



ANNUAL STATEMENT

For the Year Ended December 31, 2013
of the Condition and Affairs of the

Stonewood General Insurance Company

NAIC Group Code.....3494, 3494 (Current Period) (Prior Period)	NAIC Company Code..... 35211	Employer's ID Number..... 31-1277903
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... September 5, 1989	Commenced Business..... February 1, 1990	
Statutory Home Office	52 East Gay Street..... Columbus OH US 43215 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	6131 Falls of Neuse Rd., Suite 306..... Raleigh NC US..... 27609 (Street and Number) (City or Town, State, Country and Zip Code)	919-882-3500 (Area Code) (Telephone Number)
Mail Address	6131 Falls of Neuse Rd., Suite 306..... Raleigh NC US 27609 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	6131 Falls of Neuse Rd., Suite 306.... Raleigh NC US 27609 (Street and Number) (City or Town, State, Country and Zip Code)	919-882-3500 (Area Code) (Telephone Number)
Internet Web Site Address	www.stonewoodins.com	
Statutory Statement Contact	Aileen K. Celentano (Name) accounting@stonewoodins.com (E-Mail Address)	919-882-3536 (Area Code) (Telephone Number) (Extension) 888-698-7290 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Steven J. Hartman	President/CEO	2. Thomas R. Fauerbach	Secretary/CFO
3. Michael E. Crow	Treasurer	4. Gregg T. Davis	Chairman
OTHER			
Joseph R. Raia #	Controller		

OTHER

DIRECTORS OR TRUSTEES

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the *NAIC Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state 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.

(Signature)
Steven J. Hartman
1. (Printed Name)
President/CEO

(Title)

(Signature)
Thomas R. Fauerbach

2. (Printed Name)
Secretary/CFO

(Title)

(Signature)
Michael E. Crow

3. (Printed Name)
Treasurer

(Title)

Subscribed and sworn to before me
This 27th day of February 2014

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

Yes [X] No []

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).....	3,283,808	0	3,283,808	1,504,744
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....92,184, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....561,313, Schedule DA).....	653,497	0	653,497	2,376,555
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,937,305	0	3,937,305	3,881,299
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	14,573	0	14,573	.9,767
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	91,357	0	91,357	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	1,673,550	0	1,673,550	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	17,137	0	17,137	0
18.2 Net deferred tax asset.....	149,211	97,602	51,609	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	41,281
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	5,883,133	97,602	5,785,531	3,932,347
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	5,883,133	97,602	5,785,531	3,932,347

DETAILS OF WRITE-INS

1101.....	0	0	0	0
1102.....	0	0	0	0
1103.....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....	0	0	0	0
2502.....	0	0	0	0
2503.....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

Stonewood General Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	.887,574	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	36,067	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	.552,589	0
4. Commissions payable, contingent commissions and other similar charges.....	0	0
5. Other expenses (excluding taxes, licenses and fees).....	.9,946	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	0	0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	0	20,068
7.2 Net deferred tax liability.....	0	0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	233,387	0
10. Advance premium.....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	0	0
11.2 Policyholders.....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	(8,106)	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	0	0
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	0	0
20. Derivatives.....	0	0
21. Payable for securities.....	0	0
22. Payable for securities lending.....	0	0
23. Liability for amounts held under uninsured plans.....	0	0
24. Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	1,711,457	20,068
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	1,711,457	20,068
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,500,000	1,500,000
31. Preferred capital stock.....	0	0
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	0	0
34. Gross paid in and contributed surplus.....	1,000,000	926,669
35. Unassigned funds (surplus).....	1,574,074	1,485,610
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	0	0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	4,074,074	3,912,279
38. TOTALS (Page 2, Line 28, Col. 3).....	5,785,531	3,932,347

DETAILS OF WRITE-INS

2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

Stonewood General Insurance Company

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	477,570	0
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	70,372	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	105,093	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	205,583	34,607
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	381,048	34,607
7. Net income of protected cells.....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	96,522	(34,607)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	33,303	54,697
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	0	0
11. Net investment gain (loss) (Lines 9 + 10).....	33,303	54,697
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0
13. Finance and service charges not included in premiums.....	0	0
14. Aggregate write-ins for miscellaneous income.....	196	0
15. Total other income (Lines 12 through 14).....	196	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	130,021	20,090
17. Dividends to policyholders.....	0	0
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).....	130,021	20,090
19. Federal and foreign income taxes incurred.....	93,165	3,104
20. Net income (Line 18 minus Line 19) (to Line 22).....	36,856	16,986
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	3,912,279	3,895,293
22. Net income (from Line 20).....	36,856	16,986
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	0	0
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	149,211	0
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	(97,602)	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	0
32. Capital changes:		
32.1 Paid in.....	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	73,331	0
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3. Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	161,796	16,986
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	4,074,074	3,912,279

DETAILS OF WRITE-INS		
0501.....	0	0
0502.....	0	0
0503.....	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401. Other income.....	196	0
1402.....	0	0
1403.....	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	196	0
3701.....	0	0
3702.....	0	0
3703.....	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

Stonewood General Insurance Company

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	.611,494	0
2. Net investment income.....	27,425	63,478
3. Miscellaneous income.....	196	0
4. Total (Lines 1 through 3).....	.639,115	63,478
5. Benefit and loss related payments.....	820,281	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	(250,913)	34,607
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.130,370	(16,964)
10. Total (Lines 5 through 9).....	.699,738	17,643
11. Net cash from operations (Line 4 minus Line 10).....	(60,622)	45,835
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	120,000	2,275,000
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	.120,000	2,275,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,897,047	0
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.1,897,047	0
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,777,047)	2,275,000
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	73,331	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	41,281	14,532
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	.114,612	14,532
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,723,057)	2,335,367
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,376,555	41,188
19.2 End of year (Line 18 plus Line 19.1).....	.653,497	2,376,555

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

20,00100
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Stonewood General Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	1,635	0	719	916
2. Allied lines.....	15,698	0	6,548	9,150
3. Farmowners multiple peril.....	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	170	0	90	80
10. Financial guaranty.....	0	0	0	0
11.1 Medical professional liability - occurrence.....	1,345	0	425	920
11.2 Medical professional liability - claims-made.....	31,273	0	8,606	22,667
12. Earthquake.....	3,768	0	1,667	2,101
13. Group accident and health.....	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0
15. Other accident and health.....	0	0	0	0
16. Workers' compensation.....	73,792	0	19,700	54,092
17.1 Other liability - occurrence.....	307,143	0	102,457	204,686
17.2 Other liability - claims-made.....	75,344	0	23,747	51,597
17.3 Excess workers' compensation.....	0	0	0	0
18.1 Products liability - occurrence.....	148,922	0	51,280	97,642
18.2 Products liability - claims-made.....	44,241	0	15,655	28,586
19.1, 19.2 Private passenger auto liability.....	5	0	0	5
19.3, 19.4 Commercial auto liability.....	7,582	0	2,463	5,119
21. Auto physical damage.....	39	0	30	9
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	0	0	0	0
24. Surety.....	0	0	0	0
26. Burglary and theft.....	0	0	0	0
27. Boiler and machinery.....	0	0	0	0
28. Credit.....	0	0	0	0
29. International.....	0	0	0	0
30. Warranty.....	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	710,957	0	233,387	477,570

DETAILS OF WRITE-INS

3401.....	0	0	0	0
3402.....	0	0	0	0
3403.....	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0

Stonewood General Insurance Company
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.....	.719	0	0	0	.719
2. Allied lines.....	6,548	0	0	0	6,548
3. Farmowners multiple peril.....	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0
9. Inland marine.....	90	0	0	0	90
10. Financial guaranty.....	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	425	0	0	0	425
11.2 Medical professional liability - claims-made.....	8,606	0	0	0	8,606
12. Earthquake.....	1,667	0	0	0	1,667
13. Group accident and health.....	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0
16. Workers' compensation.....	19,700	0	0	0	19,700
17.1 Other liability - occurrence.....	102,457	0	0	0	102,457
17.2 Other liability - claims-made.....	23,747	0	0	0	23,747
17.3 Excess workers' compensation.....	0	0	0	0	0
18.1 Products liability - occurrence.....	51,280	0	0	0	51,280
18.2 Products liability - claims-made.....	15,655	0	0	0	15,655
19.1, 19.2 Private passenger auto liability.....	0	0	0	0	0
19.3, 19.4 Commercial auto liability.....	2,463	0	0	0	2,463
21. Auto physical damage.....	30	0	0	0	30
22. Aircraft (all perils).....	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0
24. Surety.....	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0
28. Credit.....	0	0	0	0	0
29. International.....	0	0	0	0	0
30. Warranty.....	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	233,387	0	0	0	233,387
36. Accrued retrospective premiums based on experience.....					0
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					233,387

DETAILS OF WRITE-INS

3401.....	0	0	0	0	0
3402.....	0	0	0	0	0
3403.....	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

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

Stonewood General Insurance Company
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.....	0	1,635	0	0	0	1,635
2. Allied lines.....	0	15,698	0	0	0	15,698
3. Farmowners multiple peril.....	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0
9. Inland marine.....	0	170	0	0	0	170
10. Financial guaranty.....	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	1,345	0	0	0	1,345
11.2 Medical professional liability - claims-made.....	0	31,273	0	0	0	31,273
12. Earthquake.....	0	3,768	0	0	0	3,768
13. Group accident and health.....	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0
16. Workers' compensation.....	0	73,792	0	0	0	73,792
17.1 Other liability - occurrence.....	0	307,143	0	0	0	307,143
17.2 Other liability - claims-made.....	0	75,344	0	0	0	75,344
17.3 Excess workers' compensation.....	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	148,922	0	0	0	148,922
18.2 Products liability - claims-made.....	0	44,241	0	0	0	44,241
19.1, 19.2 Private passenger auto liability.....	0	5	0	0	0	5
19.3, 19.4 Commercial auto liability.....	0	7,582	0	0	0	7,582
21. Auto physical damage.....	0	.39	0	0	0	.39
22. Aircraft (all perils).....	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	0	710,957	0	0	0	710,957

DETAILS OF WRITE-INS

3401.....	0	0	0	0	0	0
3402.....	0	0	0	0	0	0
3403.....	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

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

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1	2	3	4				
Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)		Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire.....	0	2,298	0	2,298	339	0	2,637	287.9
2. Allied lines.....	0	2,342	0	2,342	2,895	0	5,237	57.2
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0.0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0.0
8. Ocean marine.....	0	0	0	0	0	0	0	0.0
9. Inland marine.....	0	(77)	0	(77)	60	0	(17)	(21.3)
10. Financial guaranty.....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence.....	0	(1,368)	0	(1,368)	1,634	0	.266	28.9
11.2 Medical professional liability - claims-made.....	0	(28,834)	0	(28,834)	34,231	0	5,397	23.8
12. Earthquake.....	0	(756)	0	(756)	653	0	(103)	(4.9)
13. Group accident and health.....	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0.0
15. Other accident and health.....	0	0	0	0	0	0	0	0.0
16. Workers' compensation.....	0	(124,613)	0	(124,613)	148,485	0	23,872	44.1
17.1 Other liability - occurrence.....	0	(403,184)	0	(403,184)	428,426	0	25,242	12.3
17.2 Other liability - claims-made.....	0	(87,322)	0	(87,322)	76,887	0	(10,435)	(20.2)
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence.....	0	(153,115)	0	(153,115)	162,561	0	9,446	9.7
18.2 Products liability - claims-made.....	0	(22,677)	0	(22,677)	28,135	0	5,458	19.1
19.1, 19.2 Private passenger auto liability.....	29,424	0	29,424	0	0	0	0	0.0
19.3, 19.4 Commercial auto liability.....	(250)	99	(250)	99	3,260	0	3,359	65.6
21. Auto physical damage.....	(884)	5	(884)	5	8	0	13	144.4
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0.0
23. Fidelity.....	0	0	0	0	0	0	0	0.0
24. Surety.....	0	0	0	0	0	0	0	0.0
26. Burglary and theft.....	0	0	0	0	0	0	0	0.0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0.0
28. Credit.....	0	0	0	0	0	0	0	0.0
29. International.....	0	0	0	0	0	0	0	0.0
30. Warranty.....	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX.	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX.	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	28,290	(817,202)	28,290	(817,202)	887,574	0	70,372	14.7

DETAILS OF WRITE-INS

3401.	0	0	0	0	0	0	0	0.0
3402.	0	0	0	0	0	0	0	0.0
3403.	0	0	0	0	0	0	0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX.
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.0

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

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
								Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire.....	0	0	0	0	0	339	0	339	739
2. Allied lines.....	0	(30)	0	(30)	0	2,925	0	2,895	3,636
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	60	0	.60	.78
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	375	0	375	0	1,259	0	1,634	1,268
11.2 Medical professional liability - claims-made.....	0	12,357	0	12,357	0	21,874	0	34,231	23,048
12. Earthquake.....	0	0	0	0	0	653	0	653	651
13. Group accident and health.....	0	0	0	0	0	0	0	(a) 0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0	0	(a) 0	0
16. Workers' compensation.....	0	85,519	0	.85,519	0	.62,966	0	148,485	.47,577
17.1 Other liability - occurrence.....	0	92,576	0	92,576	0	335,850	0	428,426	.266,651
17.2 Other liability - claims-made.....	0	21,705	0	.21,705	0	.55,182	0	.76,887	.53,380
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	33,173	0	.33,173	0	.129,388	0	.162,561	.127,327
18.2 Products liability - claims-made.....	0	4,091	0	.4,091	0	.24,044	0	.28,135	.27,587
19.1, 19.2 Private passenger auto liability.....	14,800	0	14,800	0	30,000	0	30,000	0	0
19.3, 19.4 Commercial auto liability.....	0	1,738	0	1,738	0	1,522	0	3,260	647
21. Auto physical damage.....	0	8	0	8	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	XXX	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	XXX	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	14,800	251,512	14,800	251,512	30,000	636,062	30,000	887,574	.552,589

DETAILS OF WRITE-INS

3401.	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

(a) Including \$.....0 for present value of life indemnity claims.

Stonewood General Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....	(21,222)	0	0	(21,222)
1.2 Reinsurance assumed.....	105,093	0	0	105,093
1.3 Reinsurance ceded.....	(21,222)	0	0	(21,222)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	105,093	0	0	105,093
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....	0	0	0	0
2.2 Reinsurance assumed, excluding contingent.....	0	205,583	0	205,583
2.3 Reinsurance ceded, excluding contingent.....	0	56,327	0	56,327
2.4 Contingent - direct.....	0	0	0	0
2.5 Contingent - reinsurance assumed.....	0	0	0	0
2.6 Contingent - reinsurance ceded.....	0	0	0	0
2.7 Policy and membership fees.....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	149,256	0	149,256
3. Allowances to manager and agents.....	0	0	0	0
4. Advertising.....	0	0	0	0
5. Boards, bureaus and associations.....	0	26,750	0	26,750
6. Surveys and underwriting reports.....	0	0	0	0
7. Audit of assureds' records.....	0	0	0	0
8. Salary and related items:				
8.1 Salaries.....	0	0	0	0
8.2 Payroll taxes.....	0	0	0	0
9. Employee relations and welfare.....	0	0	0	0
10. Insurance.....	0	0	0	0
11. Directors' fees.....	0	0	0	0
12. Travel and travel items.....	0	0	0	0
13. Rent and rent items.....	0	0	0	0
14. Equipment.....	0	0	0	0
15. Cost or depreciation of EDP equipment and software.....	0	1,100	0	1,100
16. Printing and stationery.....	0	2,627	0	2,627
17. Postage, telephone and telegraph, exchange and express.....	0	0	0	0
18. Legal and auditing.....	0	1,990	0	1,990
19. Totals (Lines 3 to 18).....	0	32,467	0	32,467
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....	0	625	0	625
20.2 Insurance department licenses and fees.....	0	3,349	0	3,349
20.3 Gross guaranty association assessments.....	0	150	0	150
20.4 All other (excluding federal and foreign income and real estate).....	0	447	0	447
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	4,571	0	4,571
21. Real estate expenses.....	0	0	0	0
22. Real estate taxes.....	0	0	0	0
23. Reimbursements by uninsured plans.....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses.....	0	19,290	5,367	24,657
25. Total expenses incurred.....	105,093	205,583	5,367	(a).....316,043
26. Less unpaid expenses - current year.....	552,589	9,000	946	562,535
27. Add unpaid expenses - prior year.....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	(447,496)	196,583	4,422	(246,491)

DETAILS OF WRITE-INS

2401. Outside Consulting - Other.....	0	13,254	0	13,254
2402. Bank Service Charges.....	0	6,036	0	6,036
2403. Investment Management Fees.....	0	0	3,797	3,797
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	1,570	1,570
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	19,290	5,367	24,657

(a) Includes management fees of \$.....0 to affiliates and \$....3,797 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....30,165	.....31,217
1.1 Bonds exempt from U.S. tax.....	(a).....0	.....0
1.2 Other bonds (unaffiliated).....	(a).....4,274	.....7,420
1.3 Bonds of affiliates.....	(a).....0	.....0
2.1 Preferred stocks (unaffiliated).....	(b).....0	.....0
2.11 Preferred stocks of affiliates.....	(b).....0	.....0
2.2 Common stocks (unaffiliated).....	.....0	.....0
2.21 Common stocks of affiliates.....	.....0	.....0
3. Mortgage loans.....	(c).....0	.....0
4. Real estate.....	(d).....0	.....0
5. Contract loans.....	.....0	.....0
6. Cash, cash equivalents and short-term investments.....	(e).....25	.....33
7. Derivative instruments.....	(f).....0	.....0
8. Other invested assets.....	.....0	.....0
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....34,464	.....38,670
11. Investment expenses.....	(g).....5,367	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	.....0	
16. Total deductions (Lines 11 through 15).....	.....5,367	
17. Net investment income (Line 10 minus Line 16).....	.....33,303	

DETAILS OF WRITE-INS

0901.....	0	.....0
0902.....	0	.....0
0903.....	0	.....0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	.....0
1501.....	0	.....0
1502.....	0	.....0
1503.....	0	.....0
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	0	.....0

(a) Includes \$....3,405 accrual of discount less \$....1,388 amortization of premium and less \$....1,467 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax.....	0	0	0	0	0
1.2 Other bonds (unaffiliated).....	0	0	0	0	0
1.3 Bonds of affiliates.....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated).....	0	0	0	0	0
2.11 Preferred stocks of affiliates.....	0	0	0	0	0
2.2 Common stocks (unaffiliated).....	0	0	0	0	0
2.21 Common stocks of affiliates.....	0	0	0	0	0
3. Mortgage loans.....	0	0	0	0	0
4. Real estate.....	0	0	0	0	0
5. Contract loans.....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments.....	0	0	0	0	0
7. Derivative instruments.....	0	0	0	0	0
8. Other invested assets.....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

DETAILS OF WRITE-INS

0901.....	0	0	0	0	0
0902.....	0	0	0	0	0
0903.....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

Stonewood General Insurance Company
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).....	.....0	.....0	.....0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	.....0	.....0	.....0
2.2 Common stocks.....	.....0	.....0	.....0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	.....0	.....0	.....0
3.2 Other than first liens.....	.....0	.....0	.....0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	.....0	.....0	.....0
4.2 Properties held for the production of income.....	.....0	.....0	.....0
4.3 Properties held for sale.....	.....0	.....0	.....0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.....0	.....0	.....0
6. Contract loans.....	.....0	.....0	.....0
7. Derivatives (Schedule DB).....	.....0	.....0	.....0
8. Other invested assets (Schedule BA).....	.....0	.....0	.....0
9. Receivables for securities.....	.....0	.....0	.....0
10. Securities lending reinvested collateral assets (Schedule DL).....	.....0	.....0	.....0
11. Aggregate write-ins for invested assets.....	.....0	.....0	.....0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....0	.....0	.....0
13. Title plants (for Title insurers only).....	.....0	.....0	.....0
14. Investment income due and accrued.....	.....0	.....0	.....0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....0	.....0	.....0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.....0	.....0	.....0
15.3 Accrued retrospective premiums.....	.....0	.....0	.....0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	.....0	.....0	.....0
16.2 Funds held by or deposited with reinsured companies.....	.....0	.....0	.....0
16.3 Other amounts receivable under reinsurance contracts.....	.....0	.....0	.....0
17. Amounts receivable relating to uninsured plans.....	.....0	.....0	.....0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.....0	.....0	.....0
18.2 Net deferred tax asset.....	97,602	.....0	(97,602)
19. Guaranty funds receivable or on deposit.....	.....0	.....0	.....0
20. Electronic data processing equipment and software.....	.....0	.....0	.....0
21. Furniture and equipment, including health care delivery assets.....	.....0	.....0	.....0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....0	.....0	.....0
23. Receivables from parent, subsidiaries and affiliates.....	.....0	.....0	.....0
24. Health care and other amounts receivable.....	.....0	.....0	.....0
25. Aggregate write-ins for other than invested assets.....	.....0	.....0	.....0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	97,602	.....0	(97,602)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....0	.....0	.....0
28. TOTALS (Lines 26 and 27).....	97,602	.....0	(97,602)

DETAILS OF WRITE-INS

1101.....	.....0	.....0	.....0
1102.....	.....0	.....0	.....0
1103.....	.....0	.....0	.....0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....0	.....0	.....0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0
2501.....	.....0	.....0	.....0
2502.....	.....0	.....0	.....0
2503.....	.....0	.....0	.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....0	.....0	.....0

NOTES TO FINANCIAL STATEMENTS**1. Summary of Significant Accounting Policies****A. Accounting Practices**

The financial statements of Stonewood General Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Insurance Commissioner has the right to permit other specific practices that deviate from prescribed practices.

	State of Domicile	2013	2012
NET INCOME			
(1) Stonewood General Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	OH	36,856	16,986
(2) State Prescribed Practices that increase/(decrease) NAIC SAP			
NONE	OH		
(3) State Permitted Practices that increase/(decrease) NAIC SAP			
NONE	OH		
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	36,856	16,986
SURPLUS			
(5) Stonewood General Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	OH	4,074,074	3,912,279
(6) State Prescribed Practices that increase/(decrease) NAIC SAP			
NONE	OH		
(7) State Permitted Practices that increase/(decrease) NAIC SAP			
NONE	OH		
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	4,074,074	3,912,279

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost using the interest method.
3. The Company does not have any investments in common stocks.
4. The Company does not have any investments in preferred stocks.
5. The Company does not have any mortgage loans on real estate.
6. The Company does not have any loan-backed securities.
7. The Company does not have any investments in wholly-owned subsidiaries.
8. The Company does not have any minor ownership interests in joint ventures.
9. The Company does not have any derivatives investments.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts-Premiums.
11. Unpaid losses and loss adjustment expenses include net liabilities stated for unpaid claims and for expenses of investigation and adjustment of unpaid claims and are based upon (a) the accumulation of case estimates for losses reported prior to the close of the accounting period on the direct business written; (b) estimates received from ceding reinsurers and insurance pools and associations; (c) estimates of unreported losses and development on reported losses based on past experience net of salvage and subrogation recoveries; and (d) estimates based on experience of expenses for investigating and adjusting claims. The total of these factors is reduced for portions ceded to other insurers. These liabilities are subject to the impact of changes in claim amounts, frequency and other factors. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses ("LAE") are adequate. Changes in estimates of the liabilities for losses and LAE are reflected in the statement of income in the period in which determined.

NOTES TO FINANCIAL STATEMENTS

12. The Company has not modified its capitalization policy from the prior period.
13. The Company does not have pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

The Company had no changes in accounting policies or correction of errors from the prior year to report.

3. Business Combinations and Goodwill**A. Statutory Purchase Method**

The Company was not involved in any business combinations during 2013.

B. Statutory Merger

The Company was not involved in any statutory mergers during 2013.

C. Impairment Loss

The Company did not recognize any impairment loss during 2013.

4. Discontinued Operations

The Company did not have any discontinued operations during 2013.

5. Investments**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company does not have investments in mortgage loans.

B. Debt Restructuring

The Company did not restructure any debt during 2013.

C. Reverse Mortgages

The Company does not have investments in reverse mortgages.

D. Loan-Backed Securities

The Company does not have any investments in loan-backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions

The Company does not participate in repurchase agreements or securities lending activities.

F. Real Estate

The Company does not own any real estate investments.

G. Investments in Low-Income Housing Tax Credits (LIHTC)

The Company does not have any low-income housing tax credits.

NOTES TO FINANCIAL STATEMENTS**H. Restricted Assets****(1) Restricted Assets (Including Pledged)**

Restricted asset category	Gross Restricted					6	7	8	9	10
	Current Year									
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	0%	0%
b. Collateral held under security lending agreement	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
c. Subject to repurchase agreement	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
d. Subject to reverse repurchase agreement	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
e. Subject to dollar repurchase agreement	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
f. Subject to dollar reverse repurchase agreement	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
g. Placed under option contracts	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
h. Letter stock or securities restricted as to sale	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
i. On deposit with states	1,059,957	-0-	-0-	-0-	1,059,957	1,033,431	26,526	1,059,957	18.02%	18.32%
j. On deposit with other regulatory bodies	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
k. Pledged as collateral not captured in other categories	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
l. Other restricted assets	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	0%	0%
m. Total restricted assets	\$1,059,957	-0-	-0-	-0-	\$1,059,957	\$1,033,431	\$26,526	\$1,059,957	18.02%	18.32%

(a) Subset of column 1
 (b) Subset of column 2

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – Not applicable

(3) Detail of Other Restricted Assets – Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies.
- B. Not applicable.

7. Investment Income

The Company did not exclude any due and accrued investment income from surplus at December 31, 2013.

8. Derivative Instruments

The Company's investment objectives do not include holding or issuing derivative financial instruments.

NOTES TO FINANCIAL STATEMENTS**9. Income Taxes****A. Deferred Tax Assets/(Liabilities)****1. Components of Net Deferred Tax Asset/(Liability)**

	2013			2012			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	149,211		149,211	84,025		84,025	65,186		65,186
b. Statutory valuation allowance adjustment				84,025		84,025	(84,025)		(84,025)
c. Adjusted gross deferred tax assets (1a-1b)	149,211		149,211				149,211		149,211
d. Deferred tax assets nonadmitted	97,602		97,602				97,602		97,602
e. Subtotal net admitted deferred tax asset (1c-1d)	51,609		51,609				51,609		51,609
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	51,609		51,609				51,609		51,609

2. Admission Calculation Components

	2013			2012			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	43,786		43,786				43,786		43,786
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	7,823		7,823				7,823		7,823
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	7,823		7,823				7,823		7,823
Adjusted gross deferred tax assets allowed per limitation threshold			603,370			586,842			16,528
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	51,609		51,609				51,609		51,609

3. Other Admissibility Criteria

		2013	2012
a.	Ratio percentage used to determine recovery period and threshold limitation amount	2429%	18,099%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	4,022,465	3,912,279

NOTES TO FINANCIAL STATEMENTS**4. Impact of Tax Planning Strategies**

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/13		12/31/12		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	149,211				149,211	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	51,609				51,609	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. The Company does not have any deferred tax liabilities not recognized.

C. The provision for federal income taxes incurred for the years ended December 31 are:

1. Current Income Tax

	1 2013	2 2012	3 (Col 1-2) Change
a. Federal	110,693	3,104	107,589
b. Foreign			
c. Subtotal	110,693	3,104	107,589
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other	(17,528)		(17,528)
g. Federal and Foreign income taxes incurred	93,165	3,104	90,061

2. Deferred Tax Assets

	1 2013	2 2012	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	59,671		59,671
2. Unearned premium reserve	16,337		16,337
3. Policyholder reserves			
4. Investments	12,536	18,691	(6,155)
5. Deferred acquisition costs	60,667	65,334	(4,667)
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	149,211	84,025	65,186
b. Statutory valuation allowance adjustment		84,025	(84,025)
c. Nonadmitted	97,602		97,602
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	51,609		51,609
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	51,609		51,609

NOTES TO FINANCIAL STATEMENTS**3. Deferred Tax Liabilities**

	1 2013	2 2012	3 (Col 1-2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax assets)			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
3. Other (including items <5% of total capital tax assets)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)			
4. Net Deferred Tax Assets (2i - 3c)	51,609		51,609

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate among the more significant book to tax adjustments was the following:

	2013	
	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$45,507	35.0%
Proration of tax exempt investment income	0	0.0%
Tax exempt income deduction	0	0.0%
Dividends received deduction	0	0.0%
Disallowable travel and entertainment	0	0.0%
Other permanent differences	0	0.0%
Other:		
Statutory valuation allowance adjustment	(84,025)	-64.6%
Accrual adjustment – prior year	(17,528)	-13.5%
Other	0	0.0%
Totals	\$(56,046)	-43.1%
Federal and foreign income taxes incurred	93,165	71.7%
Realized capital gains (losses) tax	0	0.0%
Change in net deferred income taxes	(149,211)	-114.8%
Total statutory income taxes	\$(56,046)	-43.1%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2013, the Company did not have any unused operating or capital loss carryforwards available to offset against future taxable income or capital gains. At December 31, 2013, the Company did not have any tax credit carryforwards.

The following is income tax expense for 2013 and 2012 that is available for recoupment in the event of future net losses:

Year	Amount
2013	110,693
2012	-0-

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

(1) The Company's federal income tax return is consolidated with the following entities:

James River Group, Inc.
 James River Management Company, Inc.
 James River Insurance Company
 Stonewood Insurance Management Company, Inc.
 James River Casualty Company
 Potomac Risk Services, Inc.
 Stonewood National Insurance Company (formerly Infinity Specialty Insurance Company)
 Stonewood General Insurance Company (formerly Infinity General Insurance Company)

NOTES TO FINANCIAL STATEMENTS

(2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return. Intercompany tax balances are settled quarterly.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. The Company is an indirect subsidiary of Franklin Holdings (Bermuda), Ltd.; 100% of the outstanding stock of the Company is directly owned by Stonewood National Insurance Company. See Schedule Y, Part 1, Organizational Chart. The Company was purchased by James River Group, Inc. from Infinity Insurance Company ("Infinity") on December 31, 2011.
- B. On September 11, 2013, Stonewood National Insurance Company contributed \$73,331 to the Company's paid in surplus.
- C. The Company did not have any intercompany arrangements as of December 31, 2013 except as discussed in Notes 9F, 10F, and 26.
- D. As a result of the intercompany pooling arrangement, effective January 1, 2013, the Company reported a \$63,396 receivable from Stonewood Insurance National Company at December 31, 2013. See Note 26 for additional details.
- E. The Company is not a party to any guarantee or undertaking for the benefit of an affiliate or related party that could result in a material contingent exposure of the Company's or any related party's assets or liabilities.
- F. The Company and Stonewood Insurance Management Company, Inc. are parties to a Management Services Agreement. Pursuant to this agreement, Stonewood Insurance Management Company, Inc. provides various services to the Company, including but not limited to management, administration, underwriting, premium collection, claims, operations, accounting, actuarial, information technology and human resources.
- G. All outstanding shares of the Company are owned by Stonewood National Insurance Company. See Schedule Y, Part 1, Organizational Chart.
- H. The Company owns no shares, either directly or indirectly, of an upstream intermediate or ultimate parent.
- I. The Company has no investment in a subsidiary, controlled or affiliated company.
- J. The Company has no investments in impaired subsidiary, controlled or affiliated companies.
- K. The Company has no investments in foreign insurance subsidiaries.
- L. The Company has no investment in a downstream non-insurance holding company.

11. Debt

- A. The Company does not have debt outstanding at December 31, 2013.
- B. The Company does not have any FHLB (Federal Home Loan Bank) loan agreements at December 31, 2013.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and other Postretirement Benefit Plans

- A. The Company does not have a defined benefit pension plan.
- B. The Company does not have a defined benefit pension plan.
- C. The Company does not have a defined benefit pension plan.
- D. The Company does not have a defined benefit pension plan.
- E. The Company does not have a defined contribution retirement plan.
- F. The Company does not participate in a multiemployer plan.
- G. The Company has no employees. However, Stonewood Insurance Management Company, Inc. sponsors a 401(k) plan for its employees. The terms of the 401(k) plan allow employees to contribute the maximum allowed by the U.S. Government. One hundred percent (100%) of this contribution, up to a maximum of 6% of salary, is matched by Stonewood Insurance Management Company, Inc. All expenses associated with the plan are allocated to the Company, in accordance with the terms of the Management Services Agreement. The Company's share of this 401(k) plan expense was \$-0- for 2013. The Company has no legal obligation for benefits under this plan.

NOTES TO FINANCIAL STATEMENTS

- H. The Company does not provide postretirement benefits to retired employees or compensated absences.
- I. The Medicare Modernization Act on Postretirement Benefits had no impact on the Company.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 25,000 shares of common stock authorized, of which 12,000 shares are issued and outstanding with a par value of \$125 per share.
- (2) The Company has no preferred stock outstanding.
- (3) The maximum amount of dividends or distributions which may be paid to stockholders by property/casualty insurance companies domiciled in the state of Ohio without (i) prior approval or (ii) expiration of a 30 day waiting period without disapproval of the Director of Insurance, is the greater of net income or 10% of capital and surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of ordinary dividends or distributions which may be paid in 2014 based on capital and surplus is \$407,407.
- (4) The Company did not pay dividends in 2013.
- (5) Within the limitations of (3) above, there are not specific restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- (6) There are no restrictions placed on unassigned surplus other than those described above in paragraphs (3) and (5). These unassigned funds are held for the benefit of the owner and policyholders.
- (7) The Company does not have any advances to surplus not repaid.
- (8) The Company does not hold stock for special purposes.
- (9) The Company does not have special surplus funds.
- (10) The portion of unassigned surplus represented by cumulative net unrealized gains (losses) as of December 31, 2013 is \$-0-.
- (11) The Company does not have surplus notes or similar obligations.
- (12) The Company has not entered into any quasi-reorganization.
- (13) The Company has not entered into any quasi-reorganization.

14. Contingencies

- A. The Company has no contingent commitments and/or guarantees of indebtedness of others at December 31, 2013.
- B. The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or, in the case of loss based assessments, at the time the losses are incurred. The Company had no accrual for guaranty fund assessments as of December 31, 2013.
- C. The Company has no gain contingencies at December 31, 2013.
- D. The Company has not paid any amounts to settle claims related to extra contractual obligations or bad faith losses during 2013.
- E. The Company has no product warranty liabilities.
- F. Various lawsuits against the Company arise during the normal course of business. The Company's management believes that contingent liabilities arising from such litigation and other matters will not have material effect on the financial position or the results of operations of the Company.

15. Leases

The Company does not have any material lease obligations at December 31, 2013.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

- (1) The Company does not own any financial instruments with off-balance sheet risk.
- (2) Financial instruments and other assets which potentially expose the Company to concentrations of credit risk consist primarily of cash and short-term investments. The Company has not experienced any losses from bank accounts or short-term investments.

NOTES TO FINANCIAL STATEMENTS

(3) Not applicable

(4) The Company does not require collateral for its depository cash balances, short-term investments, marketable securities, premiums in the course of collection, and balances recoverable from reinsurers.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company did not sell any receivable balances during 2013.
- B. The Company did not transfer or service any financial assets or extinguish liabilities during 2013.
- C. The Company did not enter into any wash sale transactions during 2013.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

The Company did not serve as administrator for any uninsured or partially insured accident and health plans during 2013.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any direct premium written by or produced through a managing general agent or third party administrator during 2013.

20. Fair Value Measurements

A. Fair value measurements for fixed income and equity securities are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor. Under certain circumstances, if neither an SVO price nor vendor price is available, a price may be obtained from a broker. Short term securities and cash equivalents are valued at amortized cost.

When published prices from the SVO are not available, the Company's investment manager relies predominantly on independent pricing service vendors that have been evaluated and approved by the investment manager's internal pricing policy committee. Generally, pricing service vendors use a pricing methodology involving the market approach, including pricing models, which use prices and relevant market information regarding a particular security or securities with similar characteristics to establish a valuation.

For statutory accounting, certain investments are carried at fair value, while others may periodically be carried at fair value based on certain factors such as the NAIC's lower of cost or market rule or an impairment. Assets recorded at fair value are categorized based on an evaluation of the various inputs used to measure the fair value. Supporting documentation received from pricing vendors detailing the inputs, models and processes used in the vendor's evaluation process is used to determine the appropriate fair value hierarchy. Documentation from each pricing vendor is reviewed and monitored periodically to ensure they are consistent with the investment manager's pricing policy procedures. Market information obtained from brokers with respect to security valuations is also considered in the pricing hierarchy.

The Company attempts to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value: (1) Level 1: quoted price (unadjusted) in active markets for identical assets, (2) Level 2: inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the instrument, and (3) Level 3: inputs to the valuation methodology are unobservable for the asset or liability.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

To measure fair value, the Company obtains quoted market prices for its investment securities. If a quoted market price is not available, the Company uses prices of similar securities. Values for U.S. Treasury and publicly traded equity securities are generally based on Level 1 inputs which use the market approach valuation technique. The values for all other bonds (including state and municipal securities and obligations of U.S. government corporations and agencies) generally incorporate significant Level 2 inputs using the market approach and income approach valuation techniques. There have been no changes in the Company's use of valuation techniques during 2013 and 2012. There were no transfers between Level 1 and Level 2 or between Level 2 and Level 3 during 2013.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Bonds are carried at amortized cost	\$-0-	\$-0-	\$-0-	\$-0-
Short-term investments	561,313	-0-	-0-	561,313
Total	\$561,313	\$-0-	\$-0-	\$561,313

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Not Applicable				
Total				

NOTES TO FINANCIAL STATEMENTS**(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy**

a. Assets	Beginning Balance at 1/1/2013	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2013
Not Applicable										
Total										

b. Liabilities	Beginning Balance at 1/1/2013	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2013
Not Applicable										
Total										

(3) The Company has a policy to recognize transfers between levels at the beginning of the reporting period.

(4) See narrative above for Level 2 valuation techniques. The Company does not have any Level 3 assets.

(5) The Company does not own derivative assets or liabilities.

B. Not applicable

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	3,296,872	3,283,808	2,420,178	876,694		
Short-term investments	561,313	561,313	561,313			
Total	3,858,185	3,845,121	2,981,491	876,694		

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Not Applicable		0.000		
Total				

21. Other Items

- A. The Company did not have any extraordinary items (events or transactions) reported during 2013.
- B. The Company did not restructure any troubled debt during 2013.
- C. The amortized cost of bonds and short term investments on deposit with regulatory authorities at December 31, 2013 was \$1,059,957. See Note 5H.
- D. The Company did not have any events giving rise to business interruption insurance recoveries during 2013.
- E. The Company does not have any state transferable tax credits available at December 31, 2013.
- F. The Company does not have any exposure to subprime mortgage-related risk.

22. Events Subsequent

There are no material events (recognized and nonrecognized) occurring subsequent to December 31, 2013. Subsequent events have been considered through February 27, 2014 for the statutory statement issued on February 27, 2014.

23. Reinsurance

- A. At December 31, 2013, the Company had no individual unsecured aggregate reinsurance recoverable that exceeds 3% of the Company's capital and surplus from authorized, unauthorized or certified reinsurers for paid and unpaid losses and loss adjustment expenses, unearned premiums, and contingent commissions.
- B. The Company does not have any reinsurance recoverable in dispute at December 31, 2013.
- C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
Affiliates	\$233,387	\$67,487	\$-0-	\$-0-	\$233,387	\$67,487
All Other	-0-	-0-	-0-	-0-	-0-	-0-
Total	\$233,387	\$67,487	\$-0-	\$-0-	\$233,387	\$67,487

NOTES TO FINANCIAL STATEMENTS

Direct Unearned Premium Reserve	-0-
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(2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

	Direct	Assumed	Ceded	Net
a. Contingent Commission	\$-0-	\$-0-	\$-0-	\$-0-
b. Sliding Scale Adjustments	-0-	-0-	-0-	-0-
c. Other Profit Commission Arrangements	-0-	-0-	-0-	-0-
d. Total	\$-0-	\$-0-	\$-0-	\$-0-

(3) The Company does not use protected cells as an alternative to traditional reinsurance.

- D. The Company did not have any uncollectible reinsurance during 2013.
- E. No reinsurance contracts were commuted during 2013.
- F. The Company does not engage in retroactive reinsurance contracts.
- G. The Company does not have any reinsurance contracts that have been accounted for as deposits.
- H. The Company has not entered into any reinsurance agreements that have qualified to receive property and casualty run-off accounting treatment.
- I. The Company not entered into reinsurance agreements with any certified reinsurer whose rating has been downgraded or whose status is subject to revocation.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company does not write any contracts with retroactive rated contract terms.

25. Changes in Incurred Losses and Loss Adjustment Expenses

The Company entered into an intercompany reinsurance pooling arrangement with its United States affiliated insurance carriers, effective January 1, 2013. The Company's pooling participation percentage is 1%. Schedule P has been restated to reflect the pooled activity for all years presented in accordance with the NAIC Annual Statement Instructions. The following table provides an analysis of the change in loss and loss adjustment reserves, net of reinsurance recoverables for 2013 and 2012. 2012 has not been restated:

	2013	2012
Balance at beginning of period	\$ -0-	\$ -0-
Losses and loss adjustment expenses incurred:		
Current accident year	401,083	-0-
Prior accident years	(225,619)	-0-
	175,464	-0-
Losses and loss adjustment expenses payments made for:		
Current accident year	38,726	-0-
Prior accident years	(1,303,425)	-0-
	(1,264,699)	-0-
Balance at end of period	\$1,440,163	\$ -0-

The Company's reserves for losses and LAE, attributable to insured events of prior years, decreased by approximately \$226,000 in 2013, resulting primarily from the other liability lines of business. This change is the result of an ongoing analysis of recent development trends and additional information regarding individual claims. These results are attributable to the business assumed from the intercompany reinsurance pooling agreement.

26. Intercompany Pooling Arrangements

A. - D.

Stonewood General Insurance Company entered into an intercompany reinsurance pooling arrangement (the pooling) with its United States affiliated insurance carriers, effective January 1, 2013. All lines of business are subject to the pooling net of any outside reinsurance coverage carried by the participants. Net business includes business in force on January 1, 2013 and all business written subsequent to that date. The pooling provides for proportionate sharing of premiums earned, losses and loss adjustment expenses incurred, and underwriting expenses incurred.

NOTES TO FINANCIAL STATEMENTS

The participation percentages are as follows:

Stonewood National Insurance Company (lead company)	NAIC #31925	13%
James River Insurance Company	NAIC #12203	75%
Stonewood Insurance Company	NAIC #11828	6%
James River Casualty Company	NAIC #13685	5%
Stonewood General Insurance Company	NAIC #35211	1%

- E. Not applicable
- F. Not applicable
- G. As a result of the pooling, the amount due from Stonewood National Insurance Company is \$63,396 as of December 31, 2013.

27. Structured Settlements

The Company has not purchased annuities to fund future claims payments.

28. Health Care Receivables

The Company does not have health care receivables.

29. Participating Policies

The Company does not write accident and health insurance participating contracts.

30. Premium Deficiency Reserves

At December 31, 2013, the Company did not have any liabilities related to premium deficiency reserves. The Company considers anticipated investment income when testing for a premium deficiency.

31. High Deductibles

The Company does not issue high deductible policies.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount liabilities for unpaid losses or unpaid loss adjustment expenses.

33. Asbestos/Environmental Reserves

- A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses? Yes

(1) Direct

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	-0-
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	-0-
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	-0-
d. Ending reserves	-0-	-0-	-0-	-0-	-0-

(2) Assumed Reinsurance

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	5,138
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	1,872
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	192
d. Ending reserves	-0-	-0-	-0-	-0-	6,818

(3) Net of Ceded Reinsurance

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	5,138
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	1,872
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	192
d. Ending reserves	-0-	-0-	-0-	-0-	6,818

- B. State the amount of the ending reserves for Bulk and IBNR included in A (Loss and LAE)

(1) Direct basis	-0-
(2) Assumed reinsurance basis	-0-
(3) Net of ceded reinsurance basis	-0-

NOTES TO FINANCIAL STATEMENTS

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk and IBNR)

(1)	Direct basis	-0-
(2)	Assumed reinsurance basis	-0-
(3)	Net of ceded reinsurance basis	-0-

D Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to environmental losses? No

(1) Direct

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	-0-
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	-0-
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	-0-
d. Ending reserves	-0-	-0-	-0-	-0-	-0-

(2) Assumed Reinsurance

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	-0-
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	-0-
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	-0-
d. Ending reserves	-0-	-0-	-0-	-0-	-0-

(3) Net of Ceded Reinsurance

	2009	2010	2011	2012	2013
a. Beginning reserves	-0-	-0-	-0-	-0-	-0-
b. Incurred losses and loss adjustment expense	-0-	-0-	-0-	-0-	-0-
c. Calendar year payments for losses and loss adjustment expenses	-0-	-0-	-0-	-0-	-0-
d. Ending reserves	-0-	-0-	-0-	-0-	-0-

E. State the amount of the ending reserves for Bulk and IBNR included in D (Loss and LAE)

(1)	Direct basis	-0-
(2)	Assumed reinsurance basis	-0-
(3)	Net of ceded reinsurance basis	-0-

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk and IBNR)

(1)	Direct basis	-0-
(2)	Assumed reinsurance basis	-0-
(3)	Net of ceded reinsurance basis	-0-

34. Subscriber Savings Accounts

The Company is not a reciprocal insurance company and has no subscriber savings accounts.

35. Multiple Peril Crop Insurance

The Company does not write multiple peril crop insurance.

36. Financial Guaranty Insurance

- A. The Company does not write financial guarantee insurance contracts.
- B. The Company does not write financial guarantee insurance contracts.

Stonewood General Insurance Company

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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
If yes, complete Schedule Y, Parts 1, 1A and 2.																	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
1.3	State regulating? <u>Ohio</u>			N/A [<input type="checkbox"/>]													
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
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.			12/31/2011													
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.			12/31/2011													
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).			03/04/2013													
3.4	By what department or departments? <u>Ohio Department of Insurance</u>																
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 [<input type="checkbox"/>]	No [<input type="checkbox"/>]												
3.6	Have all of the recommendations within the latest financial examination report been complied with?			Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]												
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:																
4.1.1	sales of new business?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
4.1.2	renewals?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
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:																
4.2.1	sales of new business?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
4.2.2	renewals?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
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.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1 Name of Entity</td> <td style="width: 20%;">2 NAIC Co. Code</td> <td style="width: 40%;">3 State of Domicile</td> </tr> <tr> <td>Not Applicable</td> <td></td> <td></td> </tr> </table>						1 Name of Entity	2 NAIC Co. Code	3 State of Domicile	Not Applicable								
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile															
Not Applicable																	
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
6.2	If yes, give full information: Not applicable																
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
7.2	If yes,																
7.2.1	State the percentage of foreign control		100.000 %													
7.2.2	State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1 Nationality</td> <td style="width: 20%;">2 Type of Entity</td> <td style="width: 40%;"></td> </tr> <tr> <td>Bermuda</td> <td>Corporation</td> <td></td> </tr> </table>						1 Nationality	2 Type of Entity		Bermuda	Corporation							
1 Nationality	2 Type of Entity																
Bermuda	Corporation																
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
8.2	If response to 8.1 is yes, please identify the name of the bank holding company. Not applicable																
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
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.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Affiliate Name</td> <td style="width: 15%;">2 Location (City, State)</td> <td style="width: 15%;">3 FRB</td> <td style="width: 15%;">4 OCC</td> <td style="width: 15%;">5 FDIC</td> <td style="width: 15%;">6 SEC</td> </tr> <tr> <td>Not applicable</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC	Not applicable					
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC												
Not applicable																	
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young LLP, The Edgeworth Building, Suite 201, 2100 E. Cary Street, Richmond, VA 23223																
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
10.2	If the response to 10.1 is yes, provide information related to this exemption: Not applicable																
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 17A of the Model Regulation, or substantially similar state law or regulation?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
10.4	If the response to 10.3 is yes, provide information related to this exemption: Not applicable																

Stonewood General Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

<p>10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? <input checked="" type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>10.6 If the answer to 10.5 is no or n/a, please explain. Not applicable</p> <hr/> <p>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? Sean P. McDermott, FCAS, MAAA, Towers Watson, Centre Square East, 1500 Market Street, Philadelphia, PA 19102</p> <hr/> <p>12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>12.11 Name of real estate holding company Not applicable</p> <hr/> <p>12.12 Number of parcels involved0 12.13 Total book/adjusted carrying value\$0</p> <p>12.2 If yes, provide explanation. Not applicable</p> <hr/> <p>13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:</p> <p>13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?</p> <hr/> <p>13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? <input type="checkbox"/> Yes [] <input type="checkbox"/> No []</p> <p>13.3 Have there been any changes made to any of the trust indentures during the year? <input type="checkbox"/> Yes [] <input type="checkbox"/> No []</p> <p>13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>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? <input checked="" type="checkbox"/> Yes [X] <input type="checkbox"/> No []</p> <p>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.</p> <p>14.11 If the response to 14.1 is no, please explain: Not applicable</p> <hr/> <p>14.2 Has the code of ethics for senior managers been amended? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>14.21 If the response to 14.2 is yes, provide information related to amendment(s). Not applicable</p> <hr/> <p>14.3 Have any provisions of the code of ethics been waived for any of the specified officers? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Not applicable</p> <hr/> <p>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? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">1 American Bankers Association (ABA) Routing Number</th> <th style="width: 25%;">2 Issuing or Confirming Bank Name</th> <th style="width: 25%;">3 Circumstances That Can Trigger the Letter of Credit</th> <th style="width: 25%;">4 Amount</th> </tr> </thead> <tbody> <tr> <td>Not applicable</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount	Not applicable				<p>10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? <input checked="" type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>10.6 If the answer to 10.5 is no or n/a, please explain. 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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.</p> <p>14.11 If the response to 14.1 is no, please explain: Not applicable</p> <hr/> <p>14.2 Has the code of ethics for senior managers been amended? <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]</p> <p>14.21 If the response to 14.2 is yes, provide information related to amendment(s). 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Not applicable																	

PART 1 - COMMON INTERROGATORIES - 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 [X] 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 [X] 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 [X] No []

PART 1 - COMMON INTERROGATORIES - 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 [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

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	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

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 [X]

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

21.21 Rented from others	\$.....0
21.22 Borrowed from others	\$.....0
21.23 Leased from others	\$.....0
21.24 Other	\$.....0

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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 [X]

22.2 If answer is yes:

- 22.21 Amount paid as losses or risk adjustment \$.....0
- 22.22 Amount paid as expenses \$.....0
- 22.23 Other amounts paid \$.....0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$.....0

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information relating thereto.
Not applicable

24.03 For security 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).
The Company is not involved in any security lending programs.

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....0

24.07 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 [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

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

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....0
- 24.103 Total payable for securities lending reported on the liability page. \$.....0

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

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

- 25.21 Subject to repurchase agreements \$.....0
- 25.22 Subject to reverse repurchase agreements \$.....0
- 25.23 Subject to dollar repurchase agreements \$.....0
- 25.24 Subject to reverse dollar repurchase agreements \$.....0
- 25.25 Pledged as collateral \$.....0
- 25.26 Placed under option agreements \$.....0
- 25.27 Letter stock or securities restricted as to sale \$.....0
- 25.28 On deposit with state or other regulatory body \$.....1,059,957
- 25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
Not applicable		

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.
Not applicable

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$.....0

28. 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 [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
U.S. Bank, N.A.	1025 Connecticut Ave., NW Ste. 517, EX-DC-WNWW, Washington, D.C. 20036

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Not applicable		

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Not applicable			

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
Not applicable	Gen Re-New England Asset Management, Inc.	76 Batterson Park Road, Farmington, CT 06032

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

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
Not applicable		0
29.2999. TOTAL		0

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

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation
Not applicable			

30. 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	3,845,121	3,858,185	13,064
30.2 Preferred stocks.....			0
30.3 Totals.....	3,845,121	3,858,185	13,064

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on values either published by the NAIC's Security Valuation Office (SVO) or from pricing services such as Merrill Lynch indices, Interactive Data Corp., Reuters, S&P or Bloomberg. Under certain circumstances, if neither an SVO or vendor price is available, a price may be obtained from a broker. Short term securities and cash equivalents are valued at amortized cost.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

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

Not applicable

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

32.2 If no, list exceptions:

Not applicable

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....26,750

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
A.M. Best Company	16,000

34.1 Amount of payments for legal expenses, if any? \$.....1,327

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Vorys, Sater, Seymour and Pease, LLP	1,327

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

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

1 Name	2 Amount Paid
Not Applicable	

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only. \$.....0
 1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....0
 1.31 Reason for excluding:
 Not applicable

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....0
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$.....0
 1.62 Total incurred claims \$.....0
 1.63 Number of covered lives0
 All years prior to most current three years:
 1.64 Total premium earned \$.....0
 1.65 Total incurred claims \$.....0
 1.66 Number of covered lives0

1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$.....0
 1.72 Total incurred claims \$.....0
 1.73 Number of covered lives0
 All years prior to most current three years:
 1.74 Total premium earned \$.....0
 1.75 Total incurred claims \$.....0
 1.76 Number of covered lives0

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	\$.....0	\$.....0
2.2 Premium Denominator.....	\$.....0	\$.....0
2.3 Premium Ratio (2.1/2.2).....	.....0.0	.....0.0
2.4 Reserve Numerator.....	\$.....0	\$.....0
2.5 Reserve Denominator.....	\$.....0	\$.....0
2.6 Reserve Ratio (2.4/2.5).....	.....0.0	.....0.0

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]
 3.2 If yes, state the amount of calendar year premiums written on:
 3.21 Participating policies \$.....0
 3.22 Non-participating policies \$.....0

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?0.0 %
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$.....0

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:

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?

Although the Company did not write any direct business in 2013, the net business assumed is protected up to \$20 million through non-affiliated reinsurance.

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:

For business assumed through the intercompany reinsurance pooling agreement, the Group estimates probable maximum loss by use of catastrophic modeling software. The primary exposure to catastrophe is from a book of excess property business that includes wind-exposed business in the southern and southeastern United States. The Group uses the CLASIC/2 catastrophe model from AIR, version 13.5. The Group also relies on modeling expertise from its reinsurers and reinsurance brokers.

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?

Assumed business is protected by property catastrophe reinsurance.

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 [X] 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 uninsured catastrophic loss:

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

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 [X]
.....0

7.2 If yes, indicate the number of reinsurance contracts containing such provisions. Yes [] No []

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 [X]

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 [X]

8.2 If yes, give full information:
Not applicable

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 noncancelable 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 [X]

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 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 [X]

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. Yes [] No [X]

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [] No [X]

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. Yes [] No [X]

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
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance 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 [X] No [] N/A []

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [] No [X]

11.2 If yes, give full information:
Not applicable

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses \$.....0
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$.....0

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: \$.....0

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 [X]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From 0 %
12.42 To 0 %

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 [X]

12.6 If yes, state the amount thereof at December 31 of current year:
12.61 Letters of credit \$.....0
12.62 Collateral and other funds \$.....0

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$..... 15,000

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 [X]

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: 1

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
Not applicable

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:
Not applicable

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]

15.2 If yes, give full information:
Not applicable

16.1 Does the reporting entity write any warranty business? Yes [] No [X]
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....
16.12 Products.....
16.13 Automobile.....
16.14 Other*.....

* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5? Yes [] No [X]
Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.
Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$..... 0
17.12 Unfunded portion of Interrogatory 17.11	\$..... 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$..... 0
17.14 Case reserves portion of Interrogatory 17.11	\$..... 0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$..... 0
17.16 Unearned premium portion of Interrogatory 17.11	\$..... 0
17.17 Contingent commission portion of Interrogatory 17.11	\$..... 0

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$..... 0
17.19 Unfunded portion of Interrogatory 17.18	\$..... 0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$..... 0
17.21 Case reserves portion of Interrogatory 17.18	\$..... 0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$..... 0
17.23 Unearned premium portion of Interrogatory 17.18	\$..... 0
17.24 Contingent commission portion of Interrogatory 17.18	\$..... 0

18.1 Do you act as a custodian for health savings account? Yes [] No [X]
18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$..... 0
18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$..... 0

Stonewood General Insurance Company

FIVE-YEAR HISTORICAL DATA

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

	1 2013	2 2012	3 2011	4 2010	5 2009
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)..	689,647	0	406,826	631,717	4,752,117
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	21,310	0	196,303	306,548	2,530,652
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
6. Total (Line 35).....	710,957	0	603,129	938,265	7,282,769
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	689,647	0	407,109	636,763	549,866
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	21,310	0	196,470	310,106	294,003
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
12. Total (Line 35).....	710,957	0	603,579	946,869	843,869
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	96,522	(34,607)	8,273	26,279	48,335
14. Net investment gain (loss) (Line 11).....	33,303	54,697	148,220	120,292	185,286
15. Total other income (Line 15).....	196	0	62,080	59,802	48,807
16. Dividends to policyholders (Line 17).....	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19).....	93,165	3,104	82,069	62,999	82,500
18. Net income (Line 20).....	36,856	16,986	136,504	143,374	199,928
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	5,785,531	3,932,347	3,895,293	4,659,924	4,656,882
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	91,357	0	0	63,706	55,940
20.2 Deferred and not yet due (Line 15.2).....	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3).....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	1,711,457	20,068	0	969,681	958,775
22. Losses (Page 3, Line 1).....	887,574	0	0	328,201	340,915
23. Loss adjustment expenses (Page 3, Line 3).....	552,589	0	0	132,880	150,346
24. Unearned premiums (Page 3, Line 9).....	233,387	0	0	415,481	374,531
25. Capital paid up (Page 3, Lines 30 & 31).....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
26. Surplus as regards policyholders (Page 3, Line 37).....	4,074,074	3,912,279	3,895,293	3,690,243	3,698,107
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	(60,622)	45,835	(861,261)	169,441	173,229
Risk-Based Capital Analysis					
28. Total adjusted capital.....	4,074,074	3,912,279	3,895,293	3,690,243	3,698,107
29. Authorized control level risk-based capital.....	165,618	21,616	80,276	69,821	67,941
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	83.4	38.8	98.9	98.7	98.6
31. Stocks (Lines 2.1 & 2.2).....	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3).....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5).....	16.6	61.2	1.1	1.3	1.4
35. Contract loans (Line 6).....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7).....	0.0	0.0	0.0	0.0	XXX
37. Other invested assets (Line 8).....	0.0	0.0	0.0	0.0	0.0
38. Receivable for securities (Line 9).....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10).....	0.0	0.0	0.0	0.0	XXX
40. Aggregate write-ins for invested assets (Line 11).....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....	0	0	0	0	0
45. Affiliated short-term investments					
(subtotals included in Schedule DA, Verification, Column 5, Line 10).....	0	0	0	0	0
46. Affiliated mortgage loans on real estate.....	0	0	0	0	0
47. All other affiliated.....	0	0	0	0	0
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0	0.0	0.0	0.0	0.0

Stonewood General Insurance Company
FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2013	2 2012	3 2011	4 2010	5 2009
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	0	0	0	0	0
52. Dividends to stockholders (Line 35).....	0	0	0	(155,000)	(408,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	161,796	16,986	205,050	(7,864)	(385,495)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	(791,840)	72,006	1,148,210	2,120,158	5,405,335
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	2,928	(2,800)	190,727	395,335	2,310,587
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	787	166	366
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
59. Total (Line 35).....	(788,912)	69,206	1,339,724	2,515,659	7,716,288
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	(821,014)	0	755,757	356,833	333,071
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	3,812	0	200,241	156,710	148,361
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	787	166	366
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
65. Total (Line 35).....	(817,202)	0	956,785	513,709	481,798
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	14.7	0.0	61.7	55.3	55.0
68. Loss expenses incurred (Line 3).....	22.0	0.0	13.7	11.7	11.5
69. Other underwriting expenses incurred (Line 4).....	43.0	0.0	23.8	30.1	27.8
70. Net underwriting gain (loss) (Line 8).....	20.2	0.0	0.8	2.9	5.7
Other Percentages					
71. 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).....	28.9	0.0	29.9	22.5	22.2
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	36.7	0.0	75.4	67.0	66.5
73. 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).....	17.5	0.0	15.5	25.7	22.8
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(192)	0	(3)	(74)	(65)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	(4.9)	0.0	(0.1)	(2.0)	(1.6)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(278)	(3)	(89)	(111)	(71)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	(7.1)	(0.1)	(2.4)	(2.7)	(1.8)

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

Yes No

If no, please explain:

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.....	.....0	.....0	.....4	.....4	.....0	.....0	.....0	.....0	....XXX.....
2. 2004.....	....1,261	....434	....827	....295	....109	....144	....30	....66	....15	....4	....350	....XXX.....
3. 2005.....	....2,447	....1,252	....1,194	....1,899	....1,445	....301	....147	....176	....88	....12	....697	....XXX.....
4. 2006.....	....3,521	....1,322	....2,198	....1,107	....487	....332	....72	....150	....39	....6	....991	....XXX.....
5. 2007.....	....4,036	....1,476	....2,559	....1,323	....579	....396	....96	....182	....50	....3	....1,176	....XXX.....
6. 2008.....	....2,845	....2,098	....747	....940	....673	....254	....178	....122	....42	....2	....423	....XXX.....
7. 2009.....	....2,432	....1,782	....650	....754	....532	....151	....106	....76	....24	....3	....317	....XXX.....
8. 2010.....	....1,908	....1,428	....480	....627	....468	....141	....98	....71	....24	....3	....249	....XXX.....
9. 2011.....	....2,172	....1,621	....551	....1,134	....858	....101	....70	....52	....11	....2	....348	....XXX.....
10. 2012.....	....2,786	....2,274	....512	....1,247	....1,108	....65	....45	....45	....9	....0	....195	....XXX.....
11. 2013.....	....1,979	....1,501	....478	....52	....36	....10	....7	....24	....4	....0	....39	....XXX.....
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....9,378	....6,297	....1,900	....854	....964	....306	....37	....4,786	....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	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	....9	....9	....1	....0	....4	....4	....0	....0	....0	....0	.....0	.....1	....XXX.....
2. 2004.....	....6	....0	....15	....4	....4	....0	....4	....0	....3	....0	....0	....28	....XXX.....
3. 2005.....	....10	....0	....48	....19	....2	....0	....14	....4	....5	....0	....0	....57	....XXX.....
4. 2006.....	....20	....7	....85	....34	....5	....0	....22	....5	....10	....0	....0	....96	....XXX.....
5. 2007.....	....20	....0	....139	....48	....7	....0	....36	....6	....14	....0	....0	....161	....XXX.....
6. 2008.....	....92	....72	....113	....84	....7	....5	....43	....31	....18	....2	....0	....78	....XXX.....
7. 2009.....	....36	....25	....180	....143	....9	....6	....51	....38	....21	....2	....0	....82	....XXX.....
8. 2010.....	....93	....65	....198	....154	....23	....16	....59	....44	....28	....5	....0	....117	....XXX.....
9. 2011.....	....135	....95	....334	....261	....27	....19	....101	....75	....42	....3	....0	....185	....XXX.....
10. 2012.....	....211	....156	....521	....414	....44	....31	....156	....116	....62	....5	....0	....272	....XXX.....
11. 2013.....	....170	....122	....762	....599	....46	....35	....233	....171	....84	....5	....0	....362	....XXX.....
12. Totals..	....803	....552	....2,396	....1,760	....176	....115	....719	....491	....285	....22	....0	....1,440	....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. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....1	.....0
2. 2004.....	....537	....159	....378	....42.6	....36.5	....45.8	....0	....0	....1.00	....18	....10
3. 2005.....	....2,457	....1,702	....754	....100.4	....135.9	....63.1	....0	....0	....1.00	....39	....18
4. 2006.....	....1,731	....644	....1,087	....49.2	....48.7	....49.5	....0	....0	....1.00	....65	....32
5. 2007.....	....2,117	....780	....1,337	....52.5	....52.8	....52.2	....0	....0	....1.00	....110	....50
6. 2008.....	....1,588	....1,087	....501	....55.8	....51.8	....67.0	....0	....0	....1.00	....49	....29
7. 2009.....	....1,277	....877	....400	....52.5	....49.2	....61.5	....0	....0	....1.00	....48	....34
8. 2010.....	....1,239	....873	....366	....65.0	....61.1	....76.4	....0	....0	....1.00	....72	....46
9. 2011.....	....1,926	....1,392	....534	....88.6	....85.8	....96.9	....0	....0	....1.00	....113	....72
10. 2012.....	....2,350	....1,884	....466	....84.4	....82.8	....91.2	....0	....0	....1.00	....162	....109
11. 2013.....	....1,381	....980	....401	....69.8	....65.3	....84.0	....0	....0	....1.00	....211	....151
12. Totals..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....888	....553

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 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	11 One Year	12 Two Year
1. Prior.....	52	47	42	41	41	39	40	41	40	39	(1)	(1)
2. 2004.....	462	424	387	344	338	330	335	322	322	325	3	3
3. 2005.....	XXX.....	767	734	730	740	740	731	697	692	660	(32)	(37)
4. 2006.....	XXX.....	XXX.....	1,242	1,186	1,136	1,090	1,056	1,015	989	966	(23)	(49)
5. 2007.....	XXX.....	XXX.....	XXX.....	1,447	1,411	1,426	1,383	1,305	1,258	1,191	(68)	(115)
6. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	456	448	442	430	422	406	(16)	(24)
7. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	415	400	384	363	330	(34)	(55)
8. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	306	315	312	296	(15)	(19)
9. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	437	472	455	(17)	18
10. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	364	374	10	XXX.....
11. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	302	XXX.....	XXX.....
											12. Totals.....	(192).....(278)

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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013		
1. Prior.....	000.....	25	28	34	36	37	37	38	38	38	XXX.....	XXX.....
2. 2004.....	37	120	174	216	250	271	281	285	298	299	XXX.....	XXX.....
3. 2005.....	XXX.....	19	167	314	434	502	565	583	597	608	XXX.....	XXX.....
4. 2006.....	XXX.....	XXX.....	98	314	479	685	773	815	861	880	XXX.....	XXX.....
5. 2007.....	XXX.....	XXX.....	XXX.....	132	440	676	823	957	1,016	1,044	XXX.....	XXX.....
6. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	81	168	236	290	326	343	XXX.....	XXX.....
7. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	112	173	214	246	266	XXX.....	XXX.....
8. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	64	130	170	202	XXX.....	XXX.....
9. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	122	232	308	XXX.....	XXX.....
10. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	43	159	XXX.....	XXX.....
11. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	19	XXX.....	XXX.....

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBSR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior.....	33	15	8	5	3	2	2	2	1	1
2. 2004.....	351	236	159	94	64	46	45	31	22	16
3. 2005.....	XXX.....	602	448	296	245	172	138	96	80	40
4. 2006.....	XXX.....	XXX.....	909	657	468	302	229	156	107	68
5. 2007.....	XXX.....	XXX.....	XXX.....	999	723	541	395	283	197	120
6. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	287	198	143	100	67	40
7. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	243	175	132	87	50
8. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	183	136	104	59
9. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	216	147	99
10. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	201	146
11. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	224

Stonewood General Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	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 Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL N.....	0	0	0	0	0	0	0	0
2. Alaska.....	AK N.....	0	0	0	0	0	0	0	0
3. Arizona.....	AZ N.....	0	0	0	0	0	0	0	0
4. Arkansas.....	AR N.....	0	0	0	0	0	0	0	0
5. California.....	CA N.....	0	0	0	0	0	0	0	0
6. Colorado.....	CO N.....	0	0	0	0	0	0	0	0
7. Connecticut.....	CT N.....	0	0	0	0	0	0	0	0
8. Delaware.....	DE N.....	0	0	0	0	0	0	0	0
9. District of Columbia.....	DC N.....	0	0	0	0	0	0	0	0
10. Florida.....	FL N.....	0	0	0	0	0	0	0	0
11. Georgia.....	GA L.....	0	0	0	28,290	(138,507)	44,800	0	0
12. Hawaii.....	HI N.....	0	0	0	0	0	0	0	0
13. Idaho.....	ID N.....	0	0	0	0	0	0	0	0
14. Illinois.....	IL N.....	0	0	0	0	0	0	0	0
15. Indiana.....	IN N.....	0	0	0	0	0	0	0	0
16. Iowa.....	IA N.....	0	0	0	0	0	0	0	0
17. Kansas.....	KS N.....	0	0	0	0	0	0	0	0
18. Kentucky.....	KY N.....	0	0	0	0	0	0	0	0
19. Louisiana.....	LA N.....	0	0	0	0	0	0	0	0
20. Maine.....	ME N.....	0	0	0	0	0	0	0	0
21. Maryland.....	MD N.....	0	0	0	0	0	0	0	0
22. Massachusetts.....	MA N.....	0	0	0	0	0	0	0	0
23. Michigan.....	MI N.....	0	0	0	0	0	0	0	0
24. Minnesota.....	MN N.....	0	0	0	0	0	0	0	0
25. Mississippi.....	MS N.....	0	0	0	0	0	0	0	0
26. Missouri.....	MO N.....	0	0	0	0	0	0	0	0
27. Montana.....	MT N.....	0	0	0	0	0	0	0	0
28. Nebraska.....	NE N.....	0	0	0	0	0	0	0	0
29. Nevada.....	NV N.....	0	0	0	0	0	0	0	0
30. New Hampshire.....	NH N.....	0	0	0	0	0	0	0	0
31. New Jersey.....	NJ N.....	0	0	0	0	0	0	0	0
32. New Mexico.....	NM N.....	0	0	0	0	0	0	0	0
33. New York.....	NY L.....	0	0	0	0	0	0	0	0
34. North Carolina.....	NC N.....	0	0	0	0	0	0	0	0
35. North Dakota.....	ND N.....	0	0	0	0	0	0	0	0
36. Ohio.....	OH L.....	0	0	0	0	0	0	0	0
37. Oklahoma.....	OK L.....	0	0	0	0	0	0	0	0
38. Oregon.....	OR N.....	0	0	0	0	0	0	0	0
39. Pennsylvania.....	PA N.....	0	0	0	0	0	0	0	0
40. Rhode Island.....	RI N.....	0	0	0	0	0	0	0	0
41. South Carolina.....	SC N.....	0	0	0	0	0	0	0	0
42. South Dakota.....	SD N.....	0	0	0	0	0	0	0	0
43. Tennessee.....	TN N.....	0	0	0	0	0	0	0	0
44. Texas.....	TX N.....	0	0	0	0	0	0	0	0
45. Utah.....	UT N.....	0	0	0	0	0	0	0	0
46. Vermont.....	VT N.....	0	0	0	0	0	0	0	0
47. Virginia.....	VA N.....	0	0	0	0	0	0	0	0
48. Washington.....	WA N.....	0	0	0	0	0	0	0	0
49. West Virginia.....	WV N.....	0	0	0	0	0	0	0	0
50. Wisconsin.....	WI N.....	0	0	0	0	0	0	0	0
51. Wyoming.....	WY N.....	0	0	0	0	0	0	0	0
52. American Samoa.....	AS N.....	0	0	0	0	0	0	0	0
53. Guam.....	GU N.....	0	0	0	0	0	0	0	0
54. Puerto Rico.....	PR N.....	0	0	0	0	0	0	0	0
55. US Virgin Islands.....	VI N.....	0	0	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP N.....	0	0	0	0	0	0	0	0
57. Canada.....	CAN N.....	0	0	0	0	0	0	0	0
58. Aggregate Other Alien.....	OT XXX.....	0	0	0	0	0	0	0	0
59. Totals.....	(a) 4	0	0	0	28,290	(138,507)	44,800	0	0

DETAILS OF WRITE-INS

58001.....	XXX.....	0	0	0	0	0	0	0	0
58002.....	XXX.....	0	0	0	0	0	0	0	0
58003.....	XXX.....	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX.....	0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

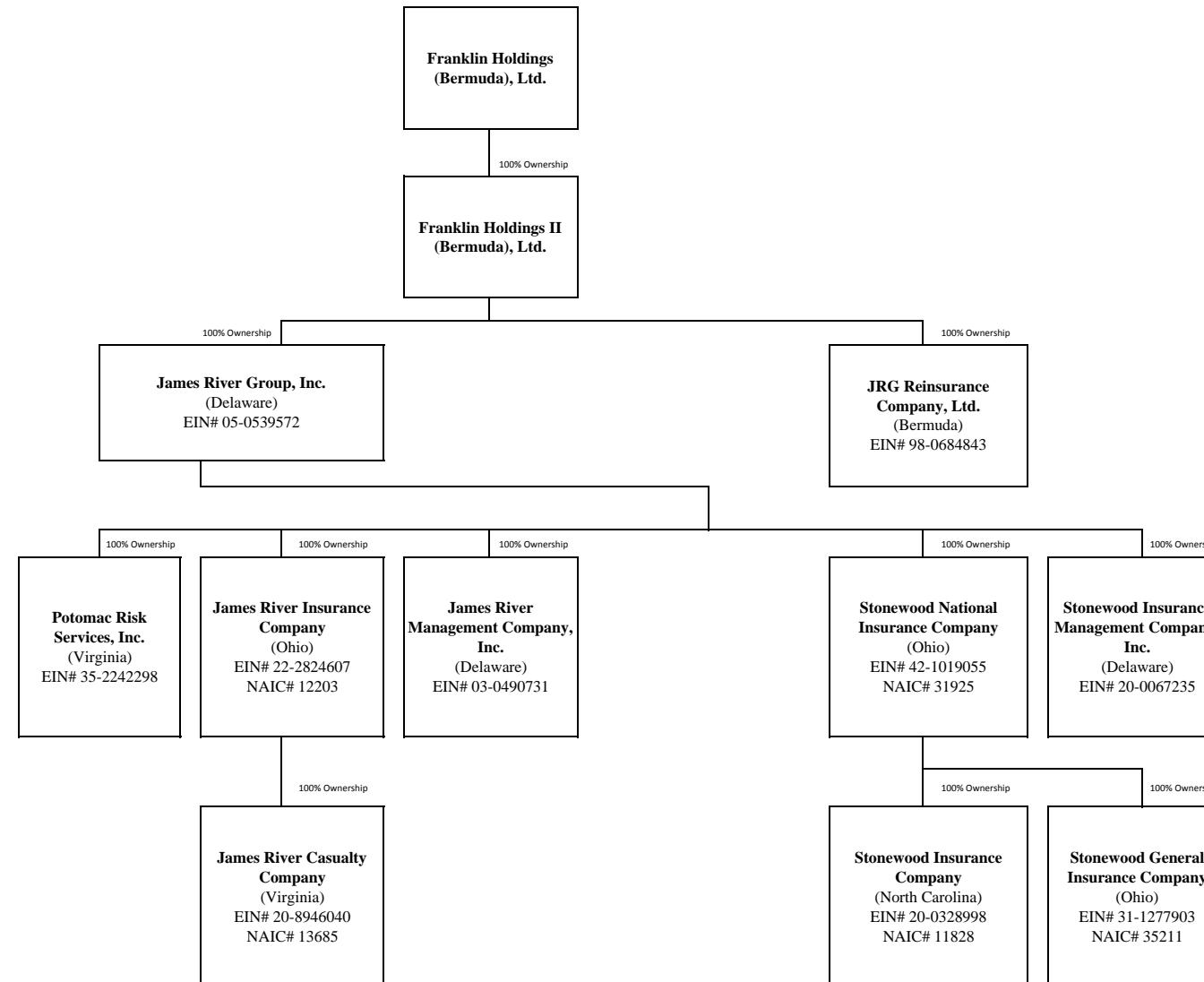
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Location of Risk

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

PART 1 - ORGANIZATIONAL CHART



2013 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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