 17.11 | Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance | \$ _____ |
|  | 17.12 | Unfunded portion of Interrogatory 17.11  | \$ _____ |
|  | 17.13 | Paid losses and loss adjustment expenses portion of Interrogatory 17.11  | \$ _____ |
|  | 17.14 | Case reserves portion of Interrogatory 17.11   | \$ _____ |
|  | 17.15 | Incurred but not reported portion of Interrogatory 17.11   | \$ _____ |
|  | 17.16 | Unearned premium portion of Interrogatory 17.11  | \$ _____ |
|  | 17.17 | Contingent commission portion of Interrogatory 17.11   | \$ _____ |

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

- |      |   |     |       |    |     |  |
|------|---|-----|-------|----|-----|--|
| 18.1 | Do you act as a custodian for health savings accounts?  | Yes | [ ]   | 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 2025	2 2024	3 2023	4 2022	5 2021
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	.....	.....	.....	.....	.....
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	.....	.....	.....	.....	.....
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	.....	.....	.....	.....	.....
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	.....	.....	.....	.....	.....
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	.....	.....	.....	.....	.....
6. Total (Line 35) .....	.....	.....	.....	.....	.....
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	.....	.....	.....	.....	.....
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	.....	.....	.....	.....	.....
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	.....	.....	.....	.....	.....
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	.....	.....	.....	.....	.....
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	.....	.....	.....	.....	.....
12. Total (Line 35) .....	.....	.....	.....	.....	.....
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8) .....	.....	.....	.....	.....	.....
14. Net investment gain (loss) (Line 11) .....	.....	.....	.....	.....	.....
15. Total other income (Line 15) .....	.....	.....	.....	.....	.....
16. Dividends to policyholders (Line 17) .....	.....	.....	.....	.....	.....
17. Federal and foreign income taxes incurred (Line 19) .....	.....	.....	.....	.....	.....
18. Net income (Line 20) .....	.....	.....	.....	.....	.....
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	.....	.....	.....	.....	.....
20. Premiums and considerations (Page 2, Col. 3) .....	.....	.....	.....	.....	.....
20.1 In course of collection (Line 15.1) .....	.....	.....	.....	.....	.....
20.2 Deferred and not yet due (Line 15.2) .....	.....	.....	.....	.....	.....
20.3 Accrued retrospective premiums (Line 15.3) .....	.....	.....	.....	.....	.....
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	.....	.....	.....	.....	.....
22. Losses (Page 3, Line 1) .....	.....	.....	.....	.....	.....
23. Loss adjustment expenses (Page 3, Line 3) .....	.....	.....	.....	.....	.....
24. Unearned premiums (Page 3, Line 9) .....	.....	.....	.....	.....	.....
25. Capital paid up (Page 3, Lines 30 & 31) .....	.....	.....	.....	.....	.....
26. Surplus as regards policyholders (Page 3, Line 37) .....	.....	.....	.....	.....	.....
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11) .....	.....	.....	.....	.....	.....
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	.....	.....	.....	.....	.....
29. Authorized control level risk-based capital .....	.....	.....	.....	.....	.....
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1) .....	.....	.....	.....	.....	.....
31. Stocks (Lines 2.1 & 2.2) .....	.....	.....	.....	.....	.....
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	.....	.....	.....	.....	.....
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	.....	.....	.....	.....	.....
34. Cash, cash equivalents and short-term investments (Line 5) .....	.....	.....	.....	.....	.....
35. Contract loans (Line 6) .....	.....	.....	.....	.....	.....
36. Derivatives (Line 7) .....	.....	.....	.....	.....	.....
37. Other invested assets (Line 8) .....	.....	.....	.....	.....	.....
38. Receivables for securities (Line 9) .....	.....	.....	.....	.....	.....
39. Securities lending reinvested collateral assets (Line 10) .....	.....	.....	.....	.....	.....
40. Aggregate write-ins for invested assets (Line 11) .....	.....	.....	.....	.....	.....
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 9 + 15, Col. 1) .....	.....	.....	.....	.....	.....
43. Affiliated preferred stocks (Sch. D, Summary, Line 22, Col. 1) .....	.....	.....	.....	.....	.....
44. Affiliated common stocks (Sch. D, Summary, Line 28, Col. 1) .....	.....	.....	.....	.....	.....
45. Affiliated mortgage loans on real estate .....	.....	.....	.....	.....	.....
46. All other affiliated .....	.....	.....	.....	.....	.....
47. Total of above Lines 42 to 46 .....	.....	.....	.....	.....	.....
48. Total investment in parent included in Lines 42 to 46 above .....	.....	.....	.....	.....	.....
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 47 above divided by Page 3, Col. 1, Line 37 x 100.0)	.....	.....	.....	.....	.....

**FIVE-YEAR HISTORICAL DATA**  
(Continued)

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Capital and Surplus Accounts (Page 4)</b>					
50. Net unrealized capital gains (losses) (Line 24) .....					
51. Dividends to stockholders (Line 35).....					
52. Change in surplus as regards policyholders for the year (Line 38) .....					
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
53. 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).....					
54. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
All other lines					
56. (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
57. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
58. Total (Line 35) .....					
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
59. 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).....					
60. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
63. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
64. Total (Line 35) .....					
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
66. Losses incurred (Line 2) .....					
67. Loss expenses incurred (Line 3) .....					
68. Other underwriting expenses incurred (Line 4) .....					
69. Net underwriting gain (loss) (Line 8) .....					
<b>Other Percentages</b>					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....					
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2+3 divided by Page 4, Line 1 x 100.0) .....					
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....					
<b>One-Year Loss Development (\$000 omitted)</b>					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....					
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100.0) .....					
<b>Two-Year Loss Development (\$000 omitted)</b>					
75. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12) .....					
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year-end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0) .....					

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

Yes [ ] No [ ]

If no, please explain .....

.....  
Affix Bar Code Above

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code \_\_\_\_\_

**BUSINESS IN THE STATE OF**

**DURING THE YEAR**

NAIC Company Code \_\_\_\_\_

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
10. Financial guaranty.....												
11.1 Medical professional liability—occurrence.....												
11.2 Medical professional liability—claims-made.....												
12. Earthquake.....												
13.1 Comprehensive (hospital and medical) ind (b).....												
13.2 Comprehensive (hospital and medical) group (b).....												
14. Credit A&H (group and individual).....												
15.1 Vision only (b).....												
15.2 Dental only (b).....												
15.3 Disability income (b).....												
15.4 Medicare supplement (b).....												
15.5 Medicaid Title XIX (b).....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-term care (b).....												
15.8 Federal employees health benefits plan (b).....												
15.9 Other health (b).....												
16. Workers' compensation.....												
17.1 Other liability—occurrence.....												
17.2 Other liability—claims-made.....												
17.3 Excess workers' compensation.....												
18.1 Products liability—occurrence.....												
18.2 Products liability—claims-made.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
31. Reins nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....												
35. TOTAL (a).....												
<b>DETAILS OF WRITE-INS</b>												
3401.....												
3402.....												
3403.....												
3498. Sum of remaining write-ins for Line 34 from overflow page.....												
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

(a) Finance and service charges not included in Lines 1 to 35 \$.....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....











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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		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)	Percent of Collateral Provided for 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%)	Amount of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	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%)	Total Collateral Provided (Col. 20 +Col. 21+ Col. 22+ Col.24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 66)	20% of Amount in Col. 67		
9999999	Totals						XXX	XXX										





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

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

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

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

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

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

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

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

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

If yes, give full explanation: .....

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

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written .....		xxx		xxx		xxx		xxx		xxx		xxx		xxx
2. Premiums earned .....		xxx		xxx		xxx		xxx		xxx		xxx		xxx
3. Incurred claims .....														
4. Cost containment expenses .....														
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....														
6. Increase in contract reserves .....														
7. Commissions (a) .....														
8. Other general insurance expenses .....														
9. Taxes, licenses and fees .....														
10. Total other expenses incurred .....														
11. Aggregate write-ins for deductions .....														
12. Gain from underwriting before dividends or refunds .....														
13. Dividends or refunds .....														
14. Gain from underwriting after dividends or refunds .....														
<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) .....														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written .....		xxx		xxx		xxx		xxx		xxx		xxx
2. Premiums earned .....		xxx		xxx		xxx		xxx		xxx		xxx
3. Incurred claims .....												
4. Cost containment expenses .....												
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....												
6. Increase in contract reserves .....												
7. Commissions (a) .....												
8. Other general insurance expenses .....												
9. Taxes, licenses and fees .....												
10. Total other expenses incurred .....												
11. Aggregate write-ins for deductions .....												
12. Gain from underwriting before dividends or refunds .....												
13. Dividends or refunds .....												
14. Gain from underwriting after dividends or refunds .....												
<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) .....												

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

**SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)**

**PART 2 – RESERVES AND LIABILITIES**

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

**PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
<b>1. Claims paid during the year:</b>													
1.1 On claims incurred prior to current year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 On claims incurred during current year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Claim reserves and liabilities, December 31, current year:</b>													
2.1 On claims incurred prior to current year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.2 On claims incurred during current year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>3. Test:</b>													
3.1 Lines 1.1 and 2.1 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Claim reserves and liabilities, December 31, prior year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Line 3.1 minus Line 3.2 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**PART 4 – REINSURANCE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
<b>A. Reinsurance Assumed:</b>													
1. Premiums written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Premiums earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Incurred claims .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Commissions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>B. Reinsurance Ceded:</b>													
1. Premiums written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Premiums earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Incurred claims .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Commissions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Includes \$ ..... premium deficiency reserve.

**SCHEDULE H – PART 5 – HEALTH CLAIMS**

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

**SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES**

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												XXX
3. 2017.....												XXX
4. 2018.....												XXX
5. 2019.....												XXX
6. 2020.....												XXX
7. 2021.....												XXX
8. 2022.....												XXX
9. 2023.....												XXX
10. 2024.....												XXX
11. 2025.....												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

**SCHEDULE P – PART 2 – SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals										XXX	XXX

**SCHEDULE P – PART 3 – SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P – PART 4 – SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2020.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2023.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2024.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2025.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX									XXX
2. 2016 .....												XXX
3. 2017 .....												XXX
4. 2018 .....												XXX
5. 2019 .....												XXX
6. 2020 .....												XXX
7. 2021 .....												XXX
8. 2022 .....												XXX
9. 2023 .....												XXX
10. 2024 .....												XXX
11. 2025 .....												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 11 – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX									XXX
2. 2016 .....												XXX
3. 2017 .....												XXX
4. 2018 .....												XXX
5. 2019 .....												XXX
6. 2020 .....												XXX
7. 2021 .....												XXX
8. 2022 .....												XXX
9. 2023 .....												XXX
10. 2024 .....												XXX
11. 2025 .....												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX								XXX	
2. 2016 .....											XXX	
3. 2017 .....											XXX	
4. 2018 .....											XXX	
5. 2019 .....											XXX	
6. 2020 .....											XXX	
7. 2021 .....											XXX	
8. 2022 .....											XXX	
9. 2023 .....											XXX	
10. 2024 .....											XXX	
11. 2025 .....											XXX	
12. Totals	XXX	XXX	XXX								XXX	

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX									XXX
2. 2016 .....												XXX
3. 2017 .....												XXX
4. 2018 .....												XXX
5. 2019 .....												XXX
6. 2020 .....												XXX
7. 2021 .....												XXX
8. 2022 .....												XXX
9. 2023 .....												XXX
10. 2024 .....												XXX
11. 2025 .....												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1N – REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY  
(\$000 OMITTED)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS–MADE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1–2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX									XXX
2. 2016 .....												XXX
3. 2017 .....												XXX
4. 2018 .....												XXX
5. 2019 .....												XXX
6. 2020 .....												XXX
7. 2021 .....												XXX
8. 2022 .....												XXX
9. 2023 .....												XXX
10. 2024 .....												XXX
11. 2025 .....												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2023 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2024 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2025 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX									XXX

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

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

**SCHEDULE P – PART 1U – PET INSURANCE PLANS**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 – 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior .....	XXX	XXX	XXX								XXX	
2. 2016 .....											XXX	
3. 2017 .....											XXX	
4. 2018 .....											XXX	
5. 2019 .....											XXX	
6. 2020 .....											XXX	
7. 2021 .....											XXX	
8. 2022 .....											XXX	
9. 2023 .....											XXX	
10. 2024 .....											XXX	
11. 2025 .....											XXX	
12. Totals	XXX	XXX	XXX								XXX	

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

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

**SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals											

**SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals											

**SCHEDULE P – PART 2K – FIDELITY, SURETY**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals											

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals											

**SCHEDULE P – PART 2M – INTERNATIONAL**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
	12. Totals											

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

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

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2T – WARRANTY**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 2U – PET INSURANCE PLANS**

1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											XXX	XXX

**SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL**

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025			
1. Prior	000												
2. 2016	XXX												
3. 2017	XXX	XXX											
4. 2018	XXX	XXX	XXX										
5. 2019	XXX	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000												
2. 2016	XXX												
3. 2017	XXX	XXX											
4. 2018	XXX	XXX	XXX										
5. 2019	XXX	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000											XXX	XXX
2. 2016	XXX											XXX	XXX
3. 2017	XXX	XXX										XXX	XXX
4. 2018	XXX	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	000												
2. 2016	XXX												
3. 2017	XXX	XXX											
4. 2018	XXX	XXX	XXX										
5. 2019	XXX	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000												
2. 2016	XXX												
3. 2017	XXX	XXX											
4. 2018	XXX	XXX	XXX										
5. 2019	XXX	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025		
1. Prior	000										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE**

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3K – FIDELITY/SURETY**

1. Prior	000											XXX	XXX
2. 2016												XXX	XXX
3. 2017	XXX											XXX	XXX
4. 2018	XXX	XXX										XXX	XXX
5. 2019	XXX	XXX	XXX									XXX	XXX
6. 2020	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025	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. 2016												XXX	XXX
3. 2017	XXX											XXX	XXX
4. 2018	XXX	XXX										XXX	XXX
5. 2019	XXX	XXX	XXX									XXX	XXX
6. 2020	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 3M – INTERNATIONAL**

1. Prior	000											XXX	XXX
2. 2016												XXX	XXX
3. 2017	XXX											XXX	XXX
4. 2018	XXX	XXX										XXX	XXX
5. 2019	XXX	XXX	XXX									XXX	XXX
6. 2020	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025		
1. Prior	000										XXX	XXX
2. 2016	XXX										XXX	XXX
3. 2017	XXX	XXX									XXX	XXX
4. 2018	XXX	XXX	XXX								XXX	XXX
5. 2019	XXX	XXX	XXX	XXX							XXX	XXX
6. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 3O – REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	000										XXX	XXX
2. 2016	XXX										XXX	XXX
3. 2017	XXX	XXX									XXX	XXX
4. 2018	XXX	XXX	XXX								XXX	XXX
5. 2019	XXX	XXX	XXX	XXX							XXX	XXX
6. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P – PART 3P – REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior	000										XXX	XXX
2. 2016	XXX										XXX	XXX
3. 2017	XXX	XXX									XXX	XXX
4. 2018	XXX	XXX	XXX								XXX	XXX
5. 2019	XXX	XXX	XXX	XXX							XXX	XXX
6. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	000											XXX	XXX
2. 2016												XXX	XXX
3. 2017	XXX											XXX	XXX
4. 2018	XXX	XXX										XXX	XXX
5. 2019	XXX	XXX	XXX									XXX	XXX
6. 2020	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 3T - WARRANTY**

1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P – PART 3U – PET INSURANCE PLANS**

1. Prior	000											XXX	XXX
2. 2016												XXX	XXX
3. 2017	XXX											XXX	XXX
4. 2018	XXX	XXX										XXX	XXX
5. 2019	XXX	XXX	XXX									XXX	XXX
6. 2020	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

**SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	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. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4K – FIDELITY/SURETY**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4M – INTERNATIONAL**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4T - WARRANTY**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4U – PET INSURANCE PLANS**

1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 5E – COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 5H – OTHER LIABILITY – OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 5R – PRODUCTS LIABILITY – OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 5T – WARRANTY**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SCHEDULE P – PART 6E – COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SCHEDULE P – PART 6H – OTHER LIABILITY – OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SCHEDULE P – PART 6M – INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SCHEDULE P – PART 6R – PRODUCTS LIABILITY – OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR-END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned premiums (Sc P–Pt 1)											XXX

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

**SECTION 1**

Schedule P—Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners .....						
2. Private passenger auto liability/medical .....						
3. Commercial auto/truck liability/medical .....						
4. Workers' compensation .....						
5. Commercial multiple peril .....						
6. Medical professional liability—occurrence .....						
7. Medical professional liability—claims-made .....						
8. Special liability .....						
9. Other liability—occurrence .....						
10. Other liabilities—claims-made .....						
11. Special property .....						
12. Auto physical damage .....						
13. Fidelity/surety .....						
14. Other .....						
15. International .....						
16. Reinsurance-nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability—occurrence .....						
20. Products liability—claims-made .....						
21. Financial guaranty/mortgage guaranty .....						
22. Warranty .....						
23. Pet insurance plans .....						
24. Totals						

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 1**

Schedule P--Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners .....	.....	.....	.....	.....	.....	.....
2. Private passenger auto liability/medical .....	.....	.....	.....	.....	.....	.....
3. Commercial auto/truck liability/medical .....	.....	.....	.....	.....	.....	.....
4. Workers' compensation .....	.....	.....	.....	.....	.....	.....
5. Commercial multiple peril .....	.....	.....	.....	.....	.....	.....
6. Medical professional liability—occurrence .....	.....	.....	.....	.....	.....	.....
7. Medical professional liability—claims-made .....	.....	.....	.....	.....	.....	.....
8. Special liability .....	.....	.....	.....	.....	.....	.....
9. Other liability—occurrence .....	.....	.....	.....	.....	.....	.....
10. Other liabilities—claims-made .....	.....	.....	.....	.....	.....	.....
11. Special property .....	.....	.....	.....	.....	.....	.....
12. Auto physical damage .....	.....	.....	.....	.....	.....	.....
13. Fidelity/surety .....	.....	.....	.....	.....	.....	.....
14. Other .....	.....	.....	.....	.....	.....	.....
15. International .....	.....	.....	.....	.....	.....	.....
16. Reinsurance-nonproportional assumed property .....	.....	.....	.....	.....	.....	.....
17. Reinsurance-nonproportional assumed liability .....	.....	.....	.....	.....	.....	.....
18. Reinsurance-nonproportional assumed financial lines .....	.....	.....	.....	.....	.....	.....
19. Products liability—occurrence .....	.....	.....	.....	.....	.....	.....
20. Products liability—claims-made .....	.....	.....	.....	.....	.....	.....
21. Financial guaranty/mortgage guaranty .....	.....	.....	.....	.....	.....	.....
22. Warranty .....	.....	.....	.....	.....	.....	.....
23. Pet insurance plans .....	.....	.....	.....	.....	.....	.....
24. Totals	.....	.....	.....	.....	.....	.....

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
7. 2021 .....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2016 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2017 .....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2019 .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
6. 2020 .....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
7. 2021 .....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

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

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 6**

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 7**

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior .....										
2. 2016 .....										
3. 2017 .....	XXX									
4. 2018 .....	XXX	XXX								
5. 2019 .....	XXX	XXX	XXX							
6. 2020 .....	XXX	XXX	XXX	XXX						
7. 2021 .....	XXX	XXX	XXX	XXX	XXX					
8. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P INTERROGATORIES**

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	.....	.....
1.602 2016 .....	.....	.....
1.603 2017 .....	.....	.....
1.604 2018 .....	.....	.....
1.605 2019 .....	.....	.....
1.606 2020 .....	.....	.....
1.607 2021 .....	.....	.....
1.608 2022 .....	.....	.....
1.609 2023 .....	.....	.....
1.610 2024 .....	.....	.....
1.611 2025 .....	.....	.....
1.612 Totals .....	.....	.....

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

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

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL									
2. Alaska.....AK									
3. Arizona.....AZ									
4. Arkansas.....AR									
5. California.....CA									
6. Colorado.....CO									
7. Connecticut.....CT									
8. Delaware.....DE									
9. Dist. Columbia.....DC									
10. Florida.....FL									
11. Georgia.....GA									
12. Hawaii.....HI									
13. Idaho.....ID									
14. Illinois.....IL									
15. Indiana.....IN									
16. Iowa.....IA									
17. Kansas.....KS									
18. Kentucky.....KY									
19. Louisiana.....LA									
20. Maine.....ME									
21. Maryland.....MD									
22. Massachusetts.....MA									
23. Michigan.....MI									
24. Minnesota.....MN									
25. Mississippi.....MS									
26. Missouri.....MO									
27. Montana.....MT									
28. Nebraska.....NE									
29. Nevada.....NV									
30. New Hampshire.....NH									
31. New Jersey.....NJ									
32. New Mexico.....NM									
33. New York.....NY									
34. No. Carolina.....NC									
35. No. Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....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	XXX								
59. Totals	XXX								
DETAILS OF WRITE-INS									
58001. ....	XXX								
58002. ....	XXX								
58003. ....	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX								
58999. Totals (Lines 58001 through 58003+58998) (Line 58 above)	XXX								

(a) Active Status Counts:

- |  |       |   |       |
|--|-------|---|-------|
| 1. L – Licensed or Chartered - licensed insurance carrier or domiciled RRG.....  | _____ | 4. Q – Qualified - Qualified or accredited reinsurer.....   | _____ |
| 2. R – Registered - Non-domiciled RRGs.....  | _____ | 5. D – Domestic Surplus Lines Insurer (DSL) – Reporting entities authorized to write<br>surplus lines in the state of domicile..... | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state<br>(other than their state of domicile – See DSL)..... | _____ | 6. N – None of the above – Not allowed to write business in the state.....  | _____ |

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

**SCHEDULE T – PART 2**

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

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

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

**PART 1 – ORGANIZATIONAL CHART**







## 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.

	<u>RESPONSES</u>
<b>MARCH FILING</b>	
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?	.....
<b>APRIL FILING</b>	
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?	.....
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....
<b>JUNE FILING</b>	
9. Will an Audited Financial Report be filed by June 1?	.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....

### SUPPLEMENTAL FILINGS

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

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

**Explanation:**

**Bar Code:**

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**OVERFLOW PAGE FOR WRITE-INS**

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**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 14	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage of Column 5 Line 14
<b>1. Issuer credit obligations (Schedule D, Part 1, Section 1):</b>						
1.01 U.S. government obligations .....						
1.02 Other U.S. government obligations .....						
1.03 Non-U.S. sovereign jurisdiction securities .....						
1.04 Municipal bonds – general obligations (direct & guaranteed) .....						
1.05 Municipal bonds – special revenue .....						
1.06 Project finance bonds issued by operating entities .....						
1.07 Corporate bonds .....						
1.08 Mandatory convertible bonds .....						
1.09 Single entity backed obligations .....						
1.10 SVO-identified bond exchange traded funds – fair value .....						
1.11 SVO-identified bond exchange traded funds – systematic value .....						
1.12 Bonds issued by funds representing operating entities .....						
1.13 Bank loans – issued .....						
1.14 Bank loans – acquired .....						
1.15 Mortgage loans that qualify as SVO-Identified credit tenant loans .....						
1.16 Certificates of deposit .....						
1.17 Other issuer credit obligations .....						
1.18 Total issuer credit obligations .....						
<b>2. Asset-backed securities (Schedule D, Part 1, Section 2):</b>						
2.01 Financial asset-backed securities – self-liquidating .....						
2.02 Financial asset-backed securities – not self-liquidating .....						
2.03 Non-financial asset-backed securities .....						
2.04 Total asset-backed securities .....						
<b>3. Preferred stocks (Schedule D, Part 2, Section 1):</b>						
3.01 Industrial and miscellaneous (Unaffiliated) .....						
3.02 Parent, subsidiaries and affiliates .....						
3.03 Total preferred stocks .....						
<b>4. Common stocks (Schedule D, Part 2, Section 2):</b>						
4.01 Industrial and miscellaneous – publicly traded (unaffiliated) .....						
4.02 Industrial and miscellaneous – other (unaffiliated) .....						
4.03 Parent, subsidiaries and affiliates – publicly traded .....						
4.04 Parent, subsidiaries and affiliates – other .....						
4.05 Mutual funds .....						
4.06 Unit investment trusts .....						
4.07 Closed-end funds .....						
4.08 Exchange traded funds .....						
4.09 Total common stocks .....						
<b>5. Mortgage loans (Schedule B):</b>						
5.01 Farm mortgages .....						
5.02 Residential mortgages .....						
5.03 Commercial mortgages .....						
5.04 Mezzanine real estate loans .....						
5.05 Total valuation allowance .....						
5.06 Total mortgage loans .....						
<b>6. Real estate (Schedule A):</b>						
6.01 Properties occupied by company .....						
6.02 Properties held for production of income .....						
6.03 Properties held for sale .....						
6.04 Total real estate .....						
<b>7. Cash, cash equivalents and short-term investments:</b>						
7.01 Cash (Schedule E, Part 1) .....						
7.02 Cash equivalents (Schedule E, Part 2) .....						
7.03 Short-term investments (Schedule DA) .....						
7.04 Total cash, cash equivalents and short-term investments .....						
<b>8. Contract loans .....</b>						
<b>9. Derivatives (Schedule DB) .....</b>						
<b>10. Other invested assets (Schedule BA) .....</b>						
<b>11. Receivables for securities .....</b>						
<b>12. Securities lending (Schedule DL, Part 1) .....</b>				XXX	XXX	XXX
<b>13. Other invested assets (Page 2, Line 11) .....</b>						
<b>14. Total invested assets .....</b>						

**SCHEDULE A – VERIFICATION BETWEEN YEARS**

Real Estate

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

**SCHEDULE B – VERIFICATION BETWEEN YEARS**

Mortgage Loans

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

**SCHEDULE BA – VERIFICATION BETWEEN YEARS**

Other Long-Term Invested Assets

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

**SCHEDULE D – VERIFICATION BETWEEN YEARS**

Bonds and Stocks

	1	2	3	4	5
	Total	Issuer Credit Obligations	Asset-Backed Securities	Preferred Stocks	Common Stocks
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....	.....	.....	.....
2. Cost of bonds and stocks acquired, Part 3, Column 6 .....	.....	.....	.....	.....	.....
3. Accrual of discount.....	.....	.....	.....	.....	XXX
4. Unrealized valuation increase/(decrease) .....	.....	.....	.....	.....	.....
5. Total gain (loss) on disposals, Part 4, Column 18 .....	.....	.....	.....	.....	.....
6. Consideration for bonds and stocks disposed, Part 4, Column 6 .....	.....	.....	.....	.....	.....
7. Amortization of premium.....	.....	.....	.....	.....	XXX
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....	.....	.....	.....
9. Current year's other-than-temporary impairment recognized .....	.....	.....	.....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2 .....	.....	.....	.....	.....	XXX
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	.....	.....	.....	.....	.....
12. Total nonadmitted amounts.....	.....	.....	.....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	.....	.....	.....	.....	.....

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
<b>Issuer Credit Obligations</b>					
Governments and Municipalities	1. United States.....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries.....	.....	.....	.....	.....
	4. Total	.....	.....	.....	.....
All Other Issuer Credit Obligations (unaffiliated)	5. United States.....	.....	.....	.....	.....
	6. Canada .....	.....	.....	.....	.....
	7. Other Countries.....	.....	.....	.....	.....
	8. Total	.....	.....	.....	.....
All Other Issuer Credit Obligations (affiliated)	9. Total	.....	.....	.....	.....
		<b>10. Total Issuer Credit Obligations</b>	.....	.....	.....
<b>Asset-Backed Securities</b>					
Asset-Backed Securities (unaffiliated)	11. United States.....	.....	.....	.....	.....
	12. Canada .....	.....	.....	.....	.....
	13. Other Countries	.....	.....	.....	.....
	14. Total	.....	.....	.....	.....
Asset-Backed Securities (affiliated)	15. Total	.....	.....	.....	.....
		<b>16. Total Asset-Backed Securities</b>	.....	.....	.....
		<b>17. Total Bonds</b>	.....	.....	.....
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	18. United States.....	.....	.....	.....	.....
	19. Canada .....	.....	.....	.....	.....
	20. Other Countries.....	.....	.....	.....	.....
	21. Total	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	22. Total	.....	.....	.....	.....
		<b>23. Total Preferred Stocks</b>	.....	.....	.....
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	24. United States.....	.....	.....	.....	.....
	25. Canada .....	.....	.....	.....	.....
	26. Other Countries.....	.....	.....	.....	.....
	27. Total	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	28. Total	.....	.....	.....	.....
		<b>29. Total Common Stocks</b>	.....	.....	.....
		<b>30. Total Stocks</b>	.....	.....	.....
		<b>31. Total Bonds and Stocks</b>	.....	.....	.....

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Government Obligations</b>												
1.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
1.7 Totals						XXX			XXX	XXX		
<b>2. Other U.S. Government Securities</b>												
2.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
2.7 Totals						XXX			XXX	XXX		
<b>3. Non-U.S. Sovereign Jurisdiction Securities</b>												
3.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
3.7 Totals						XXX			XXX	XXX		
<b>4. Municipal Bonds – General Obligations</b>												
4.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
4.7 Totals						XXX			XXX	XXX		
<b>5. Municipal Bonds – Special Revenue</b>												
5.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
5.7 Totals						XXX			XXX	XXX		
<b>6. Project Finance Bonds Issued by Operating Entities (Unaffiliated)</b>												
6.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
6.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>7. Project Finance Bonds Issued by Operating Entities (Affiliated)</b>												
7.1 NAIC 1.....						XXX			XXX	XXX		
7.2 NAIC 2.....						XXX			XXX	XXX		
7.3 NAIC 3.....						XXX			XXX	XXX		
7.4 NAIC 4.....						XXX			XXX	XXX		
7.5 NAIC 5.....						XXX			XXX	XXX		
7.6 NAIC 6.....						XXX			XXX	XXX		
7.7 Totals						XXX			XXX	XXX		
<b>8. Corporate Bonds (Unaffiliated)</b>												
8.1 NAIC 1.....						XXX			XXX	XXX		
8.2 NAIC 2.....						XXX			XXX	XXX		
8.3 NAIC 3.....						XXX			XXX	XXX		
8.4 NAIC 4.....						XXX			XXX	XXX		
8.5 NAIC 5.....						XXX			XXX	XXX		
8.6 NAIC 6.....						XXX			XXX	XXX		
8.7 Totals						XXX			XXX	XXX		
<b>9. Corporate Bonds (Affiliated)</b>												
9.1 NAIC 1.....						XXX			XXX	XXX		
9.2 NAIC 2.....						XXX			XXX	XXX		
9.3 NAIC 3.....						XXX			XXX	XXX		
9.4 NAIC 4.....						XXX			XXX	XXX		
9.5 NAIC 5.....						XXX			XXX	XXX		
9.6 NAIC 6.....						XXX			XXX	XXX		
9.7 Totals						XXX			XXX	XXX		
<b>10. Mandatory Convertible Bonds (Unaffiliated)</b>												
10.1 NAIC 1.....						XXX			XXX	XXX		
10.2 NAIC 2.....						XXX			XXX	XXX		
10.3 NAIC 3.....						XXX			XXX	XXX		
10.4 NAIC 4.....						XXX			XXX	XXX		
10.5 NAIC 5.....						XXX			XXX	XXX		
10.6 NAIC 6.....						XXX			XXX	XXX		
10.7 Totals						XXX			XXX	XXX		
<b>11. Mandatory Convertible Bonds (Affiliated)</b>												
11.1 NAIC 1.....						XXX			XXX	XXX		
11.2 NAIC 2.....						XXX			XXX	XXX		
11.3 NAIC 3.....						XXX			XXX	XXX		
11.4 NAIC 4.....						XXX			XXX	XXX		
11.5 NAIC 5.....						XXX			XXX	XXX		
11.6 NAIC 6.....						XXX			XXX	XXX		
11.7 Totals						XXX			XXX	XXX		
<b>12. Single Entity Backed Obligations (Unaffiliated)</b>												
12.1 NAIC 1.....						XXX			XXX	XXX		
12.2 NAIC 2.....						XXX			XXX	XXX		
12.3 NAIC 3.....						XXX			XXX	XXX		
12.4 NAIC 4.....						XXX			XXX	XXX		
12.5 NAIC 5.....						XXX			XXX	XXX		
12.6 NAIC 6.....						XXX			XXX	XXX		
12.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>13. Single Entity Backed Obligations (Affiliated)</b>												
13.1 NAIC 1.....						XXX			XXX	XXX		
13.2 NAIC 2.....						XXX			XXX	XXX		
13.3 NAIC 3.....						XXX			XXX	XXX		
13.4 NAIC 4.....						XXX			XXX	XXX		
13.5 NAIC 5.....						XXX			XXX	XXX		
13.6 NAIC 6.....						XXX			XXX	XXX		
13.7 Totals						XXX			XXX	XXX		
<b>14. SVO-Identified Bond Exchange Traded Funds – Fair Value</b>												
14.1 NAIC 1.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.2 NAIC 2.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.3 NAIC 3.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.4 NAIC 4.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.5 NAIC 5.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.6 NAIC 6.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.7 Totals	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
<b>15. SVO-Identified Bond Exchange Traded Funds – Systematic Value</b>												
15.1 NAIC 1.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.2 NAIC 2.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.3 NAIC 3.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.4 NAIC 4.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.5 NAIC 5.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.6 NAIC 6.....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
15.7 Totals	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
<b>16. Bonds Issued by Funds Representing Operating Entities (Unaffiliated)</b>												
16.1 NAIC 1.....						XXX			XXX	XXX		
16.2 NAIC 2.....						XXX			XXX	XXX		
16.3 NAIC 3.....						XXX			XXX	XXX		
16.4 NAIC 4.....						XXX			XXX	XXX		
16.5 NAIC 5.....						XXX			XXX	XXX		
16.6 NAIC 6.....						XXX			XXX	XXX		
16.7 Totals						XXX			XXX	XXX		
<b>17. Bonds Issued by Funds Representing Operating Entities (Affiliated)</b>												
17.1 NAIC 1.....						XXX			XXX	XXX		
17.2 NAIC 2.....						XXX			XXX	XXX		
17.3 NAIC 3.....						XXX			XXX	XXX		
17.4 NAIC 4.....						XXX			XXX	XXX		
17.5 NAIC 5.....						XXX			XXX	XXX		
17.6 NAIC 6.....						XXX			XXX	XXX		
17.7 Totals						XXX			XXX	XXX		
<b>18. Bank Loans – Issued (Unaffiliated)</b>												
18.1 NAIC 1.....						XXX			XXX	XXX		
18.2 NAIC 2.....						XXX			XXX	XXX		
18.3 NAIC 3.....						XXX			XXX	XXX		
18.4 NAIC 4.....						XXX			XXX	XXX		
18.5 NAIC 5.....						XXX			XXX	XXX		
18.6 NAIC 6.....						XXX			XXX	XXX		
18.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>19. Bank Loans – Issued (Affiliated)</b>												
19.1 NAIC 1.....						XXX			XXX	XXX		
19.2 NAIC 2.....						XXX			XXX	XXX		
19.3 NAIC 3.....						XXX			XXX	XXX		
19.4 NAIC 4.....						XXX			XXX	XXX		
19.5 NAIC 5.....						XXX			XXX	XXX		
19.6 NAIC 6.....						XXX			XXX	XXX		
19.7 Totals						XXX			XXX	XXX		
<b>20. Bank Loans – Acquired (Unaffiliated)</b>												
20.1 NAIC 1.....						XXX			XXX	XXX		
20.2 NAIC 2.....						XXX			XXX	XXX		
20.3 NAIC 3.....						XXX			XXX	XXX		
20.4 NAIC 4.....						XXX			XXX	XXX		
20.5 NAIC 5.....						XXX			XXX	XXX		
20.6 NAIC 6.....						XXX			XXX	XXX		
20.7 Totals						XXX			XXX	XXX		
<b>21. Bank Loans – Acquired (Affiliated)</b>												
21.1 NAIC 1.....						XXX			XXX	XXX		
21.2 NAIC 2.....						XXX			XXX	XXX		
21.3 NAIC 3.....						XXX			XXX	XXX		
21.4 NAIC 4.....						XXX			XXX	XXX		
21.5 NAIC 5.....						XXX			XXX	XXX		
21.6 NAIC 6.....						XXX			XXX	XXX		
21.7 Totals						XXX			XXX	XXX		
<b>22. Mortgage Loans that Qualify as SVO-Identified Credit Tenant Loans (Unaffiliated)</b>												
22.1 NAIC 1.....						XXX			XXX	XXX		
22.2 NAIC 2.....						XXX			XXX	XXX		
22.3 NAIC 3.....						XXX			XXX	XXX		
22.4 NAIC 4.....						XXX			XXX	XXX		
22.5 NAIC 5.....						XXX			XXX	XXX		
22.6 NAIC 6.....						XXX			XXX	XXX		
22.7 Totals						XXX			XXX	XXX		
<b>23. Mortgage Loans that Qualify as SVO-Identified Credit Tenant Loans (Affiliated)</b>												
23.1 NAIC 1.....						XXX			XXX	XXX		
23.2 NAIC 2.....						XXX			XXX	XXX		
23.3 NAIC 3.....						XXX			XXX	XXX		
23.4 NAIC 4.....						XXX			XXX	XXX		
23.5 NAIC 5.....						XXX			XXX	XXX		
23.6 NAIC 6.....						XXX			XXX	XXX		
23.7 Totals						XXX			XXX	XXX		
<b>24. Certificates of Deposit (Unaffiliated)</b>												
24.1 NAIC 1.....						XXX			XXX	XXX		
24.2 NAIC 2.....						XXX			XXX	XXX		
24.3 NAIC 3.....						XXX			XXX	XXX		
24.4 NAIC 4.....						XXX			XXX	XXX		
24.5 NAIC 5.....						XXX			XXX	XXX		
24.6 NAIC 6.....						XXX			XXX	XXX		
24.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>25. Certificates of Deposit (Affiliated)</b>												
25.1 NAIC 1.....						XXX			XXX	XXX		
25.2 NAIC 2.....						XXX			XXX	XXX		
25.3 NAIC 3.....						XXX			XXX	XXX		
25.4 NAIC 4.....						XXX			XXX	XXX		
25.5 NAIC 5.....						XXX			XXX	XXX		
25.6 NAIC 6.....						XXX			XXX	XXX		
25.7 Totals						XXX			XXX	XXX		
<b>26. Other Issuer Credit Obligations (Unaffiliated)</b>												
26.1 NAIC 1.....						XXX			XXX	XXX		
26.2 NAIC 2.....						XXX			XXX	XXX		
26.3 NAIC 3.....						XXX			XXX	XXX		
26.4 NAIC 4.....						XXX			XXX	XXX		
26.5 NAIC 5.....						XXX			XXX	XXX		
26.6 NAIC 6.....						XXX			XXX	XXX		
26.7 Totals						XXX			XXX	XXX		
<b>27. Other Issuer Credit Obligations (Affiliated)</b>												
27.1 NAIC 1.....						XXX			XXX	XXX		
27.2 NAIC 2.....						XXX			XXX	XXX		
27.3 NAIC 3.....						XXX			XXX	XXX		
27.4 NAIC 4.....						XXX			XXX	XXX		
27.5 NAIC 5.....						XXX			XXX	XXX		
27.6 NAIC 6.....						XXX			XXX	XXX		
27.7 Totals						XXX			XXX	XXX		
<b>28. Agency Residential Mortgage-Backed Securities - Guaranteed</b>												
28.1 NAIC 1.....						XXX			XXX	XXX		
28.2 NAIC 2.....						XXX			XXX	XXX		
28.3 NAIC 3.....						XXX			XXX	XXX		
28.4 NAIC 4.....						XXX			XXX	XXX		
28.5 NAIC 5.....						XXX			XXX	XXX		
28.6 NAIC 6.....						XXX			XXX	XXX		
28.7 Totals						XXX			XXX	XXX		
<b>29. Agency Commercial Mortgage-Backed Securities - Guaranteed</b>												
29.1 NAIC 1.....						XXX			XXX	XXX		
29.2 NAIC 2.....						XXX			XXX	XXX		
29.3 NAIC 3.....						XXX			XXX	XXX		
29.4 NAIC 4.....						XXX			XXX	XXX		
29.5 NAIC 5.....						XXX			XXX	XXX		
29.6 NAIC 6.....						XXX			XXX	XXX		
29.7 Totals						XXX			XXX	XXX		
<b>30. Agency Residential Mortgage-Backed Securities – Not Guaranteed</b>												
30.1 NAIC 1.....						XXX			XXX	XXX		
30.2 NAIC 2.....						XXX			XXX	XXX		
30.3 NAIC 3.....						XXX			XXX	XXX		
30.4 NAIC 4.....						XXX			XXX	XXX		
30.5 NAIC 5.....						XXX			XXX	XXX		
30.6 NAIC 6.....						XXX			XXX	XXX		
30.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>31. Agency Commercial Mortgage-Backed Securities – Not Guaranteed</b>												
31.1 NAIC 1.....						XXX			XXX	XXX		
31.2 NAIC 2.....						XXX			XXX	XXX		
31.3 NAIC 3.....						XXX			XXX	XXX		
31.4 NAIC 4.....						XXX			XXX	XXX		
31.5 NAIC 5.....						XXX			XXX	XXX		
31.6 NAIC 6.....						XXX			XXX	XXX		
31.7 Totals						XXX			XXX	XXX		
<b>32. Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)</b>												
32.1 NAIC 1.....						XXX			XXX	XXX		
32.2 NAIC 2.....						XXX			XXX	XXX		
32.3 NAIC 3.....						XXX			XXX	XXX		
32.4 NAIC 4.....						XXX			XXX	XXX		
32.5 NAIC 5.....						XXX			XXX	XXX		
32.6 NAIC 6.....						XXX			XXX	XXX		
32.7 Totals						XXX			XXX	XXX		
<b>33. Non-Agency Residential Mortgage-Backed Securities (Affiliated)</b>												
33.1 NAIC 1.....						XXX			XXX	XXX		
33.2 NAIC 2.....						XXX			XXX	XXX		
33.3 NAIC 3.....						XXX			XXX	XXX		
33.4 NAIC 4.....						XXX			XXX	XXX		
33.5 NAIC 5.....						XXX			XXX	XXX		
33.6 NAIC 6.....						XXX			XXX	XXX		
33.7 Totals						XXX			XXX	XXX		
<b>34. Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated)</b>												
34.1 NAIC 1.....						XXX			XXX	XXX		
34.2 NAIC 2.....						XXX			XXX	XXX		
34.3 NAIC 3.....						XXX			XXX	XXX		
34.4 NAIC 4.....						XXX			XXX	XXX		
34.5 NAIC 5.....						XXX			XXX	XXX		
34.6 NAIC 6.....						XXX			XXX	XXX		
34.7 Totals						XXX			XXX	XXX		
<b>35. Non-Agency Commercial Mortgage-Backed Securities (Affiliated)</b>												
35.1 NAIC 1.....						XXX			XXX	XXX		
35.2 NAIC 2.....						XXX			XXX	XXX		
35.3 NAIC 3.....						XXX			XXX	XXX		
35.4 NAIC 4.....						XXX			XXX	XXX		
35.5 NAIC 5.....						XXX			XXX	XXX		
35.6 NAIC 6.....						XXX			XXX	XXX		
35.7 Totals						XXX			XXX	XXX		
<b>36. Non-Agency – CLOs/CBOs/CDOs (Unaffiliated)</b>												
36.1 NAIC 1.....						XXX			XXX	XXX		
36.2 NAIC 2.....						XXX			XXX	XXX		
36.3 NAIC 3.....						XXX			XXX	XXX		
36.4 NAIC 4.....						XXX			XXX	XXX		
36.5 NAIC 5.....						XXX			XXX	XXX		
36.6 NAIC 6.....						XXX			XXX	XXX		
36.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>37. Non-Agency – CLOs/CBOs/CDOs (Affiliated)</b>												
37.1 NAIC 1.....						XXX			XXX	XXX		
37.2 NAIC 2.....						XXX			XXX	XXX		
37.3 NAIC 3.....						XXX			XXX	XXX		
37.4 NAIC 4.....						XXX			XXX	XXX		
37.5 NAIC 5.....						XXX			XXX	XXX		
37.6 NAIC 6.....						XXX			XXX	XXX		
37.7 Totals						XXX			XXX	XXX		
<b>38. Other Financial Asset-Backed Securities (Unaffiliated)</b>												
38.1 NAIC 1.....						XXX			XXX	XXX		
38.2 NAIC 2.....						XXX			XXX	XXX		
38.3 NAIC 3.....						XXX			XXX	XXX		
38.4 NAIC 4.....						XXX			XXX	XXX		
38.5 NAIC 5.....						XXX			XXX	XXX		
38.6 NAIC 6.....						XXX			XXX	XXX		
38.7 Totals						XXX			XXX	XXX		
<b>39. Other Financial Asset-Backed Securities (Affiliated)</b>												
39.1 NAIC 1.....						XXX			XXX	XXX		
39.2 NAIC 2.....						XXX			XXX	XXX		
39.3 NAIC 3.....						XXX			XXX	XXX		
39.4 NAIC 4.....						XXX			XXX	XXX		
39.5 NAIC 5.....						XXX			XXX	XXX		
39.6 NAIC 6.....						XXX			XXX	XXX		
39.7 Totals						XXX			XXX	XXX		
<b>40. Equity-Backed Securities (Unaffiliated)</b>												
40.1 NAIC 1.....						XXX			XXX	XXX		
40.2 NAIC 2.....						XXX			XXX	XXX		
40.3 NAIC 3.....						XXX			XXX	XXX		
40.4 NAIC 4.....						XXX			XXX	XXX		
40.5 NAIC 5.....						XXX			XXX	XXX		
40.6 NAIC 6.....						XXX			XXX	XXX		
40.7 Totals						XXX			XXX	XXX		
<b>41. Equity-Backed Securities (Affiliated)</b>												
41.1 NAIC 1.....						XXX			XXX	XXX		
41.2 NAIC 2.....						XXX			XXX	XXX		
41.3 NAIC 3.....						XXX			XXX	XXX		
41.4 NAIC 4.....						XXX			XXX	XXX		
41.5 NAIC 5.....						XXX			XXX	XXX		
41.6 NAIC 6.....						XXX			XXX	XXX		
41.7 Totals						XXX			XXX	XXX		
<b>42. Other Financial Asset-Backed Securities – Not Self-Liquidating (Unaffiliated)</b>												
42.1 NAIC 1.....						XXX			XXX	XXX		
42.2 NAIC 2.....						XXX			XXX	XXX		
42.3 NAIC 3.....						XXX			XXX	XXX		
42.4 NAIC 4.....						XXX			XXX	XXX		
42.5 NAIC 5.....						XXX			XXX	XXX		
42.6 NAIC 6.....						XXX			XXX	XXX		
42.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>43. Other Financial Asset-Backed Securities – Not Self-Liquidating (Affiliated)</b>												
43.1 NAIC 1.....						XXX			XXX	XXX		
43.2 NAIC 2.....						XXX			XXX	XXX		
43.3 NAIC 3.....						XXX			XXX	XXX		
43.4 NAIC 4.....						XXX			XXX	XXX		
43.5 NAIC 5.....						XXX			XXX	XXX		
43.6 NAIC 6.....						XXX			XXX	XXX		
43.7 Totals						XXX			XXX	XXX		
<b>44. Lease-Backed Securities – Practical Expedient (Unaffiliated)</b>												
44.1 NAIC 1.....						XXX			XXX	XXX		
44.2 NAIC 2.....						XXX			XXX	XXX		
44.3 NAIC 3.....						XXX			XXX	XXX		
44.4 NAIC 4.....						XXX			XXX	XXX		
44.5 NAIC 5.....						XXX			XXX	XXX		
44.6 NAIC 6.....						XXX			XXX	XXX		
44.7 Totals						XXX			XXX	XXX		
<b>45. Lease-Backed Securities – Practical Expedient (Affiliated)</b>												
45.1 NAIC 1.....						XXX			XXX	XXX		
45.2 NAIC 2.....						XXX			XXX	XXX		
45.3 NAIC 3.....						XXX			XXX	XXX		
45.4 NAIC 4.....						XXX			XXX	XXX		
45.5 NAIC 5.....						XXX			XXX	XXX		
45.6 NAIC 6.....						XXX			XXX	XXX		
45.7 Totals						XXX			XXX	XXX		
<b>46. Other Non-Financial Asset-Backed Securities – Practical Expedient (Unaffiliated)</b>												
46.1 NAIC 1.....						XXX			XXX	XXX		
46.2 NAIC 2.....						XXX			XXX	XXX		
46.3 NAIC 3.....						XXX			XXX	XXX		
46.4 NAIC 4.....						XXX			XXX	XXX		
46.5 NAIC 5.....						XXX			XXX	XXX		
46.6 NAIC 6.....						XXX			XXX	XXX		
46.7 Totals						XXX			XXX	XXX		
<b>47. Other Non-Financial Asset-Backed Securities – Practical Expedient (Affiliated)</b>												
47.1 NAIC 1.....						XXX			XXX	XXX		
47.2 NAIC 2.....						XXX			XXX	XXX		
47.3 NAIC 3.....						XXX			XXX	XXX		
47.4 NAIC 4.....						XXX			XXX	XXX		
47.5 NAIC 5.....						XXX			XXX	XXX		
47.6 NAIC 6.....						XXX			XXX	XXX		
47.7 Totals						XXX			XXX	XXX		
<b>48. Lease-Backed Securities – Full Analysis (Unaffiliated)</b>												
48.1 NAIC 1.....						XXX			XXX	XXX		
48.2 NAIC 2.....						XXX			XXX	XXX		
48.3 NAIC 3.....						XXX			XXX	XXX		
48.4 NAIC 4.....						XXX			XXX	XXX		
48.5 NAIC 5.....						XXX			XXX	XXX		
48.6 NAIC 6.....						XXX			XXX	XXX		
48.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>49. Lease-Backed Securities – Full Analysis (Affiliated)</b>												
49.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
49.7 Totals						XXX			XXX	XXX		
<b>50. Other Non-Financial Asset-Backed Securities – Full Analysis (Unaffiliated)</b>												
50.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
50.7 Totals						XXX			XXX	XXX		
<b>51. Other Non-Financial Asset-Backed Securities – Full Analysis (Affiliated)</b>												
51.1 NAIC 1.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.2 NAIC 2.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.3 NAIC 3.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.4 NAIC 4.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.5 NAIC 5.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.6 NAIC 6.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
51.7 Totals						XXX			XXX	XXX		

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## SCHEDULE D – PART 1A

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 52.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>52. Total Bonds Current Year</b>												
52.1 NAIC 1.....	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
52.2 NAIC 2.....	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
52.3 NAIC 3.....	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
52.4 NAIC 4.....	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
52.5 NAIC 5.....	(d) .....	.....	.....	.....	.....	.....	(c) .....	.....	XXX	XXX	.....	.....
52.6 NAIC 6.....	(d) .....	.....	.....	.....	.....	.....	(c) .....	.....	XXX	XXX	.....	.....
52.7 Totals.....	.....	.....	.....	.....	.....	.....	(b) .....	.....	XXX	XXX	.....	.....
52.8 Line 52.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....
<b>53. Total Bonds Prior Year</b>												
53.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.7 Totals.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
53.8 Line 53.7 as a % of Col. 9	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX	.....	.....
<b>54. Total Publicly Traded Bonds</b>												
54.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.7 Totals.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX
54.8 Line 54.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	XXX
54.9 Line 54.7 as a % of L52.7, C7, Sn 52	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	XXX
<b>55. Total Privately Placed Bonds</b>												
55.1 NAIC 1.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.2 NAIC 2.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.3 NAIC 3.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.4 NAIC 4.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.5 NAIC 5.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.6 NAIC 6.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.7 Totals.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....
55.8 Line 55.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	XXX	.....
55.9 Line 55.7 as a % of L52.7, C7, Sn 52	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	XXX	.....

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

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

	1	2	3 Other Short-term Investment Assets
	Total	Bonds	
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)			

**SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS**

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 10, prior year) .....	_____	_____
2.	Cost paid/(consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12 .....	_____	_____
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14 .....	_____	_____
3.	Unrealized valuation increase/(decrease):		
3.1	Section 1, Column 17 .....	_____	_____
3.2	Section 2, Column 19 .....	_____	_____
4.	SSAP No. 108 adjustments.....	_____	_____
5.	Total gain (loss) on termination recognized, Section 2, Column 22 .....	_____	_____
6.	Considerations received/(paid) on terminations, Section 2, Column 15 .....	_____	_____
7.	Amortization:		
7.1	Section 1, Column 19 .....	_____	_____
7.2	Section 2, Column 21 .....	_____	_____
8.	Adjustment to the book/adjusted carrying value of hedged item:		
8.1	Section 1, Column 20 .....	_____	_____
8.2	Section 2, Column 23 .....	_____	_____
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Section 1, Column 18 .....	_____	_____
9.2	Section 2, Column 20 .....	_____	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9) .....	_____	_____
11.	Deduct nonadmitted assets .....	_____	_____
12.	Statement value at end of current period (Line 10 minus Line 11) .....	_____	_____

**SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS**

Futures Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year).....	_____	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column) .....	_____	_____
3.1	Add:		
	Change in variation margin on open contracts – Highly effective hedges:		
3.11	Section 1, Column 15, current year minus .....	_____	_____
3.12	Section 1, Column 15, prior year .....	_____	_____
	Change in the variation margin on open contracts – All other:		
3.13	Section 1, Column 18, current year minus .....	_____	_____
3.14	Section 1, Column 18, prior year .....	_____	_____
3.2	Add:		
	Change in adjustment to basis of hedged item:		
3.21	Section 1, Column 17, current year to date minus .....	_____	_____
3.22	Section 1, Column 17, prior year .....	_____	_____
	Change in amount recognized		
3.23	Section 1, Column 19, current year to date minus .....	_____	_____
3.24	Section 1, Column 19, prior year plus.....	_____	_____
3.25	SSAP No. 108 adjustments .....	_____	_____
3.3	Subtotal (Line 3.1 minus Line 3.2) .....	_____	_____
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15).....	_____	_____
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17) ..	_____	_____
4.22	Amount recognized (Section 2, Column 16) .....	_____	_____
4.23	SSAP No. 108 adjustments .....	_____	_____
4.3	Subtotal (Line 4.1 minus Line 4.2) .....	_____	_____
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Total gain (loss) recognized for terminations in prior year.....	_____	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year .....	_____	_____
6.	Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2) .....	_____	_____
7.	Deduct total nonadmitted amounts .....	_____	_____
8.	Statement value at end of current period (Line 6 minus Line 7).....	_____	_____

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

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
Number	Description	NAIC 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	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
999999999	Totals					XXX	XXX	XXX			XXX	XXX	XXX		

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

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning inventory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Add: Opened or acquired transactions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Add: Increases in replication (synthetic asset) transactions statement value .....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
4. Less: Closed or disposed of transactions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Less: Positions disposed of for failing effectiveness criteria .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Less: Decreases in replication (synthetic asset) transactions statement value .....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
7. Ending inventory										

**SCHEDULE DB – VERIFICATION**

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

		Book/Adjusted Carrying Value Check	
1.	Part A, Section 1, Column 14 .....	_____	
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance .....	_____	
3.	Total (Line 1 plus Line 2) .....		_____
4.	Part D, Section 1, Column 6 .....	_____	
5.	Part D, Section 1, Column 7 .....	_____	
6.	Total (Line 3 minus Line 4 minus Line 5) .....		_____

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

		Potential Exposure Check	
13.	Part A, Section 1, Column 21 .....	_____	
14.	Part B, Section 1, Column 20 .....	_____	
15.	Part D, Section 1, Column 12 .....	_____	
16.	Total (Lines 13 plus Line 14 minus Line 15) .....		_____

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

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other
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 D – PART 1 – SECTION 1

Showing All Long-Term BONDS – ISSUER CREDIT OBLIGATIONS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Restricted Asset Code	4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	5 Actual Cost	6 Par Value	7 Fair Value	8 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value			Interest					Dates		20 Payment Due at Maturity		
								9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other- Than- Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.	13 Stated Rate of	14 Effective Rate of	15 When Paid	16 Interest Income Due & Accrued	17 Interest Received During Year	18 Acquired		19 Stated Contractual Maturity Date	
0509999999 Total issuer credit obligations												XXX	XXX	XXX				XXX	XXX	

1. Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Line Number	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1A	-----	-----	-----	-----	-----	-----	-----
1B	-----	-----	-----	-----	-----	-----	-----
1C	-----	-----	-----	-----	-----	-----	-----
1D	-----	-----	-----	-----	-----	-----	-----
1E	-----	-----	-----	-----	-----	-----	-----
1F	-----	-----	-----	-----	-----	-----	-----

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## SCHEDULE D – PART 1 – SECTION 2

Showing All Long-Term BONDS – ASSET-BACKED SECURITIES Owned December 31 of Current Year

1	2	3	4	5	6	7	8	Change in Book/Adjusted Carrying Value				Interest					Dates		20	21	
								9	10	11	12	13	14	15	16	17	18	19			
CUSIP Identification	Description	Restricted Asset Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Par Value	Fair Value	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.	Stated Rate of	Effective Rate Ofy	When Paid	Interest Income Due & Accrued	Interest Received During Year	Acquired	Stated Contractual Maturity Date	Payment Due at Maturity	Origination Balloon Payment %	
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1909999999	Total asset-backed securities											XXX	XXX	XXX				XXX	XXX		XXX
2009999999	Total long term bonds – issuer credit obligations and asset-backed securities											XXX	XXX	XXX				XXX	XXX		

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















**SCHEDULE DB – PART A – SECTION 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	12 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)			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
1689999999	Subtotal - hedging effective - excluding variable annuity guarantees under SSAP No. 108													XXX									XXX	XXX	
1699999999	Subtotal - hedging effective - variable annuity guarantees Under SSAP No. 108													XXX										XXX	XXX
1709999999	Subtotal - hedging other													XXX										XXX	XXX
1719999999	Subtotal - replication													XXX										XXX	XXX
1729999999	Subtotal - income generation													XXX										XXX	XXX
1739999999	Subtotal - other													XXX										XXX	XXX
1749999999	Subtotal - adjustments for SSAP No. 108 Derivatives													XXX										XXX	XXX
1759999999	Totals													XXX										XXX	XXX

(a)

Code	Description of Hedged Risk(s)
.....	.....
.....	.....
.....	.....
.....	.....

(b)

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/Accretion	Gain(Loss) on Termination – Recognized	Adjustment to Carrying Value of Hedged Item	Gain(Loss) on Termination – Deferred	Hedge Effectiveness at Inception and at Termination (b)			
	1689999999 Subtotal - hedging effective - excluding variable annuity guarantees under SSAP No. 108																	XXX								XXX	
	1699999999 Subtotal - hedging effective - variable annuity guarantees Under SSAP No. 108																		XXX								XXX
	1709999999 Subtotal - hedging other																		XXX								XXX
	1719999999 Subtotal - replication																		XXX								XXX
	1729999999 Subtotal - income generation																		XXX								XXX
	1739999999 Subtotal - other																		XXX								XXX
	1749999999 Subtotal - adjustments for SSAP No. 108 Derivatives																		XXX								XXX
	1759999999 Totals																		XXX								XXX

(a)

Code	Description of Hedged Risk(s)
.....	.....
.....	.....
.....	.....
.....	.....

(b)

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

**SCHEDULE DB – PART B – SECTION 1**  
 Future Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22			
														15	16	17								
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item (s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit 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 Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-End (b)	Value of One (1) Point			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
168999999	Subtotal - hedging effective - excluding variable annuity guarantees under SSAP No. 108																					XXX	XXX	
169999999	Subtotal - hedging effective - variable annuity guarantees Under SSAP No. 108																						XXX	XXX
170999999	Subtotal - hedging other																						XXX	XXX
171999999	Subtotal - replication																						XXX	XXX
172999999	Subtotal - income generation																						XXX	XXX
173999999	Subtotal - other																						XXX	XXX
174999999	Subtotal - adjustments for SSAP No. 108 Derivatives																						XXX	XXX
175999999	Totals																						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
.....	.....	.....
.....	.....	.....
.....	.....	.....



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

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	Counterparty Offset		Book/Adjusted Carrying Value			Fair Value			12 Potential Exposure	13 Off-Balance Sheet Exposure
			4 Fair Value of Acceptable Collateral	5 Present Value of Financing Premium	6 Contracts With Book/Adjusted Carrying Value >0	7 Contracts With Book/Adjusted Carrying Value <0	8 Exposure Net of Collateral	9 Contracts With Fair Value >0	10 Contracts With Fair Value <0	11 Exposure Net of Collateral		
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
099999999 Gross totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

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

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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











**SCHEDULE E – PART 3 – SPECIAL DEPOSITS**

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

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

For The Year Ended December 31, 20\_\_

(To Be Filed by April 1)

FOR THE STATE OF .....

NAIC Group Code.....

NAIC Company Code.....

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
<b>A. INDIVIDUAL BUSINESS</b>														
1. Comprehensive major medical .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.1 Short-term medical – 6 months or less .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.2 Short-term medical – over 6 months .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Subtotal short-term medical (2.1+2.2) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Other medical (non-comprehensive).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Specified/named disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Limited benefit .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Student .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Accident only or AD&D .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. Disability income – short-term .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Disability income – long-term .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Long-term care .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Medicare Supplement (Medigap).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Dental .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. State Children's Health Insurance Program.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Medicare.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Medicaid .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16. Medicare Part D – stand-alone .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Vision .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18. Other individual business .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19. Grand total individual .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>B. GROUP BUSINESS</b>														
Comprehensive Major Medical														
1.1 Single employer – small employer .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Single employer – other employer .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Single employer subtotal .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Multiple employer Assns and trusts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Other associations and discretionary trusts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Other comprehensive major medical .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Comprehensive/major medical subtotal .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Medical (Non-Comprehensive)														
6. Specified/named disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Limited benefit .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. Student .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Accident only or AD&D .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Disability income – short-term .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Disability income – long-term .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Long-term care .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Medicare Supplement (Medigap).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Tricare .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16. Dental .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Medicare.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18. Medicare Part D – stand-alone .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19. Vision .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
20. Other group care .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Grand total group business .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>C. OTHER BUSINESS</b>														
1. Credit (individual and group) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Stop loss/excess loss .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Administrative Services Only .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Administrative Services Contracts .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Grand total other business .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>D. TOTAL BUSINESS</b>														
1. Total non-U.S. policy forms .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Grand total individual, group and other business .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1**

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at [https://content.naic.org/sites/default/files/inline-files/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_ (LOCATION)

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF \_\_\_\_\_ DURING THE YEAR \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1	2	3	4	5	6	7	8							
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14		
1.	Premium:															
1.1	Health premiums earned (from Part 2, Line 1.11) .....														XXX	
1.2	Federal high risk pools .....														XXX	
1.3	State high risk pools .....														XXX	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) .....														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 .....															
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) .....														XXX	
6.	Improving Health Care Quality Expenses Incurred:															
6.1	Improve health outcomes .....															
6.2	Activities to prevent hospital readmissions .....															
6.3	Improve patient safety and reduce medical errors .....															
6.4	Wellness and health promotion activities .....															
6.5	Health information technology expenses related to health improvement .....															
6.6	Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5) .....															
7.	Preliminary medical loss ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8 .....										XXX	XXX		XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6 .....															
8.2	All other claims adjustment expenses .....															
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2) .....															
9.	Claims adjustment expense ratio (Line 8.3 / Line 1.8) .....													XXX	XXX	XXX

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

		Business Subject to MLR									9	10	11	12	13	14	15						
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		Student Health Plans								Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group														
10.	General and Administrative (G&A) Expenses:																						
10.1	Direct sales salaries and benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
10.2	Agents and brokers fees and commissions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
10.4	Other general and administrative expenses .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
10.4a	Community benefit expenditures (informational only) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
11.	Underwriting gain/(loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)																XXX						
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	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	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	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)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....						
<b>OTHER INDICATORS:</b>																							
1.	Number of certificates/policies																						
2.	Number of covered lives																						
3.	Number of groups	XXX			XXX																		
4.	Member months																						

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

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES					
		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1	2	3	4
		Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>					
1.	Permanent ACA Risk Adjustment Program				
1.0	Premium adjustments receivable/(payable)				
<b>ACA Receipts and Payments</b>					
2.	Permanent ACA Risk Adjustment Program				
2.0	Premium adjustments receipts/(payments)				

### SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

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

REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_ (LOCATION)

NAIC Group Code \_\_\_\_\_ BUSINESS IN THE STATE OF \_\_\_\_\_ DURING THE YEAR \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

		Business Subject to MLR									10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a, b)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned:													
	1.1 Direct premiums written .....													
	1.2 Unearned premium prior year .....													
	1.3 Unearned premium current year .....													
	1.4 Change in unearned premium (Lines 1.2 – 1.3) .....													
	1.5 Paid rate credits.....													
	1.6 Reserve for rate credits current year .....													
	1.7 Reserve for rate credits prior year .....													
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....													
	1.9 Premium balances written off .....													
	1.10 Group conversion charges.....													
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10) .....													
	1.12 Assumed premiums earned from non-affiliates.....													
	1.13 Net assumed less ceded premiums earned from affiliates .....													
	1.14 Ceded premiums earned to non-affiliates.....													
	1.15 Other adjustments due to MLR calculation – premiums.....													
	1.16 Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15)													
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year .....													
	2.2 Direct claim liability current year .....													
	2.3 Direct claim liability prior year .....													
	2.4 Direct claim reserves current year .....													
	2.5 Direct claim reserves prior year .....													
	2.6 Direct contract reserves current year .....													
	2.7 Direct contract reserves prior year .....													
	2.8 Paid rate credits .....													
	2.9 Reserve for rate credits current year .....													
	2.10 Reserve for rate credits prior year .....													
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c) .....													
	2.11a Paid medical incentive pools and bonuses current year .....													
	2.11b Accrued medical incentive pools and bonuses current year .....													
	2.11c Accrued medical incentive pools and bonuses prior year .....													
	2.12 Net health care receivables (Lines 2.12a – 2.12b) .....													
	2.12a Health care receivables current year .....													
	2.12b Health care receivables prior year .....													
	2.13 Group conversion charge .....													
	2.14 Multi-option coverage blended rate adjustment.....													
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14) .....													
	2.16 Assumed incurred claims from non-affiliates .....													
	2.17 Net assumed less ceded incurred claims from affiliates.....													
	2.18 Ceded incurred claims to non-affiliates .....													
	2.19 Other adjustments due to MLR calculation – claims .....													
	2.20 Net incurred claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.16 + 2.17 – 2.18 + 2.19)													
3.	Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)													

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

(b) Premium deficiency reserves included in Column 13, Line 2.19 \$.....

**CREDIT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2025  
(To Be Filed by April 1)

Of The ..... Insurance Company

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

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

Direct Business in the State of .....

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

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

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

	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1	2	3	4			
	Single	Joint	Single	Joint			
1. Earned Premiums:							
1.1 Gross written premiums.....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations.....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1–1.2).....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period.....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period.....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4–1.5).....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred Claims:							
2.1 Claims paid.....	.....	.....	.....	.....	.....	.....	.....
2.2 Unreported claim reserve, start of period.....	.....	.....	.....	.....	.....	.....	.....
2.3 Unreported claim reserve, end of period.....	.....	.....	.....	.....	.....	.....	.....
2.4 Claim reserves, start of period.....	.....	.....	.....	.....	.....	.....	.....
2.5 Claim reserves, end of period.....	.....	.....	.....	.....	.....	.....	.....
2.6 Incurred claims (Lines 2.1–2.2+2.3–2.4+2.5).....	.....	.....	.....	.....	.....	.....	.....
3. Incurred Compensation:							
3.1 Commissions and service fees incurred.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation.....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2).....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
5. Mean insurance in force.....	.....	.....	.....	.....	.....	.....	.....
6. Losses per \$1,000 mean insurance in force [(1,000 x Line 2.6)/Line 5].....	.....	.....	.....	.....	.....	.....	.....

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

Single Premium—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
<b>1. Earned Premiums:</b>							
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.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>							
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).....	.....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>							
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).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%

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

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

Monthly Outstanding Balance—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
<b>1. Earned Premiums:</b>							
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.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>							
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).....	.....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>							
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).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%

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

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

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

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total -Parts 2A, 2B, 2C and 2D
<b>1. Earned Premiums:</b>									
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>									
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).....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>									
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)....	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %
<b>4. Loss Percentage:</b>									
4.1 Actual loss percentage (Lines 2.6/1.6).....	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %	..... %

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

\_\_\_\_\_

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

\_\_\_\_\_



**PART 4 – CREDIT PROPERTY INSURANCE**

	1 Creditor Placed Home- Hazard Single Interest	2 Creditor Placed Home- Hazard Dual Interest	3 Creditor Placed Wind Only Single Interest	4 Creditor Placed Wind Only Dual Interest	5 Creditor Placed Home Flood Only First Dollar	6 Creditor Placed Home Flood Only Excess	7 Creditor Placed Auto-Single Interest	8 Creditor Placed Auto- Dual Interest	9 Personal Property- Single Interest	10 Personal Property- Dual Interest	11 Other (a)
1. Earned Premiums:											
1.1 Gross written premiums.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1- 1.2).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred Claims:											
2.1 Claims paid.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.2 Total claim reserves, start of period	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Total claim reserves, end of period..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Incurred claims (Lines 2.1-2.2+2.3)..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Incurred Compensation:											
3.1 Commissions and service fees incurred.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3).....	.....%	.....%	.....	.....	.....	.....	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....	.....	.....	.....	.....%	.....%	.....%	.....%	.....%
4. Loss Percentage:											
4.1 Actual loss percentage (Lines 2.4/1.6).....	.....%	.....%	.....	.....	.....	.....	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7).....	.....%	.....%	.....	.....	.....	.....	.....%	.....%	.....%	.....%	.....%
5. Incurred Loss Adjustment Expense:											
5.1 Defense and cost containment expenses incurred.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.2 Adjusting and other expenses incurred.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Written Exposures.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Earned Exposures.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

**PART 5 – OTHER CREDIT INSURANCE**

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

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

**PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES**

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

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

.....  
Affix Bar Code Here

**FINANCIAL GUARANTY INSURANCE EXHIBIT**

For the Year Ended December 31, 2025

(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

Year Payable	1 Municipal Obligation Bonds	2 Special Revenue Bonds	Industrial Development Bonds			6 Totals
			3 Type I	4 Type II	5 Type III	
1. 2026 .....	.....	.....	.....	.....	.....	.....
2. 2027 .....	.....	.....	.....	.....	.....	.....
3. 2028 .....	.....	.....	.....	.....	.....	.....
4. 2029 .....	.....	.....	.....	.....	.....	.....
5. 2030 .....	.....	.....	.....	.....	.....	.....
6. 2031 .....	.....	.....	.....	.....	.....	.....
7. 2032 .....	.....	.....	.....	.....	.....	.....
8. 2033 .....	.....	.....	.....	.....	.....	.....
9. 2034 .....	.....	.....	.....	.....	.....	.....
10. 2035 .....	.....	.....	.....	.....	.....	.....
11. 2036 .....	.....	.....	.....	.....	.....	.....
12. 2037 .....	.....	.....	.....	.....	.....	.....
13. 2038 .....	.....	.....	.....	.....	.....	.....
14. 2039 .....	.....	.....	.....	.....	.....	.....
15. 2040 .....	.....	.....	.....	.....	.....	.....
16. 2041-45 .....	.....	.....	.....	.....	.....	.....
17. 2046-50 .....	.....	.....	.....	.....	.....	.....
18. 2051+ .....	.....	.....	.....	.....	.....	.....
19. Totals						

**PART 2**

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

Year Payable	Corporate Obligations			4 Cons Debt Obligations	5 Pass-Thru Securities	6 Ltd Partnerships	7 Other Non- Investment Grade Obligations	8 All Other Guaranties	9 Totals
	1 Type I	2 Type II	3 Type III						
1. 2026 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2027 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2028 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2029 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2030 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2031 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2032 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2033 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2034 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2035 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2036 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2037 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2038 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2039 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2040 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2041-45 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2046-50 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2051+ .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19. Totals									

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**  
**PART 3B**  
 SPECIAL REVENUE BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**  
**PART 3F**  
 TOTALS – ALL MUNICIPAL BONDS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

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

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4A  
CORPORATE OBLIGATIONS TYPE I**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2016 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2016 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4B  
CORPORATE OBLIGATIONS TYPE II**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2016 S.P.	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2016 I.P.	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2025 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2024 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2024 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2023 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2023 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2022 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2022 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2021 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2020 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2020 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2019 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2019 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2018 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2018 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2017 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2017 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.								
2. 2025 I.P.								
3. 2024 S.P.								
4. 2024 I.P.								
5. 2023 S.P.								
6. 2023 I.P.								
7. 2022 S.P.								
8. 2022 I.P.								
9. 2021 S.P.								
10. 2021 I.P.								
11. 2020 S.P.								
12. 2020 I.P.								
13. 2019 S.P.								
14. 2019 I.P.								
15. 2018 S.P.								
16. 2018 I.P.								
17. 2017 S.P.								
18. 2017 I.P.								
19. 2016 S.P.								
20. 2016 I.P.								
21. Prior to 2016 S.P.								
22. Prior to 2016 I.P.								
23. Totals								

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.								
2. 2025 I.P.								
3. 2024 S.P.								
4. 2024 I.P.								
5. 2023 S.P.								
6. 2023 I.P.								
7. 2022 S.P.								
8. 2022 I.P.								
9. 2021 S.P.								
10. 2021 I.P.								
11. 2020 S.P.								
12. 2020 I.P.								
13. 2019 S.P.								
14. 2019 I.P.								
15. 2018 S.P.								
16. 2018 I.P.								
17. 2017 S.P.								
18. 2017 I.P.								
19. 2016 S.P.								
20. 2016 I.P.								
21. Prior to 2016 S.P.								
22. Prior to 2016 I.P.								
23. Totals								

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

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.....								
2. 2025 I.P.....								
3. 2024 S.P.....								
4. 2024 I.P.....								
5. 2023 S.P.....								
6. 2023 I.P.....								
7. 2022 S.P.....								
8. 2022 I.P.....								
9. 2021 S.P.....								
10. 2021 I.P.....								
11. 2020 S.P.....								
12. 2020 I.P.....								
13. 2019 S.P.....								
14. 2019 I.P.....								
15. 2018 S.P.....								
16. 2018 I.P.....								
17. 2017 S.P.....								
18. 2017 I.P.....								
19. 2016 S.P.....								
20. 2016 I.P.....								
21. Prior to 2016 S.P.....								
22. Prior to 2016 I.P.....								
23. Totals								

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

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.....								
2. 2025 I.P.....								
3. 2024 S.P.....								
4. 2024 I.P.....								
5. 2023 S.P.....								
6. 2023 I.P.....								
7. 2022 S.P.....								
8. 2022 I.P.....								
9. 2021 S.P.....								
10. 2021 I.P.....								
11. 2020 S.P.....								
12. 2020 I.P.....								
13. 2019 S.P.....								
14. 2019 I.P.....								
15. 2018 S.P.....								
16. 2018 I.P.....								
17. 2017 S.P.....								
18. 2017 I.P.....								
19. 2016 S.P.....								
20. 2016 I.P.....								
21. Prior to 2016 S.P.....								
22. Prior to 2016 I.P.....								
23. Totals								

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

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**

**PART 4I**

TOTALS – ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2025 S.P.								
2. 2025 I.P.								
3. 2024 S.P.								
4. 2024 I.P.								
5. 2023 S.P.								
6. 2023 I.P.								
7. 2022 S.P.								
8. 2022 I.P.								
9. 2021 S.P.								
10. 2021 I.P.								
11. 2020 S.P.								
12. 2020 I.P.								
13. 2019 S.P.								
14. 2019 I.P.								
15. 2018 S.P.								
16. 2018 I.P.								
17. 2017 S.P.								
18. 2017 I.P.								
19. 2016 S.P.								
20. 2016 I.P.								
21. Prior to 2016 S.P.								
22. Prior to 2016 I.P.								
23. Totals								

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

**MUNICIPAL BOND EXPOSURES WRITTEN**

**PART 5A**

GROSS EXPOSURES WRITTEN DURING YEAR

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

**MUNICIPAL BOND EXPOSURES WRITTEN**

**PART 5B**

NET OUTSTANDING EXPOSURE

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

**MUNICIPAL BOND EXPOSURES WRITTEN**

**PART 5C**

BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

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

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

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

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

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

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

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

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

	Losses Paid During the Year Less Reinsurance Received During the Year			Salvage and Subrogation Received in the Current Year			7 Total (Cols. 1+2+3 -4-5-6)	8 Losses paid during 2024 on losses incurred prior to 2024	Losses Unpaid December 31 of Current Year				Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability	
	1	2	3	4	5	6			9	10	11	12	13	14	15	16	17	18
	On losses incurred during 2025	On losses incurred during 2024	On losses incurred prior to 2024	On losses incurred during 2025	On losses incurred during 2024	On losses incurred prior to 2024			On losses incurred during 2025	On losses incurred during 2024	On losses incurred prior to 2024	Total Per Col. 5, Part 3A (Cols. 9+10+11)	On losses incurred prior to 2025 (Cols. 2+3+10+11)	On losses incurred prior to 2024 (Cols. 3+8+11)	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2024 (Col. 13 less Col. 15)	Dec. 31, 2023 (Col. 14 less Col. 16)
1. Municipal obligation bonds.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. Special revenue bonds.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. IDB's—Class I.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. IDB's—Class II.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. IDB's—Class III.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6. Total municipal bonds.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. Corporate obligation bonds— Class I.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. Corporate obligation bonds— Class II.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. Corporate obligation bonds— Class III.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. Consumer debt obligations.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. Pass through securities.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Limited partnerships.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
13. Other non-investment grade obligations.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
14. All other non-municipal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
15. Total non-municipal bonds.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
16. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

.....  
Affix Bar Code Above

**INSURANCE EXPENSE EXHIBIT**

For The Year Ended December 31, 2025  
(To Be Filed by April 1)

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

**INTERROGATORIES**

1. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

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

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

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

3.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [ ] No [ ]

3.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached. Yes [ ] No [ ]

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

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

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

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

	Premiums Written (Pg. 8, Pt. 1B, Col. 6)		Premiums Earned (Pg. 6, Pt. 1, Col. 4)		Dividends to Policyholders (Pg. 4, Line 17)		Incurred Loss (Pg. 9, Pt. 2, Col. 7)		Loss Adjustment Expense				Unpaid Losses (Pg. 10, Pt. 2A, Col. 8)		Loss Adjustment Expense				Unearned Premium Reserves (Pg. 7, Pt. 1A, Col. 5)		Agents' Balances		
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		13 Amount	14 %	Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		19 Amount	20 %	21 Amount	22 %	
									9 Amount	10 %	11 Amount	12 %			15 Amount	16 %	17 Amount	18 %					
1. Fire .....		XXX		100.0																			
2.1 Allied lines .....		XXX		100.0																			
2.2 Multiple peril crop .....		XXX		100.0																			
2.3 Federal flood .....		XXX		100.0																			
2.4 Private crop .....		XXX		100.0																			
2.5 Private flood .....		XXX		100.0																			
3. Farmowners multiple peril .....		XXX		100.0																			
4. Homeowners multiple peril .....		XXX		100.0																			
5.1 Comm mult peril (non-liab) .....		XXX		100.0																			
5.2 Comm mult peril (liab) .....		XXX		100.0																			
6. Mortgage guaranty .....		XXX		100.0																			
8. Ocean marine .....		XXX		100.0																			
9.1 Inland marine .....		XXX		100.0																			
9.2 Pet insurance plans .....		XXX		100.0																			
10. Financial guaranty .....		XXX		100.0																			
11.1 Med prof liab—occurrence .....		XXX		100.0																			
11.2 Med prof liab—claims-made .....		XXX		100.0																			
12. Earthquake .....		XXX		100.0																			
13.1 Comprehensive individual .....		XXX		100.0																			
13.2 Comprehensive group .....		XXX		100.0																			
14. Credit A&H .....		XXX		100.0																			
15.1 Vision only .....		XXX		100.0																			
15.2 Dental only .....		XXX		100.0																			
15.3 Disability income .....		XXX		100.0																			
15.4 Medicare supplement .....		XXX		100.0																			
15.5 Medicaid Title XIX .....		XXX		100.0																			
15.6 Medicare Title XVIII .....		XXX		100.0																			
15.7 Long-term care .....		XXX		100.0																			
15.8 FEHBP .....		XXX		100.0																			
15.9 Other health .....		XXX		100.0																			
16. Workers' compensation .....		XXX		100.0																			
17.1 Other liability—occurrence .....		XXX		100.0																			
17.2 Other liability—claims-made .....		XXX		100.0																			
17.3 Excess workers' compensation .....		XXX		100.0																			
18.1 Products liab—occurrence .....		XXX		100.0																			
18.2 Products liab—claims-made .....		XXX		100.0																			
19.1 Priv passenger auto no-fault .....		XXX		100.0																			
19.2 Other priv passenger auto liab .....		XXX		100.0																			
19.3 Commercial auto no-fault .....		XXX		100.0																			
19.4 Other commercial auto liability .....		XXX		100.0																			
21.1 Priv passenger auto phys damage .....		XXX		100.0																			
21.2 Commercial auto phys damage .....		XXX		100.0																			
22. Aircraft (all perils) .....		XXX		100.0																			
23. Fidelity .....		XXX		100.0																			
24. Surety .....		XXX		100.0																			
26. Burglary and theft .....		XXX		100.0																			
27. Boiler and machinery .....		XXX		100.0																			
28. Credit .....		XXX		100.0																			
29. International .....		XXX		100.0																			
30. Warranty .....		XXX		100.0																			
31. Reins-nonproportional assumed property .....		XXX		100.0																			
32. Reins-nonproportional assumed liab .....		XXX		100.0																			
33. Reins-nonproportional assumed fin lines .....		XXX		100.0																			
34. Aggr write-ins for other lines of bus .....		XXX		100.0																			
35. TOTAL (Lines 1 through 34) .....		XXX		100.0																			
<b>DETAILS OF WRITE-INS</b>																							
3401. ....		XXX		100.0																			
3402. ....		XXX		100.0																			
3403. ....		XXX		100.0																			
3498. Summary of remaining write-ins for Line 34 from overflow page .....		XXX		100.0																			
3499. TOTAL (Lines 3401 through 3403 plus 3498 (Line 34 above) .....		XXX		100.0																			

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

	Other Underwriting Expenses																Other Income Less Other Expenses (Pg. 4, Line 15 minus Line 5)	Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss	
	Commission and Brokerage Expenses Incurred (IEE Pt. 1, Line 2.8, Col. 2)		Taxes, Licenses & Fees Incurred (IEE Pt. 1, Line 20.5, Col. 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25 minus 2.8 Col. 2)		General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)		29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %		37 Amount	38 %	39 Amount	40 %	41 Amount	42 %				
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %																					
1. Fire .....																											
2.1 Allied lines .....																											
2.2 Multiple peril crop .....																											
2.3 Federal flood .....																											
2.4 Private crop .....																											
2.5 Private flood .....																											
3. Farmowners multiple peril .....																											
4. Homeowners multiple peril .....																											
5.1 Comm mult peril (non-liab) .....																											
5.2 Comm mult peril (liab) .....																											
6. Mortgage guaranty .....																											
8. Ocean marine .....																											
9.1 Inland marine .....																											
9.2 Pet insurance plans .....																											
10. Financial guaranty .....																											
11.1 Med prof liab—occurrence .....																											
11.2 Med prof liab—claims-made .....																											
12. Earthquake .....																											
13.1 Comprehensive individual .....																											
13.2 Comprehensive group .....																											
14. Credit A&H .....																											
15.1 Vision only .....																											
15.2 Dental only .....																											
15.3 Disability income .....																											
15.4 Medicare supplement .....																											
15.5 Medicaid Title XIX .....																											
15.6 Medicare Title XVIII .....																											
15.7 Long-term care .....																											
15.8 FEHBP .....																											
15.9 Other health .....																											
16. Workers' compensation .....																											
17.1 Other liability—occurrence .....																											
17.2 Other liability—claims-made .....																											
17.3 Excess workers' compensation .....																											
18.1 Products liab—occurrence .....																											
18.2 Products liab—claims-made .....																											
19.1 Priv passenger auto no-fault .....																											
19.2. Other priv passenger auto liab .....																											
19.3 Commercial auto no-fault .....																											
19.4. Other commercial auto liability .....																											
21.1 Priv passenger auto phys damage .....																											
21.2 Commercial auto phys damage .....																											
22. Aircraft (all perils) .....																											
23. Fidelity .....																											
24. Surety .....																											
26. Burglary and theft .....																											
27. Boiler and machinery .....																											
28. Credit .....																											
29. International .....																											
30. Warranty .....																											
31. Reins-nonproportional assumed property .....																											
32. Reins-nonproportional assumed liab .....																											
33. Reins-nonproportional assumed fin lines .....																											
34. Aggr write-ins for other lines of bus .....																											
35. TOTAL (Lines 1 through 34)																											
<b>DETAILS OF WRITE-INS</b>																											
3401. ....																											
3402. ....																											
3403. ....																											
3498. Summary of remaining write-ins for Line 34 from overflow page .....																											
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)																											

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)

	Premiums Written (Pg. 8, Pt. 1B, Col. 1)		Premiums Earned (Sch. T, Line 59, Col. 3)		Dividends to Policyholders		Incurred Loss (Sch. T, Line 59, Col. 6)		Loss Adjustment Expense				Unpaid Losses (Sch. T, Line 59, Col. 7)		Loss Adjustment Expense				Unearned Premium Reserves		Agents' Balances				
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		13 Amount	14 %	Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		19 Amount	20 %	21 Amount	22 %			
									9 Amount	10 %	11 Amount	12 %			15 Amount	16 %	17 Amount	18 %							
1. Fire .....		XXX		100.0																					
2.1 Allied lines .....		XXX		100.0																					
2.2 Multiple peril crop .....		XXX		100.0																					
2.3 Federal flood .....		XXX		100.0																					
2.4 Private crop .....		XXX		100.0																					
2.5 Private flood .....		XXX		100.0																					
3. Farmowners multiple peril .....		XXX		100.0																					
4. Homeowners multiple peril .....		XXX		100.0																					
5.1 Comm mult peril (non-liab) .....		XXX		100.0																					
5.2 Comm mult peril (liab) .....		XXX		100.0																					
6. Mortgage guaranty .....		XXX		100.0																					
8. Ocean marine .....		XXX		100.0																					
9.1 Inland marine .....		XXX		100.0																					
9.2 Pet insurance plans .....		XXX		100.0																					
10. Financial guaranty .....		XXX		100.0																					
11.1 Med prof liab—occurrence .....		XXX		100.0																					
11.2 Med prof liab—claims-made .....		XXX		100.0																					
12. Earthquake .....		XXX		100.0																					
13.1 Comprehensive individual .....		XXX		100.0																					
13.2 Comprehensive group .....		XXX		100.0																					
14. Credit A&H .....		XXX		100.0																					
15.1 Vision only .....		XXX		100.0																					
15.2 Dental only .....		XXX		100.0																					
15.3 Disability income .....		XXX		100.0																					
15.4 Medicare supplement .....		XXX		100.0																					
15.5 Medicaid Title XIX .....		XXX		100.0																					
15.6 Medicare Title XVIII .....		XXX		100.0																					
15.7 Long-term care .....		XXX		100.0																					
15.8 FEHBP .....		XXX		100.0																					
15.9 Other health .....		XXX		100.0																					
16. Workers' compensation .....		XXX		100.0																					
17.1 Other liability—occurrence .....		XXX		100.0																					
17.2 Other liability—claims-made .....		XXX		100.0																					
17.3 Excess workers' compensation .....		XXX		100.0																					
18.1 Products liab—occurrence .....		XXX		100.0																					
18.2 Products liab—claims-made .....		XXX		100.0																					
19.1 Priv passenger auto no-fault .....		XXX		100.0																					
19.2 Other priv passenger auto liab .....		XXX		100.0																					
19.3 Commercial auto no-fault .....		XXX		100.0																					
19.4 Other commercial auto liability .....		XXX		100.0																					
21.1 Priv passenger auto phys damage .....		XXX		100.0																					
21.2 Commercial auto phys damage .....		XXX		100.0																					
22. Aircraft (all perils) .....		XXX		100.0																					
23. Fidelity .....		XXX		100.0																					
24. Surety .....		XXX		100.0																					
26. Burglary and theft .....		XXX		100.0																					
27. Boiler and machinery .....		XXX		100.0																					
28. Credit .....		XXX		100.0																					
29. International .....		XXX		100.0																					
30. Warranty .....		XXX		100.0																					
31. Reins-nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX
33. Reins-nonproportional assumed fin lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggr write-ins for other lines of bus .....		XXX		100.0																					
35. TOTAL (Lines 1 through 34)		XXX		100.0																					
<b>DETAILS OF WRITE-INS</b>																									
3401. ....		XXX		100.0																					
3402. ....		XXX		100.0																					
3403. ....		XXX		100.0																					
3498. Summary of remaining write-ins for Line 34 from overflow page .....		XXX		100.0																					
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)		XXX		100.0																					

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

	Other Underwriting Expenses								Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred					
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Comm mult peril (non-liab) .....												
5.2 Comm mult peril (liab) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9.1 Inland marine .....												
9.2 Pet insurance plans .....												
10. Financial guaranty .....												
11.1 Med prof liab—occurrence .....												
11.2 Med prof liab—claims-made .....												
12. Earthquake .....												
13.1 Comprehensive individual .....												
13.2 Comprehensive group .....												
14. Credit A&H .....												
15.1 Vision only .....												
15.2 Dental only .....												
15.3 Disability income .....												
15.4 Medicare supplement .....												
15.5 Medicaid Title XIX .....												
15.6 Medicare Title XVIII .....												
15.7 Long-term care .....												
15.8 FEHBP .....												
15.9 Other health .....												
16. Workers' compensation .....												
17.1 Other liability—occurrence .....												
17.2 Other liability—claims-made .....												
17.3 Excess workers' compensation .....												
18.1 Products liab—occurrence .....												
18.2 Products liab— claims-made .....												
19.1 Priv passenger auto no-fault .....												
19.2 Other priv passenger auto liab .....												
19.3 Commercial auto no-fault .....												
19.4 Other commercial auto liability .....												
21.1 Priv passenger auto phys damage .....												
21.2 Commercial auto phys damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
31. Reins-nonproportional assumed property .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins-nonproportional assumed liab .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins-nonproportional assumed fin lines .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggr write-ins for other lines of bus .....												
35. TOTAL (Lines 1 through 34)												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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**OVERFLOW PAGE FOR WRITE-INS**

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**SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES**

For The Year Ended December 31, **2025**  
(To Be Filed by April 1)

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

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

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

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

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

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

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

4. Assets held in foreign investments:

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

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

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

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

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

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

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

7. Aggregate unhedged foreign currency exposure \$.....<sup>1</sup>.....<sup>2</sup>..... %

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities 1 2 3  
 \$.....%

Largest three investments held in nonaffiliated, privately placed equities:

14.03 ..... \$.....%

14.04 ..... \$.....%

14.05 ..... \$.....%

Ten largest fund managers:

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

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

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

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

15.02 Aggregate statement value of investments held in general partnership interests 1 2 3  
 \$.....%

Largest three investments in general partnership interests:

15.03 ..... \$.....%

15.04 ..... \$.....%

15.05 ..... \$.....%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Largest three investments held in mezzanine real estate loans:

19.03 ..... \$ ..... %  
 19.04 ..... \$ ..... %  
 19.05 ..... \$ ..... %

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

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

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

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

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

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

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

		<u>At Year-End</u>		<u>At End of Each Quarter</u>		
		<u>1</u>	<u>2</u>	<u>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
				<u>3</u>	<u>4</u>	<u>5</u>
23.01	Hedging	\$ .....	.....%	\$.....	\$.....	\$.....
23.02	Income generation	\$ .....	.....%	\$.....	\$.....	\$.....
23.03	Replications	\$ .....	.....%	\$.....	\$.....	\$.....
23.04	Other	\$ .....	.....%	\$.....	\$.....	\$.....

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

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

OF THE \_\_\_\_\_ NAIC COMPANY CODE \_\_\_\_\_

Direct Business in the State of \_\_\_\_\_

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

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

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

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

Individual name .....

Title .....

Department .....

Street address .....

City, State ZIP.....

Direct phone number .....

Email address .....

**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 2**

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

OF THE ..... NAIC COMPANY CODE .....

Direct Business in the State of \_\_\_\_\_

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

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**OVERFLOW PAGE FOR WRITE-INS**

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

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

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

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

Paid by Waiver  
 Paid Up

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

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
<b>Primarily 2002 and Prior Issue Years</b>								
1. Current (Comprehensive) .....	.....	.....	.....	.....	.....	.....	.....	.....
2. Total Inception-to-Date (Comprehensive) .....	.....	.....	XXX	.....	.....	XXX	XXX	.....
3. Current (Institutional Only).....	.....	.....	.....	.....	.....	.....	.....	.....
4. Total Inception-to-Date (Institutional Only).....	.....	.....	XXX	.....	.....	XXX	XXX	.....
5. Current (Non-Institutional Only).....	.....	.....	.....	.....	.....	.....	.....	.....
6. Total Inception-to-Date (Non-Institutional Only).....	.....	.....	XXX	.....	.....	XXX	XXX	.....
7. Current (Grand Total) .....	.....	.....	.....	.....	.....	.....	.....	.....
8. Total Inception-to-Date (Grand Total)	.....	.....	XXX	.....	.....	XXX	XXX	.....
<b>Primarily 2003 to 2010 Issue Years</b>								
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).....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Inception-to-Date (Non-Institutional Only).....	.....	.....	XXX	.....	.....	XXX	XXX	.....
15. Current (Grand Total) .....	.....	.....	.....	.....	.....	.....	.....	.....
16. Total Inception-to-Date (Grand Total)	.....	.....	XXX	.....	.....	XXX	XXX	.....
<b>Primarily 2011 and Later Issue Years</b>								
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-policy form basis.

Policy  
 Policy Form

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) <sup>(a)</sup>**

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Incurred Year	1 2018	2 2019	3 2020	4 2021	5 2022	6 2023	7 2024	8 2025
<b>A. Individual</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019.....	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2020.....	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2021.....	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2022.....	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2023.....	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
<b>PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019.....	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2020.....	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2021.....	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2022.....	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2023.....	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
<b>PART 3 – Transferred Reserves</b>								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019.....	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2020.....	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2021.....	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2022.....	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2023.....	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019.....	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2020.....	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2021.....	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2022.....	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2023.....	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) <sup>(a)</sup>**

Incurred Year	1 2018	2 2019	3 2020	4 2021	5 2022	6 2023	7 2024	8 2025
<b>B. Group</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior .....								
2. 2018 .....								
3. 2019 .....	xxx							
4. 2020 .....	xxx	xxx						
5. 2021 .....	xxx	xxx	xxx					
6. 2022 .....	xxx	xxx	xxx	xxx				
7. 2023 .....	xxx	xxx	xxx	xxx	xxx			
8. 2024 .....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025 .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior .....								
2. 2018 .....								
3. 2019 .....	xxx							
4. 2020 .....	xxx	xxx						
5. 2021 .....	xxx	xxx	xxx					
6. 2022 .....	xxx	xxx	xxx	xxx				
7. 2023 .....	xxx	xxx	xxx	xxx	xxx			
8. 2024 .....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025 .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 3 – Transferred Reserves</b>								
1. Prior .....								
2. 2018 .....								
3. 2019 .....	xxx							
4. 2020 .....	xxx	xxx						
5. 2021 .....	xxx	xxx	xxx					
6. 2022 .....	xxx	xxx	xxx	xxx				
7. 2023 .....	xxx	xxx	xxx	xxx	xxx			
8. 2024 .....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025 .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior .....								
2. 2018 .....								
3. 2019 .....	xxx							
4. 2020 .....	xxx	xxx						
5. 2021 .....	xxx	xxx	xxx					
6. 2022 .....	xxx	xxx	xxx	xxx				
7. 2023 .....	xxx	xxx	xxx	xxx	xxx			
8. 2024 .....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025 .....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) <sup>(a)</sup>**

Incurred Year	1 2018	2 2019	3 2020	4 2021	5 2022	6 2023	7 2024	8 2025
<b>C. Summary</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior.....								
2. 2018.....								
3. 2019.....	xxx							
4. 2020.....	xxx	xxx						
5. 2021.....	xxx	xxx	xxx					
6. 2022.....	xxx	xxx	xxx	xxx				
7. 2023.....	xxx	xxx	xxx	xxx	xxx			
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior.....								
2. 2018.....								
3. 2019.....	xxx							
4. 2020.....	xxx	xxx						
5. 2021.....	xxx	xxx	xxx					
6. 2022.....	xxx	xxx	xxx	xxx				
7. 2023.....	xxx	xxx	xxx	xxx	xxx			
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 3 – Transferred Reserves</b>								
1. Prior.....								
2. 2018.....								
3. 2019.....	xxx							
4. 2020.....	xxx	xxx						
5. 2021.....	xxx	xxx	xxx					
6. 2022.....	xxx	xxx	xxx	xxx				
7. 2023.....	xxx	xxx	xxx	xxx	xxx			
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior.....								
2. 2018.....								
3. 2019.....	xxx							
4. 2020.....	xxx	xxx						
5. 2021.....	xxx	xxx	xxx					
6. 2022.....	xxx	xxx	xxx	xxx				
7. 2023.....	xxx	xxx	xxx	xxx	xxx			
8. 2024.....	xxx	xxx	xxx	xxx	xxx	xxx		
9. 2025.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	

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

.....  
Affix Bar Code Above

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

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_

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

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

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

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

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, **2025**

(To Be Filed by March 1)

FOR THE STATE OF \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Address (City, State and Zip Code) \_\_\_\_\_

Person Completing This Exhibit \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through <b>2022</b>			Policies Issued in <b>2023, 2024, 2025</b>				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

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

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)  
(To Be Filed By March 1)

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage.....	.....	xxx	.....	xxx	.....
1.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	.....
1.13 Risk-corridor payment adjustments.....	.....	xxx	.....	xxx	.....
1.2 Supplemental benefits.....	.....	xxx	.....	xxx	.....
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
2.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
2.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
3.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
3.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	.....	xxx	.....	xxx	xxx
4.2 Payable.....	.....	xxx	.....	xxx	xxx
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
5.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
5.13 Risk-corridor payment adjustments.....	.....	xxx	.....	xxx	xxx
5.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
6. Total premiums.....		xxx		xxx	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage.....	.....	xxx	.....	xxx	.....
7.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	.....
7.2 Supplemental benefits.....	.....	xxx	.....	xxx	.....
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
8.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
8.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
9.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
9.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage.....	.....	xxx	.....	xxx	xxx
10.12 Without reinsurance coverage.....	.....	xxx	.....	xxx	xxx
10.2 Supplemental benefits.....	.....	xxx	.....	xxx	xxx
11. Total claims.....		xxx		xxx	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid – net of reimbursements applied.....	xxx	.....	xxx	.....	.....
12.2 Reimbursements received but not applied-change.....	xxx	.....	xxx	.....	.....
12.3 Reimbursements receivable-change.....	xxx	.....	xxx	.....	xxx
12.4 Health care receivables-change.....	xxx	.....	xxx	.....	xxx
13. Aggregate policy reserves-change.....	.....	.....	.....	.....	xxx
14. Expenses paid.....	.....	xxx	.....	xxx	.....
15. Expenses incurred.....	.....	xxx	.....	xxx	xxx
16. Underwriting gain/(loss).....	.....	xxx	.....	xxx	xxx
17. Cash flow result	xxx	xxx	xxx	xxx	

Affix Bar Code Above

**PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT**

For The Year Ended December 31, 2025

(To Be Filed by March 1)

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

Line of Business	Premiums				5 Paid	Losses			9 Incurred	10 Paid	Loss Adjustment Expenses		13 Incurred
	1 Attributed	2 Prior Year	3 Current Year	4 Earned Premium		Unpaid December 31		8 Prior Year Total			11 Current Year	12 Prior Year	
						6 Adjusted or in Process	7 Incurred But Not Reported						
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9.1 Inland marine .....													
9.2 Pet insurance plans .....													
10. Financial guaranty .....													
11.1 Medical professional liability occurrence .....													
11.2 Medical professional liability claims-made .....													
12. Earthquake .....													
13.1 Comprehensive (hospital and medical) individual .....													
13.2 Comprehensive (hospital and medical) group .....													
14. Credit accident and health (group and individual) .....													
15.1 Vision Only .....													
15.2 Dental only .....													
15.3 Disability income .....													
15.4 Medicare supplement .....													
15.5 Medicaid Title XIX .....													
15.6 Medicare Title XVIII .....													
15.7 Long-term care .....													
15.8 Federal employees health benefits plan .....													
15.9 Other health .....													
16. Workers' compensation .....													
17.1 Other liability—occurrence .....													
17.2 Other liability—claims-made .....													
17.3 Excess workers' compensation .....													
18.1 Products liability—occurrence .....													
18.2 Products liability—claims-made .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
31. Reinsurance-nonproportional assumed property .....													
32. Reinsurance-nonproportional assumed liability .....													
33. Reinsurance-nonproportional assumed financial lines .....													
34. Aggregate write-ins for other lines of business .....													
35. Totals .....													
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Sum. of remaining write-ins for Line 34 from overflow page .....													
3499. Total (Lines 3401 through 3403 plus 3498) (Line 34 above) .....													

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**OVERFLOW PAGE FOR WRITE-INS**

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**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

For The Year Ended December 31, **2025**  
(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

---

COMPANY







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

Affix Bar Code Above

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

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

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For The Year Ended December 31, **2025**  
(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 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
Current: 2. Principal Financial Officer	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
3.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
4.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
5.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
6.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
7.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
8.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
9.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....
10.	2025 2024 2023	.....	.....	.....	.....	.....	.....	.....	.....

**PART 3 – DIRECTOR COMPENSATION**

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



**TRUSTED 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 trusted  
surplus statement together with its related schedules appended hereto is a true statement of the trusted 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 \_\_\_\_\_

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

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



**TRUSTED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS**

		1 Current Year
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.....	.....
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 .....	.....
<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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**BAIL BOND SUPPLEMENT**  
For The Year Ended December 31, 20\_\_  
(To Be Filed by March 1)

NAIC Group Code.....

NAIC Company Code.....

Company Name .....

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

1. Is the bail bond premium reported on a gross basis? Yes [ ] No [ ]
2. If the answer to #1 was no, was a permitted practice granted to the reporting entity? Yes [ ] No [ ]
3. If the answer to #2 was no, please explain .....
4. What bond life is used to calculate unearned premium in days? .....
5. Are any amounts charged to the consumer excluded from gross premiums? Yes [ ] No [ ]
6. If the answer to #5 was Yes, please explain .....
7. Do the agents have ongoing performance obligations on the bond after execution? Yes [ ] No [ ]
8. If the answer to #7 is Yes, please describe the nature of the agents' continuing obligations .....

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

**Build-up Fund Information:**

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

**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

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

NAIC Group Code .....

NAIC Company Code.....

Company Name .....

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: \$.....

2.32 Amount estimated using reasonable assumptions: \$.....

2.4 If the answer to question 2.1 is yes, please provide the following:

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

.....  
Affix Bar Code Above

**CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT**

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

NAIC Group Code .....

NAIC Company Code.....

Company Name .....

**PART 1 – INTERROGATORIES**

**Cybersecurity Insurance Coverage:**

- 1. Does the reporting entity write any primary cybersecurity insurance coverage? Yes [ ] 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.....	.....
2. Earned.....	.....
Direct Losses	
3. Paid.....	.....
4. Incurred.....	.....
Direct Defense and Cost Containment	
5. Paid.....	.....
6. Incurred.....	.....
Number of Policies in Force	
7. Number of policies in force.....	.....
Number of Claims Reported	
8. First party.....	.....
9. Third party.....	.....
10. Total (8 + 9).....	.....
Number of Claims Open	
11. First party.....	.....
12. Third party.....	.....
13. Total (11 + 12).....	.....
Number of Claims Closed with Payment	
14. First party.....	.....
15. Third party.....	.....
16. Total (14 + 15).....	.....
Number of Claims Closed without Payment	
17. First party.....	.....
18. Third party.....	.....
19. Total (17 + 18).....	.....

**CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT**

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

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

**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**

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



**PRIVATE FLOOD INSURANCE SUPPLEMENT**  
For The Year Ended December 31, 20\_\_  
(To Be Filed by April 1)

NAIC Group Code .....

NAIC Company Code.....

**PART 1 - INTERROGATORIES**

**Private Flood Insurance Coverage:**

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

If yes, complete Part 2

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

If yes, complete Part 3

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

If yes, complete Part 4

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

If yes, complete Part 5

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

If yes, complete Part 6

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

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
1. Alabama.....AL														
2. Alaska.....AK														
3. Arizona.....AZ														
4. Arkansas.....AR														
5. California.....CA														
6. Colorado.....CO														
7. Connecticut.....CT														
8. Delaware.....DE														
9. Dist. Columbia.....DC														
10. Florida.....FL														
11. Georgia.....GA														
12. Hawaii.....HI														
13. Idaho.....ID														
14. Illinois.....IL														
15. Indiana.....IN														
16. Iowa.....IA														
17. Kansas.....KS														
18. Kentucky.....KY														
19. Louisiana.....LA														
20. Maine.....ME														
21. Maryland.....MD														
22. Massachusetts.....MA														
23. Michigan.....MI														
24. Minnesota.....MN														
25. Mississippi.....MS														
26. Missouri.....MO														
27. Montana.....MT														
28. Nebraska.....NE														
29. Nevada.....NV														
30. New Hampshire.....NH														
31. New Jersey.....NJ														
32. New Mexico.....NM														
33. New York.....NY														
34. No. Carolina.....NC														
35. No. Dakota.....ND														
36. Ohio.....OH														
37. Oklahoma.....OK														
38. Oregon.....OR														
39. Pennsylvania.....PA														
40. Rhode Island.....RI														
41. So. Carolina.....SC														
42. So. Dakota.....SD														
43. Tennessee.....TN														
44. Texas.....TX														
45. Utah.....UT														
46. Vermont.....VT														
47. Virginia.....VA														
48. Washington.....WA														
49. West Virginia.....WV														
50. Wisconsin.....WI														
51. Wyoming.....WY														
52. American Samoa.....AS														
53. Guam.....GU														
54. Puerto Rico.....PR														
55. U.S. Virgin Islands.....VI														
56. Northern Mariana Islands.....MP														
57. Totals														

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

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
1. Alabama.....AL														
2. Alaska.....AK														
3. Arizona.....AZ														
4. Arkansas.....AR														
5. California.....CA														
6. Colorado.....CO														
7. Connecticut.....CT														
8. Delaware.....DE														
9. Dist. Columbia.....DC														
10. Florida.....FL														
11. Georgia.....GA														
12. Hawaii.....HI														
13. Idaho.....ID														
14. Illinois.....IL														
15. Indiana.....IN														
16. Iowa.....IA														
17. Kansas.....KS														
18. Kentucky.....KY														
19. Louisiana.....LA														
20. Maine.....ME														
21. Maryland.....MD														
22. Massachusetts.....MA														
23. Michigan.....MI														
24. Minnesota.....MN														
25. Mississippi.....MS														
26. Missouri.....MO														
27. Montana.....MT														
28. Nebraska.....NE														
29. Nevada.....NV														
30. New Hampshire.....NH														
31. New Jersey.....NJ														
32. New Mexico.....NM														
33. New York.....NY														
34. No. Carolina.....NC														
35. No. Dakota.....ND														
36. Ohio.....OH														
37. Oklahoma.....OK														
38. Oregon.....OR														
39. Pennsylvania.....PA														
40. Rhode Island.....RI														
41. So. Carolina.....SC														
42. So. Dakota.....SD														
43. Tennessee.....TN														
44. Texas.....TX														
45. Utah.....UT														
46. Vermont.....VT														
47. Virginia.....VA														
48. Washington.....WA														
49. West Virginia.....WV														
50. Wisconsin.....WI														
51. Wyoming.....WY														
52. American Samoa.....AS														
53. Guam.....GU														
54. Puerto Rico.....PR														
55. U.S. Virgin Islands.....VI														
56. Northern Mariana Islands.....MP														
57. Totals														

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

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
1. Alabama.....AL														
2. Alaska.....AK														
3. Arizona.....AZ														
4. Arkansas.....AR														
5. California.....CA														
6. Colorado.....CO														
7. Connecticut.....CT														
8. Delaware.....DE														
9. Dist. Columbia.....DC														
10. Florida.....FL														
11. Georgia.....GA														
12. Hawaii.....HI														
13. Idaho.....ID														
14. Illinois.....IL														
15. Indiana.....IN														
16. Iowa.....IA														
17. Kansas.....KS														
18. Kentucky.....KY														
19. Louisiana.....LA														
20. Maine.....ME														
21. Maryland.....MD														
22. Massachusetts.....MA														
23. Michigan.....MI														
24. Minnesota.....MN														
25. Mississippi.....MS														
26. Missouri.....MO														
27. Montana.....MT														
28. Nebraska.....NE														
29. Nevada.....NV														
30. New Hampshire.....NH														
31. New Jersey.....NJ														
32. New Mexico.....NM														
33. New York.....NY														
34. No. Carolina.....NC														
35. No. Dakota.....ND														
36. Ohio.....OH														
37. Oklahoma.....OK														
38. Oregon.....OR														
39. Pennsylvania.....PA														
40. Rhode Island.....RI														
41. So. Carolina.....SC														
42. So. Dakota.....SD														
43. Tennessee.....TN														
44. Texas.....TX														
45. Utah.....UT														
46. Vermont.....VT														
47. Virginia.....VA														
48. Washington.....WA														
49. West Virginia.....WV														
50. Wisconsin.....WI														
51. Wyoming.....WY														
52. American Samoa.....AS														
53. Guam.....GU														
54. Puerto Rico.....PR														
55. U.S. Virgin Islands.....VI														
56. Northern Mariana Islands.....MP														
57. Totals														

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

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
1. Alabama.....AL														
2. Alaska.....AK														
3. Arizona.....AZ														
4. Arkansas.....AR														
5. California.....CA														
6. Colorado.....CO														
7. Connecticut.....CT														
8. Delaware.....DE														
9. Dist. Columbia.....DC														
10. Florida.....FL														
11. Georgia.....GA														
12. Hawaii.....HI														
13. Idaho.....ID														
14. Illinois.....IL														
15. Indiana.....IN														
16. Iowa.....IA														
17. Kansas.....KS														
18. Kentucky.....KY														
19. Louisiana.....LA														
20. Maine.....ME														
21. Maryland.....MD														
22. Massachusetts.....MA														
23. Michigan.....MI														
24. Minnesota.....MN														
25. Mississippi.....MS														
26. Missouri.....MO														
27. Montana.....MT														
28. Nebraska.....NE														
29. Nevada.....NV														
30. New Hampshire.....NH														
31. New Jersey.....NJ														
32. New Mexico.....NM														
33. New York.....NY														
34. No. Carolina.....NC														
35. No. Dakota.....ND														
36. Ohio.....OH														
37. Oklahoma.....OK														
38. Oregon.....OR														
39. Pennsylvania.....PA														
40. Rhode Island.....RI														
41. So. Carolina.....SC														
42. So. Dakota.....SD														
43. Tennessee.....TN														
44. Texas.....TX														
45. Utah.....UT														
46. Vermont.....VT														
47. Virginia.....VA														
48. Washington.....WA														
49. West Virginia.....WV														
50. Wisconsin.....WI														
51. Wyoming.....WY														
52. American Samoa.....AS														
53. Guam.....GU														
54. Puerto Rico.....PR														
55. U.S. Virgin Islands.....VI														
56. Northern Mariana Islands.....MP														
57. Totals														

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

States, Etc.	1 Direct Written Premium	2 Direct Premium Earned	Direct Losses			Defense and Cost Containment Expense			9 Number of Policies In Force End of the Prior Year	10 Number of Policies In Force End of the Current Year	11 Number of Claims Open Beginning of the Current Year	12 Number of Claims Opened During the Reporting Year	13 Number of Claims Open the End of Current Year	14 Number of Claims Closed with Payment
			3 Paid (Deducting Salvage)	4 Paid + Change in Case Reserves	5 Case Reserves	6 Paid	7 Paid + Change in Case Reserves	8 Case Reserves						
1. Alabama.....AL														
2. Alaska.....AK														
3. Arizona.....AZ														
4. Arkansas.....AR														
5. California.....CA														
6. Colorado.....CO														
7. Connecticut.....CT														
8. Delaware.....DE														
9. Dist. Columbia.....DC														
10. Florida.....FL														
11. Georgia.....GA														
12. Hawaii.....HI														
13. Idaho.....ID														
14. Illinois.....IL														
15. Indiana.....IN														
16. Iowa.....IA														
17. Kansas.....KS														
18. Kentucky.....KY														
19. Louisiana.....LA														
20. Maine.....ME														
21. Maryland.....MD														
22. Massachusetts.....MA														
23. Michigan.....MI														
24. Minnesota.....MN														
25. Mississippi.....MS														
26. Missouri.....MO														
27. Montana.....MT														
28. Nebraska.....NE														
29. Nevada.....NV														
30. New Hampshire.....NH														
31. New Jersey.....NJ														
32. New Mexico.....NM														
33. New York.....NY														
34. No. Carolina.....NC														
35. No. Dakota.....ND														
36. Ohio.....OH														
37. Oklahoma.....OK														
38. Oregon.....OR														
39. Pennsylvania.....PA														
40. Rhode Island.....RI														
41. So. Carolina.....SC														
42. So. Dakota.....SD														
43. Tennessee.....TN														
44. Texas.....TX														
45. Utah.....UT														
46. Vermont.....VT														
47. Virginia.....VA														
48. Washington.....WA														
49. West Virginia.....WV														
50. Wisconsin.....WI														
51. Wyoming.....WY														
52. American Samoa.....AS														
53. Guam.....GU														
54. Puerto Rico.....PR														
55. U.S. Virgin Islands.....VI														
56. Northern Mariana Islands.....MP														
57. Totals														

## MORTGAGE GUARANTY INSURANCE EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 20XX

(To Be Filed by April 1)

Of: .....

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

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

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26 Direct	27 Assumed	28 Ceded	29 Net	30 Direct Basis	31 Net Basis	
1. Prior								
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. 2017								
4. 2018								
5. 2019								
6. 2020								
7. 2021								
8. 2022								
9. 2023								
10. 2024								
11. 2025								
12. Totals		XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26 Direct	27 Assumed	28 Ceded	29 Net	30 Direct Basis	31 Net Basis	
1. Prior								
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017								
4. 2018								
5. 2019								
6. 2020								
7. 2021								
8. 2022								
9. 2023								
10. 2024								
11. 2025								
12. Totals		XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Years in Which Policies Written	1 Original Direct Risk In Force	2 Current Direct Risk In Force	Premiums Earned				Losses and Defense and Cost Containment Expenses Payments					
			3 Direct Premium	4 Assumed Premium	5 Ceded Premium	6 Net	Loss Payments			Defense and Cost Containment Expenses Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior			XXX	XXX	XXX	XXX						
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals			XXX	XXX	XXX	XXX						

	13 Salvage and Subrogation Received	14 Net Adjusting and Other Expense Payments	15 Total Net Losses and Expenses Paid	16 Number of Claims Closed with Payment (Direct)	Losses and Defense and Cost Containment Expenses Unpaid						23 Net Adjusting and Other Expenses Unpaid	24 Total Net Losses and LAE Unpaid
					Known Loss Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior				XXX								
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017												
4. 2018												
5. 2019												
6. 2020												
7. 2021												
8. 2022												
9. 2023												
10. 2024												
11. 2025												
12. Totals				XXX								

	25 Number of Delinquencies (Direct)	Losses and Defense and Cost Containment Expenses Incurred				Loss and LAE Ratio		32 Net Loss & LAE as a % of Original Risk in Force
		26 Direct	27 Assumed	28 Ceded	29 Net	30 Direct Basis	31 Net Basis	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. 2017	XXX							
4. 2018	XXX							
5. 2019	XXX							
6. 2020	XXX							
7. 2021	XXX							
8. 2022	XXX							
9. 2023	XXX							
10. 2024	XXX							
11. 2025	XXX							
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Policies Were Written	Incurred Losses and Defense and Cost Containment Expenses at Year-End Including Known Losses and IBNR on Unreported Claims (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Policies Were Written	Cumulative Paid Losses and Defense and Cost Containment Expenses at Year-End (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 2C – POLICY YEAR DIRECT CURRENT RISK IN FORCE**

Years in Which Policies Were Written	Direct Current Risk In Force (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 2D – POLICY YEAR DIRECT EARNED PREMIUM**

Years in Which Policies Were Written	Cumulative Direct Earned Premium (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Policies Were Written	Direct Calculated SRMICS (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**PART 2F – POLICY YEAR DIRECT DELINQUENCIES**

Years in Which Policies Were Written	Number of Delinquencies (Direct)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2006										
3. 2007										
4. 2008										
5. 2009										
6. 2010										
7. 2011										
8. 2012										
9. 2013										
10. 2014										
11. 2015										
12. 2016										
13. 2017	XXX									
14. 2018	XXX	XXX								
15. 2019	XXX	XXX	XXX							
16. 2020	XXX	XXX	XXX	XXX						
17. 2021	XXX	XXX	XXX	XXX	XXX					
18. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

.....  
Affix Bar Code Above

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

NAIC Group Code.....

NAIC Company Code.....

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

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Affix Bar Code Above

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 20\_\_

(To Be Filed by March 1)

FOR THE STATE OF .....

NAIC Group Code.....

NAIC Company Code.....

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

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

For more information, visit [naic.org](https://www.naic.org).