

NAIC®

**Quarterly  
Statement  
Blank**

**2026**

**Property/  
Casualty**

# Official NAIC Quarterly Statement Blank

## Property/Casualty

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### For the 2026 reporting year

#### UPDATES TO THESE BLANKS

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

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.....  
Affix Bar Code Above

**QUARTERLY STATEMENT**

AS OF \_\_\_\_\_, **2026**

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. _____,	_____	Other _____,	_____
2. _____,	_____	_____,	_____
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>

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

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

**ASSETS**

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

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$..... on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$.....and interest thereon \$.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$..... and including warranty reserves of \$..... and accrued accident and health experience rating refunds including \$..... for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$.....certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$.....and interest thereon \$.....		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)		
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)		
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$.....)		
36.2 ..... shares preferred (value included in Line 31 \$.....)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)		
38. Totals (Page 2, Line 28, Col. 3)		
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2598. Summary of remaining write-ins for Line 25 from overflow page		
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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 to Date	<b>2</b> Prior Year to Date	<b>3</b> Prior Year Ended December 31
1. Premiums earned:			
1.1 Direct (written \$.....)	.....	.....	.....
1.2 Assumed (written \$.....)	.....	.....	.....
1.3 Ceded (written \$.....)	.....	.....	.....
1.4 Net (written \$.....)	.....	.....	.....
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$.....):			
2.1 Direct.....	.....	.....	.....
2.2 Assumed.....	.....	.....	.....
2.3 Ceded.....	.....	.....	.....
2.4 Net.....	.....	.....	.....
3. Loss adjustment expenses incurred.....	.....	.....	.....
4. Other underwriting expenses incurred.....	.....	.....	.....
5. Aggregate write-ins for underwriting deductions.....	.....	.....	.....
6. Total underwriting deductions (Lines 2 through 5).....	.....	.....	.....
7. Net income of protected cells.....	.....	.....	.....
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	.....	.....	.....
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	.....	.....	.....
10. Net realized capital gains (losses) less capital gains tax of \$.....	.....	.....	.....
11. Net investment gain (loss) (Lines 9 + 10).....	.....	.....	.....
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$..... amount charged off \$.....)	.....	.....	.....
13. Finance and service charges not included in premiums.....	.....	.....	.....
14. Aggregate write-ins for miscellaneous income.....	.....	.....	.....
15. Total other income (Lines 12 through 14).....	.....	.....	.....
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	.....	.....	.....
17. Dividends to policyholders.....	.....	.....	.....
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	.....	.....	.....
19. Federal and foreign income taxes incurred.....	.....	.....	.....
20. Net income (Line 18 minus Line 19) (to Line 22).....	.....	.....	.....
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	.....	.....	.....
22. Net income (from Line 20).....	.....	.....	.....
23. Net transfers (to) from Protected Cell accounts.....	.....	.....	.....
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....	.....	.....	.....
25. Change in net unrealized foreign exchange capital gain (loss).....	.....	.....	.....
26. Change in net deferred income tax.....	.....	.....	.....
27. Change in nonadmitted assets.....	.....	.....	.....
28. Change in provision for reinsurance.....	.....	.....	.....
29. Change in surplus notes.....	.....	.....	.....
30. Surplus (contributed to) withdrawn from protected cells.....	.....	.....	.....
31. Cumulative effect of changes in accounting principles.....	.....	.....	.....
32. Capital changes:			
32.1 Paid in.....	.....	.....	.....
32.2 Transferred from surplus (stock dividend).....	.....	.....	.....
32.3 Transferred to surplus.....	.....	.....	.....
33. Surplus adjustments:			
33.1 Paid in.....	.....	.....	.....
33.2 Transferred to capital (stock dividend).....	.....	.....	.....
33.3 Transferred from capital.....	.....	.....	.....
34. Net remittances from or (to) home office.....	.....	.....	.....
35. Dividends to stockholders.....	.....	.....	.....
36. Change in treasury stock.....	.....	.....	.....
37. Aggregate write-ins for gains and losses in surplus.....	.....	.....	.....
38. Change in surplus as regards policyholders (Lines 22 through 37).....	.....	.....	.....
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	.....	.....	.....
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0501. ....	.....	.....	.....
0502. ....	.....	.....	.....
0503. ....	.....	.....	.....
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1402. ....	.....	.....	.....
1403. ....	.....	.....	.....
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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**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....			
2. Net investment income.....			
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....			
5. Benefit and loss related payments.....			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....			
10. Total (Lines 5 through 9) .....			
11. Net cash from operations (Line 4 minus Line 10) .....			
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks .....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks .....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....			
14. Net increase/(decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied) .....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..			
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....			
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....			
19.2 End of period (Line 18 plus Line 19.1) .....			

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

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

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**NOTES TO FINANCIAL STATEMENTS**

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### GENERAL INTERROGATORIES

#### PART 1 – COMMON INTERROGATORIES

##### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [ ]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ ]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ ]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

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

**GENERAL INTERROGATORIES**

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

**FINANCIAL**

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

**INVESTMENT**

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

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
13.21	Bonds .....	\$ _____	\$ _____
13.22	Preferred Stock .....	\$ _____	\$ _____
13.23	Common Stock .....	\$ _____	\$ _____
13.24	Short-Term Investments .....	\$ _____	\$ _____
13.25	Mortgage Loans on Real Estate .....	\$ _____	\$ _____
13.26	All Other .....	\$ _____	\$ _____
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26) .....	\$ _____	\$ _____
13.28	Total Investment in Parent included in Lines 13.21 to 13.26 above.....	\$ _____	\$ _____

- 14.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ ]
- 14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
 If no, attach a description with this statement.
15. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 15.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
  - 15.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
  - 15.3 Total payable for securities lending reported on the liability page \$ \_\_\_\_\_

**GENERAL INTERROGATORIES**

**16.** 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address

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

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

**16.3** Have there been any changes, including name changes, in the custodian(s) identified in **16.1** during the current quarter?

Yes [ ] No [ ]

**16.4** If yes, give full and complete information relating thereto:

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

**16.5** Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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

**16.5097** For those firms/individuals listed in the table for Question **16.5**, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [ ] No [ ] N/A [ ]

**16.5098** For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question **16.5**, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [ ] No [ ] N/A [ ]

**16.6** For those firms or individuals listed in the table for **16.5** with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

**17.1** Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [ ] No [ ]

**17.2** If no, list exceptions:.....  
.....

**18.** By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 [ ]

## GENERAL INTERROGATORIES

19. 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 a 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 [ ]

20. 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 [ ]

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

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

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

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



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

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL							
2. Alaska.....AK							
3. Arizona.....AZ							
4. Arkansas.....AR							
5. California.....CA							
6. Colorado.....CO							
7. Connecticut.....CT							
8. Delaware.....DE							
9. Dist. Columbia.....DC							
10. Florida.....FL							
11. Georgia.....GA							
12. Hawaii.....HI							
13. Idaho.....ID							
14. Illinois.....IL							
15. Indiana.....IN							
16. Iowa.....IA							
17. Kansas.....KS							
18. Kentucky.....KY							
19. Louisiana.....LA							
20. Maine.....ME							
21. Maryland.....MD							
22. Massachusetts.....MA							
23. Michigan.....MI							
24. Minnesota.....MN							
25. Mississippi.....MS							
26. Missouri.....MO							
27. Montana.....MT							
28. Nebraska.....NE							
29. Nevada.....NV							
30. New Hampshire.....NH							
31. New Jersey.....NJ							
32. New Mexico.....NM							
33. New York.....NY							
34. No. Carolina.....NC							
35. No. Dakota.....ND							
36. Ohio.....OH							
37. Oklahoma.....OK							
38. Oregon.....OR							
39. Pennsylvania.....PA							
40. Rhode Island.....RI							
41. So. Carolina.....SC							
42. So. Dakota.....SD							
43. Tennessee.....TN							
44. Texas.....TX							
45. Utah.....UT							
46. Vermont.....VT							
47. Virginia.....VA							
48. Washington.....WA							
49. West Virginia.....WV							
50. Wisconsin.....WI							
51. Wyoming.....WY							
52. American Samoa.....AS							
53. Guam.....GU							
54. Puerto Rico.....PR							
55. U.S. Virgin Islands.....VI							
56. Northern Mariana Islands.....MP							
57. Canada.....CAN							
58. Aggregate other alien.....OT	XXX						
59. Totals	XXX						
<b>DETAILS OF WRITE-INS</b>							
58001. ....	XXX						
58002. ....	XXX						
58003. ....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX						
58999. TOTALS (Lines 58001 through 58003 plus 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 surplus lines in the state of domicile..... |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSL)..... | 6. N – None of the above – Not allowed to write business in the state.....   |

STATEMENT AS OF

OF THE

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

**PART 1 – ORGANIZATIONAL CHART**



**PART 1 – LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....	.....	.....	.....	.....
2.1 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 .....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
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	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....
35. TOTALS	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>				
3401. ....	.....	.....	.....	.....
3402. ....	.....	.....	.....	.....
3403. ....	.....	.....	.....	.....
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	.....	.....	.....	.....
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	.....	.....	.....	.....

**PART 2 – DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
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 .....			
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 .....			
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	XXX	XXX
32. Reinsurance-nonproportional assumed liability .....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines .....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....			
35. TOTALS			
<b>DETAILS OF WRITE-INS</b>			
3401. ....			
3402. ....			
3403. ....			
3498. Sum. of remaining write-ins for Line 34 from overflow page .....			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)			

**PART 3 (\$000 OMITTED)**  
**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13	
				2026		2026		Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End		Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	Loss and LAE Payments on Claims Reported as of Prior Year-End	Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2026 Loss and LAE Payments (Cols. 4+5)	Claims Reported and Open as of Prior Year End							
1. 2023+ Prior														
2. 2024														
3. Subtotals 2024 + prior														
4. 2025														
5. Subtotals 2025 + prior														
6. 2026	XXX	XXX	XXX	XXX			XXX					XXX	XXX	XXX
7. Totals														
8. Prior year- end surplus as regards policy- holders												Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
												1.	2.	3.
														Col. 13, Line 7 Line 8
														4.

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

**Response**

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

**AUGUST FILING**

- 5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....

**Explanation:**

**Bar Code:**

---

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**

Real Estate

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

**SCHEDULE B – VERIFICATION**

Mortgage Loans

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

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D – VERIFICATION**

Bonds and Stocks

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

**SCHEDULE D – PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
2. NAIC 2 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
3. NAIC 3 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a).....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total ICO								
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total ABS								
<b>PREFERRED STOCK</b>								
15. NAIC 1.....	.....	.....	.....	.....	.....	.....	.....	.....
16. NAIC 2.....	.....	.....	.....	.....	.....	.....	.....	.....
17. NAIC 3.....	.....	.....	.....	.....	.....	.....	.....	.....
18. NAIC 4.....	.....	.....	.....	.....	.....	.....	.....	.....
19. NAIC 5.....	.....	.....	.....	.....	.....	.....	.....	.....
20. NAIC 6.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Total Preferred Stock.....								
22. Total ICO, ABS & Preferred Stock								

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

**SCHEDULE DA – PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Totals		XXX			

**SCHEDULE DA – VERIFICATION**

Short-Term Investments

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

**SCHEDULE DB – PART A – VERIFICATION**

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 .....	_____
3.	Unrealized valuation increase/(decrease) .....	_____
4.	SSAP No. 108 adjustments.....	_____
5.	Total gain (loss) on termination recognized .....	_____
6.	Considerations received/(paid) on terminations .....	_____
7.	Amortization .....	_____
8.	Adjustment to the book/adjusted carrying value of hedged item .....	_____
9.	Total foreign exchange change in book/adjusted carrying value.....	_____
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**

Futures Contracts

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



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

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

**SCHEDULE DB – VERIFICATION**

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

Book/Adjusted Carrying Value Check

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

Fair Value Check

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

Potential Exposure Check

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

**SCHEDULE E – PART 2 – VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....	.....
2. Cost of cash equivalents acquired.....	.....	.....
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase/(decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year’s other-than-temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7 +8-9).....	.....	.....
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)		











**SCHEDULE DB – PART A – SECTION 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23					
Description	Description of 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)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (b)					
168999999	Subtotal - hedging effective - excluding variable annuity guarantees under SSAP No. 108													XXX									XXX	XXX			
169999999	Subtotal - hedging effective - variable annuity guarantees under SSAP No. 108													XXX										XXX	XXX		
170999999	Subtotal - hedging other													XXX										XXX	XXX		
171999999	Subtotal - replication													XXX											XXX	XXX	
172999999	Subtotal - income generation													XXX											XXX	XXX	
173999999	Subtotal - other													XXX											XXX	XXX	
174999999	Subtotal - adjustments for SSAP No. 108 derivatives													XXX												XXX	XXX
175999999	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 D – SECTION 1**  
 Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	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		
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0999999999 Gross totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

**SCHEDULE DB – PART D – SECTION 2**  
 Collateral for Derivative Instruments Open as of Current Statement Date

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 Total							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 Total						XXX	XXX	XXX











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

NAIC Group Code .....

NAIC Company Code .....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums collected .....	.....	xxx	.....	xxx	.....
2. Earned premiums .....	.....	xxx	.....	xxx	xxx
3. Claims paid .....	.....	xxx	.....	xxx	.....
4. Claims incurred .....	.....	xxx	.....	xxx	xxx
5. Reinsurance coverage and low income cost sharing – claims paid net of reimbursements applied (a) .....	xxx	.....	xxx	.....	.....
6. Aggregate policy reserves – change .....	.....	xxx	.....	xxx	xxx
7. Expenses paid .....	.....	xxx	.....	xxx	.....
8. Expenses incurred .....	.....	xxx	.....	xxx	xxx
9. Underwriting gain or loss .....	.....	xxx	.....	xxx	xxx
10. Cash flow result	xxx	xxx	xxx	xxx	

(a) Uninsured receivable/payable with CMS at end of quarter: \$..... due from CMS or \$..... due to CMS

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)								

.....  
Affix Bar Code Above

**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 trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE C

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

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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

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

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



**TRUSTEED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS**

		1 Current Quarter
1.	Total liabilities.....	.....
<b>ADDITIONS TO LIABILITIES:</b>		
2.	Ceded reinsurance balances payable.....	.....
3.	Agents' credit balances.....	.....
4.	Aggregate write-ins for other additions to liabilities.....	.....
5.	Total additions (Lines 2 + 3 + 4).....	.....
6.	Total (Lines 1 + 5).....	.....
<b>DEDUCTIONS FROM LIABILITIES:</b>		
7.	Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:	
7.1	Authorized companies.....	.....
7.2	Unauthorized companies.....	.....
7.3	Certified companies.....	.....
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 through 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 through 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 through 1103 plus 1198) (Line 11 above)	.....

---

**OVERFLOW PAGE FOR WRITE-INS**

---

.....  
Affix Bar Code Above

**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

Year To Date For The Period Ended \_\_\_\_\_

NAIC Group Code .....

NAIC Company Code.....

Company Name .....

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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).