103862013201001002013 Document Code: 201

# Annual Statement
## For the Year Ended December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
# American Family Insurance Company

NAIC Group Code: 0473, (current period) 0473, (prior period) NAIC Company Code: 10386 Employer's ID Number: 39-1835307

Organized under the Laws of Ohio, State of Domicile or Port of Entry: Ohio, Country of Domicile: U. S.

Incorporated/Organized: November 21, 1995 Commenced Business: January 1, 1996

**STATUTORY HOME OFFICE:**
550 Polaris Parkway, Suite 100, Westerville, Ohio 43082

**MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:**
6000 American Parkway, Madison, Wisconsin 53783-0001
Telephone: 608-249-2111
Internet Website Address: www.amfam.com

**STATUTORY STATEMENT CONTACT:** Brad A. Krause
Telephone: 608-249-2111, Ext. 30159; Fax: 877-571-4803; E-Mail: bkrause1@amfam.com

## OFFICERS

| Name | Title |
|---|---|
| Jack Charles Salzwedel | Chairman and C.E.O. |
| Daniel Robert Schultz | President and C.O.O. |
| Daniel James Kelly | Chief Financial Officer, Treasurer |
| David Clifford Holman | Chief Legal Officer, Secretary |
| David Alan Graham # | Chief Investment Officer |
| Kari Elizabeth Grasee | Vice President, Controller |
| Martin Thomas Chiaro # | Assistant Treasurer |
| Ann Frances Wenzel | Assistant Secretary |

## DIRECTORS OR TRUSTEES

| | |
|---|---|
| David Clifford Holman | Daniel Robert Schultz |
| Daniel James Kelly | William Boyd Westrate |
| Jack Charles Salzwedel | |

State of Wisconsin
County of Dane

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 | Signature | Signature |
|---|---|---|
| Daniel R. Schultz | David C. Holman | Daniel J. Kelly |
| President and C.O.O. | Chief Strategy Officer, Secretary | Chief Financial Officer, Treasurer |

Subscribed and sworn to before me this day of February, 2014

My Commission Expires:

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

10386201343006000 2013 Document Code: 430

# EXHIBIT OF PREMIUMS AND LOSSES

**(Statutory Page 14)**

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **COLORADO** DURING THE YEAR NAIC Company Code: 10386

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 Direct Premiums Written | 2 Direct Premiums Earned | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non - liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other A & H (b) | | | | | | | | | | | | |
| 15.8 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other liability - occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - claims-made | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | | | | | | | | | | | | |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

**NONE**

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

# EXHIBIT OF PREMIUMS AND LOSSES

**(Statutory Page 14)**

10386201343011100 2013 Document Code: 430

NAIC Group Code: 0473 | DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR | NAIC Company Code: 10386

| | Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken: 1 Direct Premiums Written | 2 Direct Premiums Earned | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Fire | 22,830 | 15,081 | | 11,661 | 12,944 | 13,819 | 1,107 | | 39 | 49 | 2,576 | 737 |
| 2.1 | Allied lines | 15,093 | 11,277 | | 7,635 | 4,493 | 5,230 | 738 | | 18 | 18 | 1,700 | 487 |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | 64,002 | 47,713 | | 31,040 | | | | | | | | |
| 3. | Farmowners multiple peril | 128,494 | 102,403 | | 75,671 | 7,508 | 2,311 | 1,127 | | (744) | 8 | 14,755 | 4,144 |
| 4. | Homeowners multiple peril | 14,402,712 | 11,909,906 | | 7,660,380 | 9,111,432 | 10,225,396 | 2,035,554 | 38,978 | 88,957 | 100,966 | 1,954,954 | 615,393 |
| 5.1 | Commercial multiple peril (non - liability portion) | 4,157,605 | 3,439,965 | | 1,971,752 | 3,389,457 | 3,779,191 | 879,558 | 2,830 | 24,679 | 37,201 | 512,348 | 134,164 |
| 5.2 | Commercial multiple peril (liability portion) | 2,107,987 | 1,754,664 | | 998,477 | 77,733 | 462,378 | 629,040 | 11,824 | 150,134 | 244,591 | 255,342 | 68,024 |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | 34,932 | 25,627 | | 15,412 | 19,296 | 20,844 | 1,946 | | 65 | 82 | 4,606 | 1,127 |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | 12,991 | 11,888 | | 4,364 | | | | | | | 2,538 | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other A & H (b) | | | | | | | | | | | | |
| 15.8 | Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | 366,178 | 309,390 | | 209,705 | 32,923 | 12,894 | 56,626 | 6,731 | 4,360 | 5,352 | 25,647 | 11,816 |
| 17.1 | Other liability - occurrence | 840,728 | 715,152 | | 401,481 | 12,165 | 186,306 | 474,725 | 2,750 | 36,411 | 92,821 | 97,364 | 27,130 |
| 17.2 | Other Liability - claims-made | | | | | | | | | | | | 328 |
| 17.3 | Excess Workers' Compensation | | | | | | | | | | | | |
| 18. | Products liability | 6,019 | 5,961 | | 4,032 | | | | | | | 363 | 194 |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | 22,162,136 | 19,596,790 | | 7,175,308 | 15,542,758 | 23,671,317 | 20,262,928 | 517,794 | 1,511,249 | 2,588,267 | 1,813,826 | 715,157 |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | 672,309 | 561,256 | | 356,596 | 246,350 | 546,106 | 945,558 | 10,968 | 58,056 | 140,316 | 56,947 | 21,695 |
| 21.1 | Private passenger auto physical damage | 15,067,765 | 14,075,905 | | 4,545,591 | 8,811,266 | 8,677,087 | 206,225 | 21,530 | 25,158 | 9,589 | 1,300,940 | 486,226 |
| 21.2 | Commercial auto physical damage | 237,318 | 205,537 | | 125,566 | 124,440 | 107,611 | (339) | | 35 | 163 | 20,252 | 7,658 |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | 2,178 | 1,702 | | 661 | | | | | | | 339 | 70 |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | 939 | 425 | | 520 | | | | | | | 95 | 30 |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | 60,302,216 | 52,790,642 | | 23,595,852 | 37,392,765 | 47,710,490 | 25,494,793 | 613,405 | 1,898,417 | 3,219,423 | 6,064,592 | 2,094,380 |
| | **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

10386201343014100 2013 Document Code: 430

# EXHIBIT OF PREMIUMS AND LOSSES

**(Statutory Page 14)**

NAIC Group Code: 0473

DIRECT BUSINESS IN THE STATE OF **ILLINOIS** DURING THE YEAR

NAIC Company Code: 10386

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non - liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other A & H (b) | | | | | | | | | | | | |
| 15.8 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other liability - occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - claims-made | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | | | | | | | | | | | | |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

# EXHIBIT OF PREMIUMS AND LOSSES

**(Statutory Page 14)**

10386201343036100 2013 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code: 10386

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 Direct Premiums Written | 2 Direct Premiums Earned | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Fire | 52,639 | 57,673 | | 24,416 | | 634 | 5,142 | | (208) | 75 | 3,415 | 931 |
| 2.1 Allied lines | 38,455 | 41,999 | | 17,491 | 18,867 | 14,728 | 2,442 | | (181) | 79 | 2,978 | 680 |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | 640 | |
| 4. Homeowners multiple peril | 49,801,766 | 49,349,290 | | 26,181,132 | 22,905,168 | 21,247,604 | 9,127,193 | 239,538 | 199,981 | 857,497 | 6,006,427 | 881,158 |
| 5.1 Commercial multiple peril (non - liability portion) | 804 | 804 | | 33 | (28) | (344) | (291) | | 3 | 5 | (17,978) | 12 |
| 5.2 Commercial multiple peril (liability portion) | 196 | 196 | | 8 | 10,012 | (103,394) | 82,429 | 67,240 | (55,284) | 72,057 | (9,440) | 3 |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | (217) | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | 88,021 | 90,863 | | 44,789 | | | | | | | 11,044 | |
| 13. Group accident and health (b) | | | | | | | | | | | | (75) |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | 679,911 | 570,135 | | 2,223,131 | 731,039 | 1,610,515 | 972,563 | | | | 24,427 | 10,670 |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other A & H (b) | | | | | | | | | | | | |
| 15.8 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other liability - occurrence | 1,570,911 | 1,575,960 | | 808,560 | | 102,130 | 2,596,849 | 2,842 | 8,314 | 46,222 | 150,582 | 24,410 |
| 17.2 Other Liability - claims-made | | | | | | | | | | | | 4 |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18. Products liability | 46 | 50 | | 6 | | | | | | | (17) | 1 |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | 61,901,867 | 61,613,183 | | 16,629,644 | 36,152,731 | 30,621,606 | 40,498,771 | 2,545,918 | 1,233,517 | 6,452,367 | 4,906,711 | 961,928 |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | (14) | | | (20) | 3 | (3,645) | |
| 21.1 Private passenger auto physical damage | 41,298,732 | 41,263,275 | | 11,144,779 | 23,327,780 | 23,491,415 | 673,396 | 84,840 | 82,734 | 35,187 | 3,303,093 | 641,764 |
| 21.2 Commercial auto physical damage | 84,520 | 82,284 | | 41,503 | 23,296 | 23,296 | | | | | 5,636 | 1,313 |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | (17) | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | (13) | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | 155,517,868 | 154,645,712 | | 57,115,492 | 83,168,865 | 77,008,176 | 53,958,494 | 2,940,378 | 1,468,856 | 7,463,492 | 14,383,626 | 2,522,799 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

# EXHIBIT OF PREMIUMS AND LOSSES

**(Statutory Page 14)**

10386201343045100 2013 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **UTAH** DURING THE YEAR NAIC Company Code: 10386

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | 22,432 | 6,501 | | 15,932 | | 703 | 703 | | 32 | 32 | 3,873 | 535 |
| 5.1 Commercial multiple peril (non - liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A & H (b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other A & H (b) | | | | | | | | | | | | |
| 15.8 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other liability - occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - claims-made | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | 330,715 | 115,944 | | 214,771 | 42,777 | 82,211 | 39,434 | 857 | 29,049 | 28,192 | 494 | 7,876 |
| 19.2 Other private passenger auto liability | 3,523,256 | 1,222,360 | | 2,300,896 | 267,347 | 962,229 | 694,882 | 54 | 59,403 | 59,349 | 1,285,132 | 83,910 |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | 1,964,533 | 662,858 | | 1,301,675 | 481,443 | 627,250 | 145,807 | | 1,005 | 1,005 | 2,858 | 46,788 |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | 5,840,936 | 2,007,663 | | 3,833,274 | 791,567 | 1,672,393 | 880,826 | 911 | 89,489 | 88,578 | 1,292,357 | 139,109 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

**19 Utah**

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201343059100 2013 Document Code: 430

NAIC Group Code: 0473

DIRECT BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code: 10386

19 Grand Total

| | Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | 75,469 | 72,754 | | 36,077 | 12,944 | 14,453 | 6,249 | | (169) | 124 | 5,991 | 1,668 |
| 2.1 | Allied lines | 53,548 | 53,276 | | 25,126 | 23,360 | 19,958 | 3,180 | | (163) | 97 | 4,678 | 1,167 |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | 64,002 | 47,713 | | 31,040 | | | | | | | | |
| 3. | Farmowners multiple peril | 128,494 | 102,403 | | 75,671 | 7,508 | 2,311 | 1,127 | | (744) | 8 | 15,395 | 4,144 |
| 4. | Homeowners multiple peril | 64,226,910 | 61,265,697 | | 33,857,444 | 32,016,600 | 31,473,703 | 11,163,450 | 278,516 | 288,970 | 958,495 | 7,965,254 | 1,497,086 |
| 5.1 | Commercial multiple peril (non - liability portion) | 4,158,409 | 3,440,769 | | 1,971,785 | 3,389,429 | 3,778,847 | 879,267 | 2,830 | 24,682 | 37,206 | 494,370 | 134,176 |
| 5.2 | Commercial multiple peril (liability portion) | 2,108,183 | 1,754,860 | | 998,485 | 87,745 | 358,984 | 711,469 | 79,064 | 94,850 | 316,648 | 245,902 | 68,027 |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | 34,932 | 25,627 | | 15,412 | 19,296 | 20,844 | 1,946 | | 65 | 82 | 4,389 | 1,127 |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | 101,012 | 102,751 | | 49,153 | | | | | | | 13,582 | |
| 13. | Group accident and health (b) | | | | | | | | | | | | (75) |
| 14. | Credit A & H (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable A & H (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable A & H (b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable A & H (b) | 679,911 | 570,135 | | 2,223,131 | 731,039 | 1,610,515 | 972,563 | | | | 24,427 | 10,670 |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other A & H (b) | | | | | | | | | | | | |
| 15.8 | Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | 366,178 | 309,390 | | 209,705 | 32,923 | 12,894 | 56,626 | 6,731 | 4,360 | 5,352 | 25,647 | 11,816 |
| 17.1 | Other liability - occurrence | 2,411,639 | 2,291,112 | | 1,210,041 | 12,165 | 288,436 | 3,071,574 | 5,592 | 44,725 | 139,043 | 247,946 | 51,540 |
| 17.2 | Other Liability - claims-made | | | | | | | | | | | | 332 |
| 17.3 | Excess Workers' Compensation | | | | | | | | | | | | |
| 18. | Products liability | 6,065 | 6,011 | | 4,038 | | | | | | | 346 | 195 |
| 19.1 | Private passenger auto no-fault (personal injury protection) | 330,715 | 115,944 | | 214,771 | 42,777 | 82,211 | 39,434 | 857 | 29,049 | 28,192 | 494 | 7,876 |
| 19.2 | Other private passenger auto liability | 87,587,259 | 82,432,333 | | 26,105,848 | 51,962,836 | 55,255,152 | 61,456,581 | 3,063,766 | 2,804,169 | 9,099,983 | 8,005,669 | 1,760,995 |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | 672,309 | 561,256 | | 356,596 | 246,350 | 546,092 | 945,558 | 10,968 | 58,036 | 140,319 | 53,302 | 21,695 |
| 21.1 | Private passenger auto physical damage | 58,331,030 | 56,002,038 | | 16,992,045 | 32,620,489 | 32,795,752 | 1,025,428 | 106,370 | 108,897 | 45,781 | 4,606,891 | 1,174,778 |
| 21.2 | Commercial auto physical damage | 321,838 | 287,821 | | 167,069 | 147,736 | 130,907 | (339) | | 35 | 163 | 25,888 | 8,971 |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | 2,178 | 1,702 | | 661 | | | | | | | 322 | 70 |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | 939 | 425 | | 520 | | | | | | | 82 | 30 |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | 221,661,020 | 209,444,017 | | 84,544,618 | 121,353,197 | 126,391,059 | 80,334,113 | 3,554,694 | 3,456,762 | 10,771,493 | 21,740,575 | 4,756,288 |
| | **DETAILS OF WRITE-INS** | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 $..............0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..............0 and number of persons insured under indemnity only products ..............0.

**20 Schedule F Part 1 Assumed Reinsurance . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

**21 Schedule F Part 2 Reinsurance Effected . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

# SCHEDULE F - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | Reinsurance Recoverable On | | | | | | | | | Reinsurance Payable | | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | Reinsurance Premiums Ceded | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | IBNR Loss Reserves | IBNR LAE Reserves | Unearned Premiums | Contingent Commissions | Columns 7 thru 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | Funds Held By Company Under Reinsurance Treaties |
| **Authorized - Affiliates - U.S. Non-Pool - Other** | | | | | | | | | | | | | | | | | | |
| 39-0273710 | 19275 | AMERICAN FAMILY MUT INS CO | WI | | 221,317 | 794 | | 38,081 | | 42,226 | 16,139 | 84,461 | | 181,701 | 2,357 | | 179,344 | |
| 0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other | | | | | 221,317 | 794 | | 38,081 | | 42,226 | 16,139 | 84,461 | | 181,701 | 2,357 | | 179,344 | |
| 0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total | | | | | 221,317 | 794 | | 38,081 | | 42,226 | 16,139 | 84,461 | | 181,701 | 2,357 | | 179,344 | |
| 0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total | | | | | | | | | | | | | | | | | | |
| 0899999 Total - Authorized - Affiliates | | | | | 221,317 | 794 | | 38,081 | | 42,226 | 16,139 | 84,461 | | 181,701 | 2,357 | | 179,344 | |
| **Authorized - Other U.S. Unaffiliated Insurers** | | | | | | | | | | | | | | | | | | |
| 42-0113630 | 60836 | AMERICAN REPUBLIC INS CO | IA | | 280 | 38 | | | | 27 | | 53 | | 118 | 53 | | 65 | |
| 0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000) | | | | | | | | | | | | | | | | | | |
| 0999999 Total - Authorized - Other U.S. Unaffiliated Insurers | | | | | 280 | 38 | | | | 27 | | 53 | | 118 | 53 | | 65 | |
| **Authorized -Pools - Voluntary Pools** | | | | | | | | | | | | | | | | | | |
| AA-9992201 | 00000 | NATIONAL FLOOD INS PROGRAM | DC | | 64 | | | | | | | 31 | | 31 | | | 31 | |
| 1199999 Total - Authorized -Pools - Voluntary Pools | | | | | 64 | | | | | | | 31 | | 31 | | | 31 | |
| 1399999 Total - Authorized | | | | | 221,661 | 832 | | 38,081 | | 42,253 | 16,139 | 84,545 | | 181,850 | 2,410 | | 179,440 | |
| 4099999 Total - Authorized, Unauthorized and Certified | | | | | 221,661 | 832 | | 38,081 | | 42,253 | 16,139 | 84,545 | | 181,850 | 2,410 | | 179,440 | |
| 9999999 Totals | | | | | 221,661 | 832 | | 38,081 | | 42,253 | 16,139 | 84,545 | | 181,850 | 2,410 | | 179,440 | |

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

| | 1 Name of Reinsurer | 2 Commission Rate | 3 Ceded Premium |
|---|---|---|---|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |

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

| | 1 Name of Reinsurer | 2 Total Recoverables | 3 Ceded Premiums | 4 Affiliated |
|---|---|---|---|---|
| 1) | | | | Yes[ ] No[X] |
| 2) | | | | Yes[ ] No[X] |
| 3) | | | | Yes[ ] No[X] |
| 4) | | | | Yes[ ] No[X] |
| 5) | | | | Yes[ ] No[X] |

# SCHEDULE F - PART 4

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

| 1 | 2 | 3 | 4 | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 5 | Overdue | | | | | 11 | | |
| | | | | | 6 | 7 | 8 | 9 | 10 | | | |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Current | 1 - 29 Days | 30-90 Days | 91-120 Days | Over 120 Days | Total Overdue Columns 6 + 7 + 8 + 9 | Total Due Cols. 5 + 10 | Percentage Overdue Col. 10/Col. 11 | Percentage More Than 120 Days Overdue Col. 9/Col. 11 |
| **Authorized - Affiliates - U.S. Non-Pool - Other** | | | | | | | | | | | | |
| 39-0273710 | 19275 | AMERICAN FAMILY MUT INS CO | WI | 794 | | | | | | 794 | | |
| 0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other | | | | 794 | | | | | | 794 | | |
| 0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total | | | | 794 | | | | | | 794 | | |
| 0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total | | | | | | | | | | | | |
| 0899999 Total - Authorized - Affiliates | | | | 794 | | | | | | 794 | | |
| **Authorized - Other U.S. Unaffiliated Insurers** | | | | | | | | | | | | |
| 42-0113630 | 60836 | AMERICAN REPUBLIC INS CO | IA | 38 | | | | | | 38 | | |
| 0999999 Total - Authorized - Other U.S. Unaffiliated Insurers | | | | 38 | | | | | | 38 | | |
| 1399999 Total - Authorized | | | | 832 | | | | | | 832 | | |
| 4099999 Total - Authorized, Unauthorized and Certified | | | | 832 | | | | | | 832 | | |
| 4199999 Total - Protected Cells | | | | | | | | | | | | |
| 9999999 Totals | | | | 832 | | | | | | 832 | | |

**24 Schedule F Part 5 Unauthorized Reinsurance . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

**25 Schedule F Part 6 - Section 1 Reinsurance Ceded to Certified Reinsurers . . . . NONE**

**26 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE**

**27 Schedule F Part 7 Overdue Authorized Reinsurance . . . . . . . . . . . . . . . . . . . . . NONE**

**28 Schedule F Part 8 Overdue Reinsurance . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

# SCHEDULE F - PART 9

## Restatement of Balance Sheet to Identify Net Credit for Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| **ASSETS (Page 2, Column 3)** | | | | |
| 1. | Cash and invested assets (Line 12) | 21,804,621 | | 21,804,621 |
| 2. | Premiums and considerations (Line 15) | 56,567 | | 56,567 |
| 3. | Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) | 831,440 | (831,440) | |
| 4. | Funds held by or deposited with reinsured companies (Line 16.2) | | | |
| 5. | Other assets | 350,372 | | 350,372 |
| 6. | Net amount recoverable from reinsurers | | 179,440,132 | 179,440,132 |
| 7. | Protected cell assets (Line 27) | | | |
| 8. | TOTALS (Line 28) | 23,043,000 | 178,608,692 | 201,651,692 |
| **LIABILITIES (Page 3)** | | | | |
| 9. | Losses and loss adjustment expenses (Lines 1 through 3) | | 96,473,553 | 96,473,553 |
| 10. | Taxes, expenses, and other obligations (Lines 4 through 8) | 1,050 | | 1,050 |
| 11. | Unearned premiums (Line 9) | | 84,544,617 | 84,544,617 |
| 12. | Advance premiums (Line 10) | 1,105,220 | | 1,105,220 |
| 13. | Dividends declared and unpaid (Line 11.1 and 11.2) | | | |
| 14. | Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) | 2,409,478 | (2,409,478) | |
| 15. | Funds held by company under reinsurance treaties (Line 13) | | | |
| 16. | Amounts withheld or retained by company for account of others (Line 14) | (1,108) | | (1,108) |
| 17. | Provision for reinsurance (Line 16) | | | |
| 18. | Other liabilities | 3,145,004 | | 3,145,004 |
| 19. | TOTAL Liabilities excluding protected cell business (Line 26) | 6,659,644 | 178,608,692 | 185,268,336 |
| 20. | Protected cell liabilities (Line 27) | | | |
| 21. | Surplus as regards policyholders (Line 37) | 16,383,356 | X X X | 16,383,356 |
| 22. | TOTALS (Line 38) | 23,043,000 | 178,608,692 | 201,651,692 |

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

If yes, give full explanation: American Family Insurance Company has a 100% reinsurance agreement with parent company, American Family Mutual Insurance Company

# SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit Accident & Health (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Non-Cancelable | | Guaranteed Renewable | | Non-Renewable for Stated Reasons Only | | Other Accident Only | | All Other | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| **PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS** | | | | | | | | | | | | | | | | | | |
| 1. Premiums written | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 2. Premiums earned | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 3. Incurred claims | | | | | | | | | | | | | | | | | | |
| 4. Cost containment expenses | | | | | | | | | | | | | | | | | | |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4) | | | | | | | | | | | | | | | | | | |
| 6. Increase in contract reserves | | | | | | | | | | | | | | | | | | |
| 7. Commissions (a) | | | | | | | | | | | | | | | | | | |
| 8. Other general insurance expenses | | | | | | | | | | | | | | | | | | |
| 9. Taxes, licenses and fees | | | | | | | | | | | | | | | | | | |
| 10. Total other expenses incurred | | | | | | | | | | | | | | | | | | |
| 11. Aggregate write-ins for deductions | | | | | | | | | | | | | | | | | | |
| 12. Gain from underwriting before dividends or refunds | | | | | | | | | | | | | | | | | | |
| 13. Dividends or refunds | | | | | | | | | | | | | | | | | | |
| 14. Gain from underwriting after dividends or refunds | | | | | | | | | | | | | | | | | | |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | | | | | | | |
| 1101. | | | | | | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | | | | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | | | | | | | | | | | | | | | |

NONE

(a) Includes $...............0 reported as "Contract, membership and other fees retained by agents."

# SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1<br>Total | 2<br>Group Accident and Health | 3<br>Credit Accident and Health (Group and Individual) | 4<br>Collectively Renewable | Other Individual Contracts<br>5<br>Non-Cancelable | 6<br>Guaranteed Renewable | 7<br>Non-Renewable for Stated Reasons Only | 8<br>Other Accident Only | 9<br>All Other |
|---|---|---|---|---|---|---|---|---|---|
| **PART 2 - RESERVES AND LIABILITIES** | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | | | | | | | | | |
| 2. Advance premiums | | | | | | | | | |
| 3. Reserve for rate credits | | | | | | | | | |
| 4. Total premium reserves, current year | | | | | | | | | |
| 5. Total premium reserves, prior year | | | | | | | | | |
| 6. Increase in total premium reserves | | | | | | | | | |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a) | | | | | | | | | |
| 2. Reserve for future contingent benefits (deferred maternity and other similar benefits) | | | | | | | | | |
| 3. Total contract reserves, current year | | | | | | | | | |
| 4. Total contract reserves, prior year | | | | | | | | | |
| 5. Increase in contract reserves | | | | | | | | | |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year | | | | | | | | | |
| 2. Total prior year | | | | | | | | | |
| 3. Increase | | | | | | | | | |
| **PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES** | | | | | | | | | |
| 1. Claim Paid During the Year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | | | | | | | | | |
| 1.2 On claims incurred during current year | | | | | | | | | |
| 2. Claim Reserves and Liabilities, December 31, Current Year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year | | | | | | | | | |
| 2.2 On claims incurred during current year | | | | | | | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | | | | | | | | | |
| 3.2 Claim reserves and liabilities, December 31, prior year | | | | | | | | | |
| 3.3 Line 3.1 minus Line 3.2 | | | | | | | | | |
| **PART 4 - REINSURANCE** | | | | | | | | | |
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written | | | | | | | | | |
| 2. Premiums earned | | | | | | | | | |
| 3. Incurred claims | | | | | | | | | |
| 4. Commissions | | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written | 679,911 | | | | | 679,911 | | | |
| 2. Premiums earned | 570,135 | | | | | 570,135 | | | |
| 3. Incurred claims | 1,610,515 | | | | | 1,610,515 | | | |
| 4. Commissions | 24,427 | | | | | 24,427 | | | |

(a) Includes $..............0 premium deficiency reserve.

# SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1<br>Medical | 2<br>Dental | 3<br>Other | 4<br>Total |
|---|---|---|---|---|
| A. Direct: | | | | |
| 1. Incurred Claims | | | | |
| 2. Beginning Claim Reserves and Liabilities | | | | |
| 3. Ending Claim Reserves and Liabilities | | | | |
| 4. Claims Paid | | | | |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred Claims | | | | |
| 6. Beginning Claim Reserves and Liabilities | | | | |
| 7. Ending Claim Reserves and Liabilities | | | | |
| 8. Claims Paid | | | | |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred Claims | | | | |
| 10. Beginning Claim Reserves and Liabilities | NONE | | | |
| 11. Ending Claim Reserves and Liabilities | | | | |
| 12. Claims Paid | | | | |
| D. Net: | | | | |
| 13. Incurred Claims | | | | |
| 14. Beginning Claim Reserves and Liabilities | | | | |
| 15. Ending Claim Reserves and Liabilities | | | | |
| 16. Claims Paid | | | | |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred Claims and Cost Containment Expenses | | | | |
| 18. Beginning Reserves and Liabilities | | | | |
| 19. Ending Reserves and Liabilities | | | | |
| 20. Paid Claims and Cost Containment Expenses | | | | |

# SCHEDULE P - PART 1A
## HOMEOWNERS/FARMOWNERS

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | 36 | 36 | 7 | 7 | 2 | 2 | | | XXX |
| 2. 2004 | 41,569 | 41,569 | | 32,039 | 32,039 | 360 | 360 | 3,170 | 3,170 | | | 9,185 |
| 3. 2005 | 47,932 | 47,932 | | 23,052 | 23,052 | 301 | 301 | 2,823 | 2,823 | | | 6,705 |
| 4. 2006 | 49,378 | 49,378 | | 42,078 | 42,078 | 339 | 339 | 4,025 | 4,025 | | | 8,421 |
| 5. 2007 | 50,293 | 50,293 | | 39,762 | 39,762 | 270 | 270 | 4,562 | 4,562 | | | 8,071 |
| 6. 2008 | 49,274 | 49,274 | | 52,464 | 52,464 | 376 | 376 | 6,883 | 6,883 | | | 15,843 |
| 7. 2009 | 50,691 | 50,691 | | 38,775 | 38,775 | 425 | 425 | 4,386 | 4,386 | | | 9,044 |
| 8. 2010 | 53,223 | 53,223 | | 34,941 | 34,941 | 270 | 270 | 3,706 | 3,706 | | | 7,335 |
| 9. 2011 | 54,830 | 54,830 | | 39,406 | 39,406 | 197 | 197 | 4,810 | 4,810 | | | 9,026 |
| 10. 2012 | 57,098 | 57,098 | | 35,565 | 35,565 | 55 | 55 | 5,082 | 5,082 | | | 8,856 |
| 11. 2013 | 61,368 | 61,368 | | 24,414 | 24,414 | 24 | 24 | 4,092 | 4,092 | | | 6,125 |
| 12. Totals | XXX | XXX | XXX | 362,532 | 362,532 | 2,624 | 2,624 | 43,541 | 43,541 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | 8 | 8 | 1 | 1 | | | 1 | 1 | | | | | 1 |
| 2. 2004 | 18 | 18 | 6 | 6 | | | 2 | 2 | 1 | 1 | | | 1 |
| 3. 2005 | 8 | 8 | 8 | 8 | | | 2 | 2 | 1 | 1 | | | 1 |
| 4. 2006 | 75 | 75 | 28 | 28 | | | 22 | 22 | 3 | 3 | | | 1 |
| 5. 2007 | 23 | 23 | 28 | 28 | | | 18 | 18 | 2 | 2 | | | 3 |
| 6. 2008 | 45 | 45 | 48 | 48 | | | 20 | 20 | 3 | 3 | | | 1 |
| 7. 2009 | 9 | 9 | 71 | 71 | | | 30 | 30 | 4 | 4 | | | 2 |
| 8. 2010 | 119 | 119 | 151 | 151 | | | 73 | 73 | 10 | 10 | | | 6 |
| 9. 2011 | 143 | 143 | 415 | 415 | | | 132 | 132 | 22 | 22 | | | 8 |
| 10. 2012 | 942 | 942 | 869 | 869 | | | 346 | 346 | 106 | 106 | | | 34 |
| 11. 2013 | 3,240 | 3,240 | 4,911 | 4,911 | | | 312 | 312 | 445 | 445 | | | 390 |
| 12. Totals | 4,630 | 4,630 | 6,536 | 6,536 | | | 958 | 958 | 597 | 597 | | | 448 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2004 | 35,596 | 35,596 | | 85.6 | 85.6 | | | | | | |
| 3. 2005 | 26,195 | 26,195 | | 54.7 | 54.7 | | | | | | |
| 4. 2006 | 46,570 | 46,570 | | 94.3 | 94.3 | | | | | | |
| 5. 2007 | 44,665 | 44,665 | | 88.8 | 88.8 | | | | | | |
| 6. 2008 | 59,839 | 59,839 | | 121.4 | 121.4 | | | | | | |
| 7. 2009 | 43,700 | 43,700 | | 86.2 | 86.2 | | | | | | |
| 8. 2010 | 39,270 | 39,270 | | 73.8 | 73.8 | | | | | | |
| 9. 2011 | 45,125 | 45,125 | | 82.3 | 82.3 | | | | | | |
| 10. 2012 | 42,965 | 42,965 | | 75.2 | 75.2 | | | | | | |
| 11. 2013 | 37,438 | 37,438 | | 61.0 | 61.0 | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

# SCHEDULE P - PART 1B
## PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

($000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | (9) | (9) | 2 | 2 | | | | | XXX |
| 2. 2004 | 57,890 | 57,890 | | 39,251 | 39,251 | 1,793 | 1,793 | 5,080 | 5,080 | | | 12,826 |
| 3. 2005 | 59,809 | 59,809 | | 38,836 | 38,836 | 1,767 | 1,767 | 6,038 | 6,038 | | | 12,532 |
| 4. 2006 | 58,523 | 58,523 | | 38,622 | 38,622 | 1,720 | 1,720 | 7,671 | 7,671 | | | 12,319 |
| 5. 2007 | 62,842 | 62,842 | | 49,990 | 49,990 | 2,336 | 2,336 | 7,732 | 7,732 | | | 12,754 |
| 6. 2008 | 65,682 | 65,682 | | 42,756 | 42,756 | 2,626 | 2,626 | 6,836 | 6,836 | | | 12,725 |
| 7. 2009 | 66,053 | 66,053 | | 41,068 | 41,068 | 2,796 | 2,796 | 8,270 | 8,270 | | | 12,506 |
| 8. 2010 | 67,308 | 67,308 | | 39,825 | 39,825 | 2,457 | 2,457 | 6,409 | 6,409 | | | 12,222 |
| 9. 2011 | 66,699 | 66,699 | | 38,239 | 38,239 | 1,639 | 1,639 | 7,586 | 7,586 | | | 11,876 |
| 10. 2012 | 71,508 | 71,508 | | 37,571 | 37,571 | 865 | 865 | 7,884 | 7,884 | | | 12,966 |
| 11. 2013 | 82,548 | 82,548 | | 26,586 | 26,586 | 135 | 135 | 6,533 | 6,533 | | | 12,555 |
| 12. Totals | XXX | XXX | XXX | 392,735 | 392,735 | 18,136 | 18,136 | 70,039 | 70,039 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | (7) | (7) | | | | | | | | | |
| 2. 2004 | | | (8) | (8) | | | | | | | | | |
| 3. 2005 | 12 | 12 | (8) | (8) | | | 2 | 2 | 1 | 1 | | | 2 |
| 4. 2006 | | | 30 | 30 | | | 12 | 12 | 4 | 4 | | | |
| 5. 2007 | 213 | 213 | 72 | 72 | | | 65 | 65 | 18 | 18 | | | 7 |
| 6. 2008 | 228 | 228 | 162 | 162 | | | 139 | 139 | 29 | 29 | | | 16 |
| 7. 2009 | 703 | 703 | 340 | 340 | | | 285 | 285 | 63 | 63 | | | 31 |
| 8. 2010 | 1,167 | 1,167 | 1,231 | 1,231 | | | 672 | 672 | 153 | 153 | | | 64 |
| 9. 2011 | 3,915 | 3,915 | 3,764 | 3,764 | | | 1,744 | 1,744 | 477 | 477 | | | 231 |
| 10. 2012 | 8,122 | 8,122 | 7,154 | 7,154 | | | 2,622 | 2,622 | 988 | 988 | | | 618 |
| 11. 2013 | 15,379 | 15,379 | 19,027 | 19,027 | | | 3,586 | 3,586 | 2,431 | 2,431 | | | 2,840 |
| 12. Totals | 29,739 | 29,739 | 31,757 | 31,757 | | | 9,127 | 9,127 | 4,164 | 4,164 | | | 3,809 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2004 | 46,116 | 46,116 | | 79.7 | 79.7 | | | | | | |
| 3. 2005 | 46,648 | 46,648 | | 78.0 | 78.0 | | | | | | |
| 4. 2006 | 48,059 | 48,059 | | 82.1 | 82.1 | | | | | | |
| 5. 2007 | 60,426 | 60,426 | | 96.2 | 96.2 | | | | | | |
| 6. 2008 | 52,776 | 52,776 | | 80.4 | 80.4 | | | | | | |
| 7. 2009 | 53,525 | 53,525 | | 81.0 | 81.0 | | | | | | |
| 8. 2010 | 51,914 | 51,914 | | 77.1 | 77.1 | | | | | | |
| 9. 2011 | 57,364 | 57,364 | | 86.0 | 86.0 | | | | | | |
| 10. 2012 | 65,206 | 65,206 | | 91.2 | 91.2 | | | | | | |
| 11. 2013 | 73,677 | 73,677 | | 89.3 | 89.3 | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

# SCHEDULE P - PART 1C
## COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | X X X | X X X | X X X | | | | | | | | | X X X |
| 2. 2004 | 638 | 638 | | 260 | 260 | 18 | 18 | 31 | 31 | | | 68 |
| 3. 2005 | 412 | 412 | | 150 | 150 | 9 | 9 | 19 | 19 | | | 38 |
| 4. 2006 | 313 | 313 | | 31 | 31 | | | 11 | 11 | | | 15 |
| 5. 2007 | 230 | 230 | | 32 | 32 | | | 8 | 8 | | | 16 |
| 6. 2008 | 78 | 78 | | 21 | 21 | | | 1 | 1 | | | 8 |
| 7. 2009 | 23 | 23 | | 109 | 109 | 14 | 14 | 7 | 7 | | | 4 |
| 8. 2010 | 102 | 102 | | 24 | 24 | | | 6 | 6 | | | 9 |
| 9. 2011 | 175 | 175 | | 115 | 115 | 4 | 4 | 13 | 13 | | | 22 |
| 10. 2012 | 321 | 321 | | 224 | 224 | 8 | 8 | 15 | 15 | | | 54 |
| 11. 2013 | 561 | 561 | | 173 | 173 | | | 20 | 20 | | | 86 |
| 12. Totals | X X X | X X X | X X X | 1,139 | 1,139 | 53 | 53 | 131 | 131 | | | X X X |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | | |
| 7. 2009 | | | 12 | 12 | | | 3 | 3 | 1 | 1 | | | |
| 8. 2010 | | | 17 | 17 | | | 4 | 4 | 1 | 1 | | | |
| 9. 2011 | | | 68 | 68 | | | 16 | 16 | 5 | 5 | | | |
| 10. 2012 | 285 | 285 | 185 | 185 | | | 74 | 74 | 29 | 29 | | | 5 |
| 11. 2013 | 74 | 74 | 304 | 304 | | | 43 | 43 | 29 | 29 | | | 16 |
| 12. Totals | 359 | 359 | 586 | 586 | | | 140 | 140 | 65 | 65 | | | 21 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |
| 2. 2004 | 309 | 309 | | 48.4 | 48.4 | | | | | | |
| 3. 2005 | 178 | 178 | | 43.2 | 43.2 | | | | | | |
| 4. 2006 | 42 | 42 | | 13.4 | 13.4 | | | | | | |
| 5. 2007 | 40 | 40 | | 17.4 | 17.4 | | | | | | |
| 6. 2008 | 22 | 22 | | 28.2 | 28.2 | | | | | | |
| 7. 2009 | 146 | 146 | | 634.8 | 634.8 | | | | | | |
| 8. 2010 | 52 | 52 | | 51.0 | 51.0 | | | | | | |
| 9. 2011 | 221 | 221 | | 126.3 | 126.3 | | | | | | |
| 10. 2012 | 820 | 820 | | 255.5 | 255.5 | | | | | | |
| 11. 2013 | 643 | 643 | | 114.6 | 114.6 | | | | | | |
| 12. Totals | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |

# SCHEDULE P - PART 1D
## WORKERS' COMPENSATION
## (EXCLUDING EXCESS WORKERS' COMPENSATION)

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | X X X | X X X | X X X | | | | | | | | | X X X |
| 2. 2004 | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | |
| 7. 2009 | 14 | 14 | | | | | | | | | | |
| 8. 2010 | 43 | 43 | | | | | | 2 | 2 | | | 1 |
| 9. 2011 | 49 | 49 | | | | | | 1 | 1 | | | 2 |
| 10. 2012 | 118 | 118 | | | | | | 1 | 1 | | | 1 |
| 11. 2013 | 309 | 309 | | 33 | 33 | | | 2 | 2 | | | 15 |
| 12. Totals | X X X | X X X | X X X | 33 | 33 | | | 6 | 6 | | | X X X |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | | | |
| 8. 2010 | | | 3 | 3 | | | | | | | | | |
| 9. 2011 | | | 7 | 7 | | | 1 | 1 | 1 | 1 | | | |
| 10. 2012 | | | 10 | 10 | | | 1 | 1 | 1 | 1 | | | |
| 11. 2013 | 28 | 28 | 9 | 9 | | | 3 | 3 | 3 | 3 | | | 7 |
| 12. Totals | 28 | 28 | 29 | 29 | | | 5 | 5 | 5 | 5 | | | 7 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | |
| 8. 2010 | 5 | 5 | | 11.6 | 11.6 | | | | | | |
| 9. 2011 | 10 | 10 | | 20.4 | 20.4 | | | | | | |
| 10. 2012 | 13 | 13 | | 11.0 | 11.0 | | | | | | |
| 11. 2013 | 78 | 78 | | 25.2 | 25.2 | | | | | | |
| 12. Totals | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |

# SCHEDULE P - PART 1E
## COMMERCIAL MULTIPLE PERIL

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | 10 | 10 | 21 | 21 | 1 | 1 | | | XXX |
| 2. 2004 | 3,011 | 3,011 | | 1,202 | 1,202 | 114 | 114 | 106 | 106 | | | 267 |
| 3. 2005 | 986 | 986 | | 1,070 | 1,070 | 64 | 64 | 45 | 45 | | | 69 |
| 4. 2006 | 672 | 672 | | 278 | 278 | 143 | 143 | 40 | 40 | | | 37 |
| 5. 2007 | 467 | 467 | | 115 | 115 | 5 | 5 | 16 | 16 | | | 36 |
| 6. 2008 | 328 | 328 | | 62 | 62 | | | 7 | 7 | | | 16 |
| 7. 2009 | 246 | 246 | | 238 | 238 | 51 | 51 | 22 | 22 | | | 23 |
| 8. 2010 | 747 | 747 | | 521 | 521 | 2 | 2 | 53 | 53 | | | 83 |
| 9. 2011 | 1,384 | 1,384 | | 764 | 764 | 5 | 5 | 123 | 123 | | | 145 |
| 10. 2012 | 2,730 | 2,730 | | 1,752 | 1,752 | 11 | 11 | 302 | 302 | | | 220 |
| 11. 2013 | 5,196 | 5,196 | | 3,007 | 3,007 | 4 | 4 | 510 | 510 | | | 658 |
| 12. Totals | XXX | XXX | XXX | 9,019 | 9,019 | 420 | 420 | 1,225 | 1,225 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | 40 | 40 | 12 | 12 | | | 51 | 51 | 1 | 1 | | | 1 |
| 2. 2004 | | | 2 | 2 | | | 2 | 2 | | | | | |
| 3. 2005 | | | 8 | 8 | | | 4 | 4 | | | | | |
| 4. 2006 | | | 6 | 6 | | | 5 | 5 | | | | | |
| 5. 2007 | | | 3 | 3 | | | 3 | 3 | | | | | |
| 6. 2008 | | | 9 | 9 | | | 7 | 7 | | | | | |
| 7. 2009 | | | 4 | 4 | | | 3 | 3 | | | | | |
| 8. 2010 | | | 13 | 13 | | | 7 | 7 | 1 | 1 | | | |
| 9. 2011 | 15 | 15 | 39 | 39 | | | 34 | 34 | 3 | 3 | | | 1 |
| 10. 2012 | 81 | 81 | 117 | 117 | | | 77 | 77 | 12 | 12 | | | 4 |
| 11. 2013 | 447 | 447 | 793 | 793 | | | 163 | 163 | 74 | 74 | | | 74 |
| 12. Totals | 583 | 583 | 1,006 | 1,006 | | | 356 | 356 | 91 | 91 | | | 80 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2004 | 1,426 | 1,426 | | 47.4 | 47.4 | | | | | | |
| 3. 2005 | 1,191 | 1,191 | | 120.8 | 120.8 | | | | | | |
| 4. 2006 | 472 | 472 | | 70.2 | 70.2 | | | | | | |
| 5. 2007 | 142 | 142 | | 30.4 | 30.4 | | | | | | |
| 6. 2008 | 85 | 85 | | 25.9 | 25.9 | | | | | | |
| 7. 2009 | 318 | 318 | | 129.3 | 129.3 | | | | | | |
| 8. 2010 | 597 | 597 | | 79.9 | 79.9 | | | | | | |
| 9. 2011 | 983 | 983 | | 71.0 | 71.0 | | | | | | |
| 10. 2012 | 2,352 | 2,352 | | 86.2 | 86.2 | | | | | | |
| 11. 2013 | 4,998 | 4,998 | | 96.2 | 96.2 | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

**40 Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence . . . . . . NONE**

**41 Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE**

**42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE**

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

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2004 | 846 | 846 | | 266 | 266 | 1 | 1 | 2 | 2 | | | 3 |
| 3. 2005 | 921 | 921 | | 2 | 2 | | | 4 | 4 | | | 3 |
| 4. 2006 | 1,098 | 1,098 | | 1,452 | 1,452 | 11 | 11 | 8 | 8 | | | 7 |
| 5. 2007 | 1,379 | 1,379 | | 2,000 | 2,000 | 89 | 89 | 13 | 13 | | | 2 |
| 6. 2008 | 1,753 | 1,753 | | 650 | 650 | 3 | 3 | 15 | 15 | | | 1 |
| 7. 2009 | 1,875 | 1,875 | | 990 | 990 | 12 | 12 | 10 | 10 | | | 7 |
| 8. 2010 | 1,965 | 1,965 | | 1,226 | 1,226 | 12 | 12 | | | | | 6 |
| 9. 2011 | 1,916 | 1,916 | | 543 | 543 | 4 | 4 | 4 | 4 | | | 9 |
| 10. 2012 | 2,029 | 2,029 | | 3 | 3 | | | | | | | 9 |
| 11. 2013 | 2,291 | 2,291 | | 12 | 12 | | | 5 | 5 | | | 9 |
| 12. Totals | XXX | XXX | XXX | 7,144 | 7,144 | 132 | 132 | 61 | 61 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | 9 | 9 | | | 10 | 10 | | | | | |
| 2. 2004 | | | 2 | 2 | | | | | | | | | |
| 3. 2005 | | | 6 | 6 | | | 1 | 1 | | | | | |
| 4. 2006 | | | 26 | 26 | | | 2 | 2 | | | | | |
| 5. 2007 | | | 39 | 39 | | | 1 | 1 | | | | | |
| 6. 2008 | | | 67 | 67 | | | 2 | 2 | | | | | |
| 7. 2009 | 20 | 20 | 74 | 74 | | | 4 | 4 | 1 | 1 | | | 1 |
| 8. 2010 | | | 101 | 101 | | | 8 | 8 | 1 | 1 | | | |
| 9. 2011 | | | 383 | 383 | | | 13 | 13 | 3 | 3 | | | |
| 10. 2012 | 150 | 150 | 614 | 614 | | | 33 | 33 | 5 | 5 | | | 1 |
| 11. 2013 | 403 | 403 | 1,178 | 1,178 | | | 65 | 65 | 11 | 11 | | | 4 |
| 12. Totals | 573 | 573 | 2,499 | 2,499 | | | 139 | 139 | 21 | 21 | | | 6 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2004 | 271 | 271 | | 32.0 | 32.0 | | | | | | |
| 3. 2005 | 13 | 13 | | 1.4 | 1.4 | | | | | | |
| 4. 2006 | 1,499 | 1,499 | | 136.5 | 136.5 | | | | | | |
| 5. 2007 | 2,142 | 2,142 | | 155.3 | 155.3 | | | | | | |
| 6. 2008 | 737 | 737 | | 42.0 | 42.0 | | | | | | |
| 7. 2009 | 1,111 | 1,111 | | 59.3 | 59.3 | | | | | | |
| 8. 2010 | 1,348 | 1,348 | | 68.6 | 68.6 | | | | | | |
| 9. 2011 | 950 | 950 | | 49.6 | 49.6 | | | | | | |
| 10. 2012 | 805 | 805 | | 39.7 | 39.7 | | | | | | |
| 11. 2013 | 1,674 | 1,674 | | 73.1 | 73.1 | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

# SCHEDULE P - PART 1H - SECTION 2

## OTHER LIABILITY - CLAIMS - MADE

($000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned: 1 Direct and Assumed | Premiums Earned: 2 Ceded | Premiums Earned: 3 Net (Columns 1 - 2) | Loss Payments: 4 Direct and Assumed | Loss Payments: 5 Ceded | Defense and Cost Containment Payments: 6 Direct and Assumed | Defense and Cost Containment Payments: 7 Ceded | Adjusting and Other Payments: 8 Direct and Assumed | Adjusting and Other Payments: 9 Ceded | 10 Salvage and Subrogation Received | 11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported - Direct and Assumed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | X X X | X X X | X X X | | | | | | | | | X X X |
| 2. 2004 | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | | |
| 9. 2011 | | | | | | | | | | | | |
| 10. 2012 | | | | | | | | | | | | |
| 11. 2013 | | | | | | | | | | | | |
| 12. Totals | X X X | X X X | X X X | | | | | | | | | X X X |

| | Losses Unpaid - Case Basis: 13 Direct and Assumed | Losses Unpaid - Case Basis: 14 Ceded | Losses Unpaid - Bulk + IBNR: 15 Direct and Assumed | Losses Unpaid - Bulk + IBNR: 16 Ceded | Defense and Cost Containment Unpaid - Case Basis: 17 Direct and Assumed | Defense and Cost Containment Unpaid - Case Basis: 18 Ceded | Defense and Cost Containment Unpaid - Bulk + IBNR: 19 Direct and Assumed | Defense and Cost Containment Unpaid - Bulk + IBNR: 20 Ceded | Adjusting and Other Expenses Unpaid: 21 Direct and Assumed | Adjusting and Other Expenses Unpaid: 22 Ceded | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | | | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | | | |
| 9. 2011 | | | | | | | | | | | | | |
| 10. 2012 | | | | | | | | | | | | | |
| 11. 2013 | | | | | | | | | | | | | |
| 12. Totals | | | | | | | | | | | | | |

NONE

| | Total Losses and Loss Expenses Incurred: 26 Direct and Assumed | Total Losses and Loss Expenses Incurred: 27 Ceded | Total Losses and Loss Expenses Incurred: 28 Net | Loss and Loss Expense Percentage (Incurred/Premiums Earned): 29 Direct and Assumed | Loss and Loss Expense Percentage (Incurred/Premiums Earned): 30 Ceded | Loss and Loss Expense Percentage (Incurred/Premiums Earned): 31 Net | Nontabular Discount: 32 Loss | Nontabular Discount: 33 Loss Expense | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount: 35 Losses Unpaid | Net Balance Sheet Reserves After Discount: 36 Loss Expenses Unpaid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | |
| 9. 2011 | | | | | | | | | | | |
| 10. 2012 | | | | | | | | | | | |
| 11. 2013 | | | | | | | | | | | |
| 12. Totals | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |

# SCHEDULE P - PART 1I

## SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

($000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2012 | 264 | 264 | | 45 | 45 | | | 10 | 10 | | | XXX |
| 3. 2013 | 303 | 303 | | 45 | 45 | | | 12 | 12 | | | XXX |
| 4. Totals | XXX | XXX | XXX | 90 | 90 | | | 22 | 22 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | | | | | | | | | | | |
| 2. 2012 | | | 1 | 1 | | | | | | | | | |
| 3. 2013 | | | 10 | 10 | | | | | 2 | 2 | | | |
| 4. Totals | | | 11 | 11 | | | | | 2 | 2 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2012 | 56 | 56 | | 21.2 | 21.2 | | | | | | |
| 3. 2013 | 69 | 69 | | 22.8 | 22.8 | | | | | | |
| 4. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

# SCHEDULE P - PART 1J
## AUTO PHYSICAL DAMAGE

($000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | X X X | X X X | X X X | (248) | (248) | 57 | 57 | 8 | 8 | | | X X X |
| 2. 2012 | 51,123 | 51,123 | | 31,201 | 31,201 | 53 | 53 | 5,181 | 5,181 | | | 36,467 |
| 3. 2013 | 56,290 | 56,290 | | 31,275 | 31,275 | 13 | 13 | 5,711 | 5,711 | | | 37,840 |
| 4. Totals | X X X | X X X | X X X | 62,228 | 62,228 | 123 | 123 | 10,900 | 10,900 | | | X X X |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | 4 | 4 | (636) | (636) | | | 14 | 14 | 3 | 3 | | | 3 |
| 2. 2012 | 12 | 12 | (87) | (87) | | | 13 | 13 | 9 | 9 | | | 10 |
| 3. 2013 | 2,152 | 2,152 | (420) | (420) | | | 19 | 19 | 410 | 410 | | | 1,707 |
| 4. Totals | 2,168 | 2,168 | (1,143) | (1,143) | | | 46 | 46 | 422 | 422 | | | 1,720 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |
| 2. 2012 | 36,382 | 36,382 | | 71.2 | 71.2 | | | | | | |
| 3. 2013 | 39,160 | 39,160 | | 69.6 | 69.6 | | | | | | |
| 4. Totals | X X X | X X X | X X X | X X X | X X X | X X X | | | X X X | | |

# SCHEDULE P - PART 1K
## FIDELITY/SURETY

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned: 1 Direct and Assumed | Premiums Earned: 2 Ceded | Premiums Earned: 3 Net (Columns 1 - 2) | Loss and Loss Expense Payments: Loss Payments: 4 Direct and Assumed | Loss Payments: 5 Ceded | Defense and Cost Containment Payments: 6 Direct and Assumed | Defense and Cost Containment Payments: 7 Ceded | Adjusting and Other Payments: 8 Direct and Assumed | Adjusting and Other Payments: 9 Ceded | 10 Salvage and Subrogation Received | 11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported - Direct and Assumed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2012 | | | | | | | | | | | | XXX |
| 3. 2013 | | | | | | | | | | | | XXX |
| 4. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid: Case Basis: 13 Direct and Assumed | Case Basis: 14 Ceded | Bulk + IBNR: 15 Direct and Assumed | Bulk + IBNR: 16 Ceded | Defense and Cost Containment Unpaid: Case: 17 Direct and Assumed | | | | Adjusting and Other Expenses Unpaid: 21 Direct and Assumed | 22 Ceded | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | | | | | | | | | | | | | |
| 2. 2012 | | | | | | | | | | | | | |
| 3. 2013 | | | | | | | | | | | | | |
| 4. Totals | | | | | | | | | | | | | |

**N O N E**

| | Total Losses and Loss Expenses Incurred: 26 Direct and Assumed | 27 Ceded | 28 Net | Loss and Loss Expense Percentage (Incurred/Premiums Earned): 29 Direct and Assumed | 30 Ceded | 31 Net | Nontabular Discount: 32 Loss | 33 Loss Expense | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount: 35 Losses Unpaid | 36 Loss Expenses Unpaid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2012 | | | | | | | | | | | |
| 3. 2013 | | | | | | | | | | | |
| 4. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

# SCHEDULE P - PART 1L

## OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

($000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | 1 | 1 | | | 7 | 7 | | | XXX |
| 2. 2012 | 643 | 643 | | 722 | 722 | | | 26 | 26 | | | XXX |
| 3. 2013 | 570 | 570 | | 569 | 569 | | | 19 | 19 | | | XXX |
| 4. Totals | XXX | XXX | XXX | 1,292 | 1,292 | | | 52 | 52 | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | 135 | 135 | | | | | | | | | |
| 2. 2012 | | | | | | | | | | | | | |
| 3. 2013 | | | 838 | 838 | | | | | | | | | |
| 4. Totals | | | 973 | 973 | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2012 | 748 | 748 | | 116.3 | 116.3 | | | | | | |
| 3. 2013 | 1,426 | 1,426 | | 250.2 | 250.2 | | | | | | |
| 4. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

**49 Schedule P - Part 1M - International . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

**50 Schedule P - Part 1N - Reins. Nonproportional Assumed Property . . . . . . . . . . NONE**

**51 Schedule P - Part 1O - Reins. Nonproportional Assumed Liability . . . . . . . . . . . NONE**

**52 Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE**

# SCHEDULE P - PART 1R - SECTION 1

## PRODUCTS LIABILITY - OCCURRENCE

**($000 omitted)**

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported - Direct and Assumed |
| | Direct and Assumed | Ceded | Net (Columns 1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | Salvage and Subrogation Received | Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9) | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2004 | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | | |
| 9. 2011 | 1 | 1 | | | | | | | | | | |
| 10. 2012 | 4 | 4 | | | | | | | | | | |
| 11. 2013 | 6 | 6 | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Expenses Unpaid | | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior | | | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | | | |
| 9. 2011 | | | | | | | | | | | | | |
| 10. 2012 | | | | | | | | | | | | | |
| 11. 2013 | | | | | | | | | | | | | |
| 12. Totals | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 | 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 | Inter-Company Pooling Participation Percentage | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | | | | | | | | | | | |
| 4. 2006 | | | | | | | | | | | |
| 5. 2007 | | | | | | | | | | | |
| 6. 2008 | | | | | | | | | | | |
| 7. 2009 | | | | | | | | | | | |
| 8. 2010 | | | | | | | | | | | |
| 9. 2011 | | | | | | | | | | | |
| 10. 2012 | | | | | | | | | | | |
| 11. 2013 | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

**70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE**

**71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . . . . . . . . . . . . . NONE**

**71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . . . . . . . . . . . NONE**

**71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . . . . . . . . . . . NONE**

**71 Schedule P - Part 4T - Warranty . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . NONE**

# SCHEDULE P - PART 5A

## HOMEOWNERS/FARMOWNERS

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 867 | 81 | 20 | 8 | 1 | 2 | 2 | 3 | 1 | 1 |
| 2. 2004 | 4,913 | 6,255 | 6,294 | 6,303 | 6,307 | 6,309 | 6,309 | 6,309 | 6,309 | 6,309 |
| 3. 2005 | XXX | 3,840 | 4,375 | 4,405 | 4,418 | 4,430 | 4,431 | 4,433 | 4,433 | 4,433 |
| 4. 2006 | XXX | XXX | 4,863 | 5,942 | 5,974 | 6,003 | 6,012 | 6,016 | 6,019 | 6,019 |
| 5. 2007 | XXX | XXX | XXX | 5,193 | 5,723 | 5,765 | 5,775 | 5,778 | 5,784 | 5,785 |
| 6. 2008 | XXX | XXX | XXX | XXX | 11,033 | 12,177 | 12,242 | 12,262 | 12,266 | 12,269 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 6,223 | 6,885 | 6,917 | 6,922 | 6,927 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 4,742 | 5,290 | 5,331 | 5,343 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,691 | 6,353 | 6,389 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6,020 | 6,627 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3,816 |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 99 | 35 | 16 | 11 | 9 | 7 | 5 | 3 | 2 | 1 |
| 2. 2004 | 989 | 47 | 21 | 11 | 6 | 4 | 3 | 2 | 1 | 1 |
| 3. 2005 | XXX | 479 | 56 | 33 | 20 | 9 | 7 | 2 | 2 | 1 |
| 4. 2006 | XXX | XXX | 586 | 49 | 31 | 14 | 6 | 3 | 1 | 1 |
| 5. 2007 | XXX | XXX | XXX | 381 | 46 | 25 | 13 | 9 | 4 | 3 |
| 6. 2008 | XXX | XXX | XXX | XXX | 700 | 62 | 27 | 8 | 4 | 1 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 314 | 46 | 16 | 9 | 2 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 317 | 44 | 18 | 6 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 318 | 36 | 8 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 328 | 34 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 390 |

### SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 560 | 35 | 14 | 8 | | | 1 | | 1 | |
| 2. 2004 | 8,295 | 9,147 | 9,175 | 9,181 | 9,182 | 9,183 | 9,183 | 9,185 | 9,185 | 9,185 |
| 3. 2005 | XXX | 6,360 | 6,674 | 6,693 | 6,700 | 6,705 | 6,705 | 6,705 | 6,705 | 6,705 |
| 4. 2006 | XXX | XXX | 7,530 | 8,383 | 8,406 | 8,417 | 8,418 | 8,419 | 8,421 | 8,421 |
| 5. 2007 | XXX | XXX | XXX | 7,661 | 8,025 | 8,061 | 8,068 | 8,070 | 8,071 | 8,071 |
| 6. 2008 | XXX | XXX | XXX | XXX | 14,414 | 15,774 | 15,832 | 15,841 | 15,843 | 15,843 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 8,422 | 9,017 | 9,039 | 9,044 | 9,044 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 6,819 | 7,300 | 7,328 | 7,335 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8,388 | 9,012 | 9,026 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8,294 | 8,856 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6,125 |

# SCHEDULE P - PART 5B
# PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

## SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 2,942 | 740 | 245 | 93 | 31 | 13 | 8 | 4 | | |
| 2. 2004 | 6,779 | 9,144 | 9,581 | 9,752 | 9,823 | 9,847 | 9,856 | 9,857 | 9,857 | 9,858 |
| 3. 2005 | XXX | 6,740 | 8,922 | 9,320 | 9,488 | 9,548 | 9,575 | 9,591 | 9,592 | 9,592 |
| 4. 2006 | XXX | XXX | 6,498 | 8,665 | 9,102 | 9,280 | 9,354 | 9,378 | 9,388 | 9,393 |
| 5. 2007 | XXX | XXX | XXX | 7,003 | 9,262 | 9,694 | 9,890 | 9,958 | 9,970 | 9,975 |
| 6. 2008 | XXX | XXX | XXX | XXX | 7,151 | 9,358 | 9,795 | 9,976 | 10,046 | 10,063 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 7,276 | 9,326 | 9,715 | 9,901 | 9,954 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 6,983 | 9,154 | 9,614 | 9,778 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7,041 | 9,269 | 9,738 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7,371 | 10,084 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8,051 |

## SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 1,116 | 370 | 145 | 49 | 20 | 10 | 4 | 1 | | |
| 2. 2004 | 2,872 | 626 | 267 | 98 | 29 | 13 | 3 | 2 | 1 | |
| 3. 2005 | XXX | 2,546 | 633 | 284 | 109 | 43 | 16 | 4 | 2 | 2 |
| 4. 2006 | XXX | XXX | 2,587 | 661 | 279 | 108 | 31 | 13 | 4 | |
| 5. 2007 | XXX | XXX | XXX | 2,613 | 651 | 309 | 84 | 24 | 12 | 7 |
| 6. 2008 | XXX | XXX | XXX | XXX | 2,656 | 651 | 303 | 107 | 30 | 16 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 2,413 | 597 | 281 | 89 | 31 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 2,517 | 629 | 245 | 64 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,491 | 639 | 231 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,904 | 618 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,840 |

## SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 844 | 124 | 51 | 12 | 1 | 1 | 6 | 1 | | |
| 2. 2004 | 11,902 | 12,655 | 12,788 | 12,819 | 12,824 | 12,826 | 12,826 | 12,826 | 12,826 | 12,826 |
| 3. 2005 | XXX | 11,650 | 12,407 | 12,506 | 12,523 | 12,528 | 12,529 | 12,532 | 12,532 | 12,532 |
| 4. 2006 | XXX | XXX | 11,538 | 12,186 | 12,285 | 12,311 | 12,315 | 12,319 | 12,319 | 12,319 |
| 5. 2007 | XXX | XXX | XXX | 11,792 | 12,589 | 12,726 | 12,746 | 12,752 | 12,753 | 12,754 |
| 6. 2008 | XXX | XXX | XXX | XXX | 11,851 | 12,588 | 12,699 | 12,722 | 12,725 | 12,725 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 11,624 | 12,388 | 12,483 | 12,499 | 12,506 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 11,335 | 12,093 | 12,197 | 12,222 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 10,906 | 11,749 | 11,876 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 11,866 | 12,966 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 12,555 |

# SCHEDULE P - PART 5C

## COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 31 | 6 | 2 | | | | | | | |
| 2. 2004 | 44 | 58 | 60 | 61 | 61 | 61 | 61 | 61 | 61 | 61 |
| 3. 2005 | XXX | 18 | 29 | 31 | 32 | 31 | 32 | 32 | 32 | 32 |
| 4. 2006 | XXX | XXX | 14 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 5. 2007 | XXX | XXX | XXX | 14 | 15 | 16 | 16 | 16 | 16 | 16 |
| 6. 2008 | XXX | XXX | XXX | XXX | 7 | 8 | 8 | 8 | 8 | 8 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 2 | 2 | 2 | 3 | 3 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 7 | 7 | 7 | 7 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 13 | 20 | 21 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 39 | 45 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 61 |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 11 | 5 | | | | | | | | |
| 2. 2004 | 11 | 3 | 2 | | | | | | | |
| 3. 2005 | XXX | 12 | 3 | 1 | | 1 | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | 2 | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | 1 | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 | 1 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 | 5 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 16 |

### SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 12 | 1 | | | | | | | | |
| 2. 2004 | 62 | 67 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |
| 3. 2005 | XXX | 35 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 |
| 4. 2006 | XXX | XXX | 14 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 5. 2007 | XXX | XXX | XXX | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| 6. 2008 | XXX | XXX | XXX | XXX | 8 | 8 | 8 | 8 | 8 | 8 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 4 | 4 | 4 | 4 | 4 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 9 | 9 | 9 | 9 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 20 | 22 | 22 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 49 | 54 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 86 |

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

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | 1 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 2 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 2 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 |

### SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | 1 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 2 | 2 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 15 |

# SCHEDULE P - PART 5E

## COMMERCIAL MULTIPLE PERIL

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 123 | 27 | 9 | 5 | 5 | 1 | | 1 | 3 | |
| 2. 2004 | 140 | 162 | 167 | 168 | 169 | 171 | 171 | 173 | 173 | 173 |
| 3. 2005 | XXX | 38 | 48 | 47 | 49 | 50 | 51 | 51 | 52 | 52 |
| 4. 2006 | XXX | XXX | 25 | 26 | 27 | 28 | 28 | 28 | 29 | 31 |
| 5. 2007 | XXX | XXX | XXX | 21 | 23 | 24 | 24 | 24 | 24 | 24 |
| 6. 2008 | XXX | XXX | XXX | XXX | 6 | 9 | 9 | 9 | 9 | 9 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 7 | 11 | 13 | 13 | 13 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 37 | 47 | 47 | 47 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 78 | 91 | 92 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 102 | 131 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 274 |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 50 | 17 | 15 | 4 | 1 | | 2 | 1 | 1 | 1 |
| 2. 2004 | 21 | 8 | 9 | 6 | 1 | 1 | 1 | | | |
| 3. 2005 | XXX | 8 | 1 | 3 | 2 | 1 | | 1 | | |
| 4. 2006 | XXX | XXX | 1 | 1 | 1 | 1 | 1 | 2 | 1 | |
| 5. 2007 | XXX | XXX | XXX | 1 | 1 | 1 | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 5 | 2 | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 8 | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 15 | 1 | 1 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 34 | 4 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 74 |

### SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 93 | 17 | 11 | 5 | 1 | 1 | 2 | | 4 | |
| 2. 2004 | 234 | 253 | 262 | 265 | 265 | 266 | 266 | 267 | 267 | 267 |
| 3. 2005 | XXX | 61 | 65 | 67 | 68 | 68 | 68 | 69 | 69 | 69 |
| 4. 2006 | XXX | XXX | 31 | 33 | 34 | 35 | 36 | 37 | 37 | 37 |
| 5. 2007 | XXX | XXX | XXX | 29 | 32 | 35 | 35 | 36 | 36 | 36 |
| 6. 2008 | XXX | XXX | XXX | XXX | 11 | 16 | 16 | 16 | 16 | 16 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 20 | 23 | 23 | 23 | 23 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 74 | 81 | 83 | 83 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 134 | 144 | 145 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 202 | 220 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 658 |

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 1A . . . NONE

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 2A . . . NONE

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 3A . . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 1B . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 2B . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 3B . . NONE

# SCHEDULE P - PART 5H
## OTHER LIABILITY - OCCURRENCE
### SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 2 | 1 | 4 | | | | | | | |
| 2. 2004 | | | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3. 2005 | XXX | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. 2006 | XXX | XXX | | | 1 | 1 | 4 | 4 | 4 | 4 |
| 5. 2007 | XXX | XXX | XXX | | 1 | 1 | 2 | 2 | 2 | 2 |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | 1 | 1 | 1 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | 1 | 1 | 1 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 3 | 5 | 5 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 4 | 4 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 |

### SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 7 | 6 | 1 | | | | | | | |
| 2. 2004 | | 2 | | 1 | | | | | | |
| 3. 2005 | XXX | | 1 | | | | | | | |
| 4. 2006 | XXX | XXX | 2 | 2 | 1 | 1 | | | | |
| 5. 2007 | XXX | XXX | XXX | 1 | 1 | 1 | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | 1 | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | 3 | 2 | 3 | 1 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 3 | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 | | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 4 |

### SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |
| 1. Prior | 4 | 4 | 1 | 1 | | | | | | |
| 2. 2004 | | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 3. 2005 | XXX | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4. 2006 | XXX | XXX | 3 | 4 | 4 | 4 | 7 | 7 | 7 | 7 |
| 5. 2007 | XXX | XXX | XXX | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| 6. 2008 | XXX | XXX | XXX | XXX | | | 1 | 1 | 1 | 1 |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 1 | 4 | 5 | 7 | 7 |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 4 | 6 | 6 | 6 |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8 | 9 | 9 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 | 9 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 9 |

# SCHEDULE P - PART 6C

## COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 2004 | 2 2005 | 3 2006 | 4 2007 | 5 2008 | 6 2009 | 7 2010 | 8 2011 | 9 2012 | 10 2013 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | 638 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | |
| 3. 2005 | XXX | 416 | 416 | 416 | 416 | 416 | 416 | 416 | 416 | 416 | |
| 4. 2006 | XXX | XXX | 313 | 311 | 311 | 311 | 311 | 311 | 311 | 311 | |
| 5. 2007 | XXX | XXX | XXX | 232 | 231 | 231 | 231 | 231 | 231 | 231 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 79 | 79 | 79 | 79 | 79 | 79 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 23 | 23 | 23 | 23 | 23 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 102 | 102 | 102 | 102 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 175 | 175 | 175 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 320 | 320 | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 561 | 561 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 561 |
| 13. Earned Premiums (Sch. P-Part 1) | 638 | 412 | 313 | 230 | 78 | 23 | 102 | 175 | 321 | 561 | XXX |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 2004 | 2 2005 | 3 2006 | 4 2007 | 5 2008 | 6 2009 | 7 2010 | 8 2011 | 9 2012 | 10 2013 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | 638 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | |
| 3. 2005 | XXX | 416 | 416 | 416 | 416 | 416 | 416 | 416 | 416 | 416 | |
| 4. 2006 | XXX | XXX | 313 | 311 | 311 | 311 | 311 | 311 | 311 | 311 | |
| 5. 2007 | XXX | XXX | XXX | 232 | 231 | 231 | 231 | 231 | 231 | 231 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 79 | 79 | 79 | 79 | 79 | 79 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 23 | 23 | 23 | 23 | 23 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 102 | 102 | 102 | 102 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 175 | 175 | 175 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 320 | 320 | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 561 | 561 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 561 |
| 13. Earned Premiums (Sch. P-Part 1) | 638 | 412 | 313 | 230 | 78 | 23 | 102 | 175 | 321 | 561 | XXX |

# SCHEDULE P - PART 6D

## WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 2004 | 2 2005 | 3 2006 | 4 2007 | 5 2008 | 6 2009 | 7 2010 | 8 2011 | 9 2012 | 10 2013 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 14 | 12 | 12 | 12 | 12 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 88 | 86 | 85 | 85 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 50 | 50 | 50 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 118 | 119 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 309 | 309 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 310 |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | 14 | 43 | 49 | 118 | 309 | XXX |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 2004 | 2 2005 | 3 2006 | 4 2007 | 5 2008 | 6 2009 | 7 2010 | 8 2011 | 9 2012 | 10 2013 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 14 | 12 | 12 | 12 | 12 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 88 | 86 | 85 | 85 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 98 | 99 | 99 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 118 | 236 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 309 | 309 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 310 |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | 14 | 43 | 49 | 118 | 309 | XXX |

# SCHEDULE P - PART 6E

## COMMERCIAL MULTIPLE PERIL

### SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Current Year |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Premiums Earned |
| 1. Prior | 10 | | | | | | | | | | |
| 2. 2004 | 3,001 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | |
| 3. 2005 | XXX | 998 | 990 | 990 | 990 | 990 | 990 | 990 | 990 | 990 | |
| 4. 2006 | XXX | XXX | 680 | 666 | 666 | 666 | 666 | 666 | 666 | 666 | |
| 5. 2007 | XXX | XXX | XXX | 481 | 467 | 467 | 467 | 467 | 467 | 467 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 342 | 323 | 323 | 323 | 323 | 323 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 265 | 265 | 265 | 265 | 265 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 747 | 742 | 742 | 742 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,389 | 1,391 | 1,391 | 1 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,728 | 2,734 | 5 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,190 | 5,190 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,196 |
| 13. Earned Premiums (Sch. P-Part 1) | 3,011 | 986 | 672 | 467 | 328 | 246 | 747 | 1,384 | 2,730 | 5,196 | XXX |

### SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Current Year |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Premiums Earned |
| 1. Prior | 10 | | | | | | | | | | |
| 2. 2004 | 3,001 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | 2,989 | |
| 3. 2005 | XXX | 998 | 990 | 990 | 990 | 990 | 990 | 990 | 990 | 990 | |
| 4. 2006 | XXX | XXX | 680 | 666 | 666 | 666 | 666 | 666 | 666 | 666 | |
| 5. 2007 | XXX | XXX | XXX | 481 | 467 | 467 | 467 | 467 | 467 | 467 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 342 | 323 | 323 | 323 | 323 | 323 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 265 | 265 | 265 | 265 | 265 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 747 | 742 | 742 | 742 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,389 | 1,391 | 1,391 | 1 |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,728 | 2,734 | 5 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,190 | 5,190 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,196 |
| 13. Earned Premiums (Sch. P-Part 1) | 3,011 | 986 | 672 | 467 | 328 | 246 | 747 | 1,384 | 2,730 | 5,196 | XXX |

# SCHEDULE P - PART 6H

## OTHER LIABILITY - OCCURRENCE

### SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Current Year |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Premiums Earned |
| 1. Prior | (1) | | | | | | | | | | |
| 2. 2004 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | |
| 3. 2005 | XXX | 921 | 919 | 919 | 919 | 919 | 919 | 919 | 919 | 919 | |
| 4. 2006 | XXX | XXX | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | |
| 5. 2007 | XXX | XXX | XXX | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 1,753 | 1,749 | 1,749 | 1,749 | 1,749 | 1,749 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 1,879 | 1,879 | 1,879 | 1,879 | 1,879 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 1,965 | 1,965 | 1,965 | 1,965 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,916 | 1,922 | 1,922 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,023 | 2,027 | 4 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,287 | 2,287 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,291 |
| 13. Earned Premiums (Sch. P-Part 1) | 846 | 921 | 1,098 | 1,379 | 1,753 | 1,875 | 1,965 | 1,916 | 2,029 | 2,291 | XXX |

### SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Current Year |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Premiums Earned |
| 1. Prior | (1) | | | | | | | | | | |
| 2. 2004 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | |
| 3. 2005 | XXX | 921 | 919 | 919 | 919 | 919 | 919 | 919 | 919 | 919 | |
| 4. 2006 | XXX | XXX | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | 1,100 | |
| 5. 2007 | XXX | XXX | XXX | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | 1,379 | |
| 6. 2008 | XXX | XXX | XXX | XXX | 1,753 | 1,749 | 1,749 | 1,749 | 1,749 | 1,749 | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | 1,879 | 1,879 | 1,879 | 1,879 | 1,879 | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | 1,965 | 1,965 | 1,965 | 1,965 | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,916 | 1,922 | 1,922 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,023 | 2,027 | 4 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,287 | 2,287 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,291 |
| 13. Earned Premiums (Sch. P-Part 1) | 846 | 921 | 1,098 | 1,379 | 1,753 | 1,875 | 1,965 | 1,916 | 2,029 | 2,291 | XXX |

# SCHEDULE P - PART 6R

## PRODUCTS LIABILITY - OCCURRENCE

### SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | Current Year Premiums Earned |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 4 | 5 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5 | 5 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6 |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | | | 1 | 4 | 6 | XXX |

### SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | Current Year Premiums Earned |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | |
| 10. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 4 | 5 | 1 |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5 | 5 |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6 |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | | | 1 | 4 | 6 | XXX |

# SCHEDULE P - PART 6R

## PRODUCTS LIABILITY - CLAIMS-MADE

### SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | Current Year Premiums Earned |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | | | | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | | | XXX | | | | |
| 10. 2012 | XXX | XXX | XXX | XXX | | | XXX | XXX | | | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | | | | | | XXX |

N O N E

### SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED) | | | | | | | | | | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>2004 | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | Current Year Premiums Earned |
| 1. Prior | | | | | | | | | | | |
| 2. 2004 | | | | | | | | | | | |
| 3. 2005 | XXX | | | | | | | | | | |
| 4. 2006 | XXX | XXX | | | | | | | | | |
| 5. 2007 | XXX | XXX | XXX | | | | | | | | |
| 6. 2008 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2009 | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2010 | XXX | XXX | XXX | XXX | | | | | | | |
| 9. 2011 | XXX | XXX | XXX | XXX | | | XXX | | | | |
| 10. 2012 | XXX | XXX | XXX | XXX | | | XXX | XXX | | | |
| 11. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. TOTAL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sch. P-Part 1) | | | | | | | | | | | XXX |

N O N E

**89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 1 . . . . . . . . . . . . . NONE**

**89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 2 . . . . . . . . . . . . . NONE**

**89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 3 . . . . . . . . . . . . . NONE**

**90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 4 . . . . . . . . . . . . . NONE**

**90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 5 . . . . . . . . . . . . . NONE**

**91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 1 . . . . . . . . . NONE**

**91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 2 . . . . . . . . . NONE**

**91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 3 . . . . . . . . . NONE**

**92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 4 . . . . . . . . . NONE**

**92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 5 . . . . . . . . . NONE**

**92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 6 . . . . . . . . . NONE**

**92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 7 . . . . . . . . . NONE**

# SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies, EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[ ] No[X]

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[ ] No[ ] N/A[X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[ ] N/A[X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[ ] No[ ] N/A[X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

| Years in which premiums were earned and losses were incurred | DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid | |
|---|---|---|
| | 1<br>Section 1: Occurrence | 2<br>Section 2: Claims-Made |
| 1.601 Prior | | |
| 1.602 2004 | | |
| 1.603 2005 | | |
| 1.604 2006 | | |
| 1.605 2007 | | |
| 1.606 2008 | | |
| 1.607 2009 | | |
| 1.608 2010 | | |
| 1.609 2011 | | |
| 1.610 2012 | | |
| 1.611 2013 | | |
| 1.612 TOTALS | | |

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes[X] No[ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes[X] No[ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10? Yes[ ] No[X]
If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity $ 0
5.2 Surety $ 0

6. Claim count information is reported per claim or per claimant (Indicate which).

6.1 per claim ✓
6.2 per claimant

If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes[ ] No[X]

7.2 An extended statement may be attached.

# SCHEDULE T - PART 2

## INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
## ALLOCATED BY STATES AND TERRITORIES

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

NONE

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>FEDERAL RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity / Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies) / Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 473 | American Family Insurance Group | 19275 | 39-0273710 | | | | American Family Mutual Insurance Company | WI | UIP | American Famiily Mutual Insurance Company - Board of Directors | Board of Directors | | American Family Mutual Insurance Company - Board of Directors | |
| | | 00000 | 39-1999869 | | | | American Family Securities, LLC | WI | NIA | American Family Mutual Insurance Company | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 39-1508124 | | | | American Family Brokerage, Inc. | WI | NIA | American Family Mutual Insurance Company | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 39-1391393 | | | | AMFAM, Inc. | WI | UDP | American Family Mutual Insurance Company | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 46-3538161 | | | | The AssureStart Insurance Agency | WI | NIA | American Family Mutual Insurance Company | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | American Family Insurance Group | 19283 | 39-6040366 | | | | American Standard Insurance Co. of WI | WI | IA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | American Family Insurance Group | 10386 | 39-1835307 | | | | American Family Insurance Company | OH | RE | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | American Family Insurance Group | 10387 | 39-1835305 | | | | American Standard Insurance Co. of OH | OH | IA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | American Family Insurance Group | 60399 | 39-6040365 | | | | American Family Life Insurance Co. | WI | IA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | American Family Insurance Group | 27138 | 36-2705935 | | | | Midvale Indemnity Company | IL | IA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 39-6040596 | | | | American Family Financial Services, Inc. | WI | NIA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 36-4681910 | | | | New Ventures, LLC | WI | NIA | AMFAM, Inc. | Ownership | 99.0 | American Family Mutual Insurance Company | |
| | | 00000 | 36-4681910 | | | | New Ventures, LLC | WI | NIA | American Family Life Insurance Co. | Ownership | 1.0 | American Family Mutual Insurance Company | |
| | | 00000 | 86-1101013 | | | | PGC Holdings Corporation | DE | NIA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 42-6653388 | | | | PGC Holdings Statutory Trust 1 | DE | NIA | PGC Holdings Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 20-1980130 | | | | PGC Holdings Statutory Trust 2 | DE | NIA | PGC Holdings Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Permanent General Holdings | 22906 | 62-1482846 | | | | PGAC of Ohio | OH | IA | PGC Holdings Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Permanent General Holdings | 37648 | 13-2960609 | | | | Permanent General Assurance Corporation | OH | IA | Permanent General Companies, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1336831 | | | | Permanent General Companies, Inc. | TN | NIA | PGC Holdings Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1383711 | | | | PGA Service Corporation | TN | NIA | Permanent General Assurance Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1684228 | | | | The General Auto Insurance Services of Ohio, Inc. | OH | NIA | PGA Service Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1684225 | | | | The General Auto Insurance Services of California, Inc. | CA | NIA | PGA Service Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1758317 | | | | The General Auto Insurance Services of Louisiana, Inc. | LA | NIA | PGA Service Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Permanent General Holdings | 13703 | 26-2465659 | | | | The General Automobile Insurance Company, Inc. | OH | IA | PGAC of Ohio | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 62-1820203 | | | | The General Auto Insurance Services of Georgia, Inc. | GA | NIA | PGA Service Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>FEDERAL RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity / Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies) / Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 00000 | 62-1812273 | | | | The General Auto Insurance Services of Texas, Inc. | TX | NIA | PGA Service Corporation | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 04-3361207 | | | | Homesite Group Incorporated | DE | NIA | AMFAM, Inc. | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 04-3441403 | | | | Homesite Securities Company LLC | DE | NIA | Homesite Group Incorporated | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 13927 | 45-0282873 | | | | Homesite Insurance Company of the Midwest | ND | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 17221 | 06-1125462 | | | | Homesite Insurance Company | CT | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 20419 | 48-1156645 | | | | Homesite Indemnity Company | KS | IA | Homesite Group Incorporated | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 11005 | 68-0426201 | | | | Homesite Insurance Company of California | CA | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 10986 | 16-1559926 | | | | Homesite Insurance Company of New York | NY | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 10745 | 23-2980263 | | | | Homesite Insurance Company of Georgia | GA | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 11016 | 52-2176786 | | | | Homesite Insurance Company of Illinois | IL | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 11156 | 04-3489719 | | | | Homesite Insurance Company of Florida | IL | IA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| 473 | Homesite Insurance Group | 11237 | 74-2987795 | | | | Homesite Lloyds's of Texas | TX | IA | Texas-South of Homesite, Inc. | Attorney-In-Fact | | American Family Mutual Insurance Company | |
| | | 00000 | 23-3011415 | | | | Homesite Insurance Agency, Inc. | MA | NIA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 04-3506712 | | | | Texas-South of Homesite, Inc | TX | NIA | Homesite Securities Company LLC | Ownership | 100.0 | American Family Mutual Insurance Company | |
| | | 00000 | 56-2488908 | | | | Shoutlet, Inc. | DE | OTH | New Ventures, LLC | Influence | | Shoutlet, Inc. | 0000001 |
| | | 00000 | 26-1338441 | | | | Workface Inc. | DE | OTH | New Ventures, LLC | Influence | | Workface Inc. | 0000001 |
| | | 00000 | 36-4681910 | | | | Zero Locus Inc. | WI | OTH | New Ventures, LLC | Influence | | Zero Locus Inc. | 0000001 |

| Asterisk | Explanation |
|---|---|
| 0000001 | Companies Listed as OTH are Investments Held by New Ventures, LLC |

# SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 19275 | 39-0273710 | AMERICAN FAMILY MUTUAL INSURANCE CO. | 1,500,000 | (697,832,585) | | | 322,373,974 | (76,638,319) | | | (450,596,930) | (539,468,659) |
| 19283 | 39-6040366 | AMERICAN STANDARD INSURANCE CO. OF WISCONSIN | | | | | (78,855,677) | 39,046,993 | | | (39,808,684) | 328,802,566 |
| 60399 | 39-6040365 | AMERICAN FAMILY LIFE INSURANCE CO. | | 93,200 | | | (134,445,161) | (6,348,424) | | | (140,700,385) | |
| | 39-6040596 | AMERICAN FAMILY FINANCIAL SERVICES INC. | | | | | (158,736) | | | | (158,736) | |
| | 39-1508124 | AMERICAN FAMILY BROKERAGE INC. | (1,500,000) | | | | (7,950,366) | | | | (9,450,366) | |
| 10386 | 39-1835307 | AMERICAN FAMILY INSURANCE COMPANY | | | | | (91,066,344) | 35,139,356 | | | (55,926,988) | 181,700,338 |
| 10387 | 39-1835305 | AMERICAN STANDARD INSURANCE CO. OF OHIO | | | | | (9,280,220) | 8,800,394 | | | (479,826) | 28,965,755 |
| | 39-1999869 | AMERICAN FAMILY SECURITIES, LLC | | | | | | | | | | |
| | 39-1391393 | AMFAM, INC. | | 679,531,800 | | | 1,173,923 | | | | 680,705,723 | |
| 27138 | 36-2705935 | Midvale Indemnity Company | | | | | 325,351 | | | | 325,351 | |
| | 46-3538161 | The AssureStart Insurance Agency | | 17,595,585 | | | | | | | 17,595,585 | |
| | 36-4681910 | New Ventures LLC. | | | | | | | | | | |
| | 86-1101013 | PGC Holdings Corporation | 9,000,000 | (8,168,684) | | | 743,733 | | | | 1,575,049 | |
| | 42-6653388 | PGC Holdings Statutory Trust 1 | | | | | | | | | | |
| | 20-1980130 | PGC Holdings Statutory Trust 2 | | | | | | | | | | |
| 22906 | 62-1482846 | Permanent General Assurance Corporation of Ohio | (1,000,000) | 218,117 | | | 17,193,502 | | * | | 16,411,619 | (3,469,873) |
| 37648 | 13-2960609 | Permanent General Assurance Corporation | (8,000,000) | 491,768 | | | 17,954,071 | | * | | 10,445,839 | 955,261 |
| | 62-1336831 | Permanent General Companies, Inc. | | | | | (46,936,256) | | | | (46,936,256) | |
| | 62-1383711 | PGA Service Corporation | | | | | 79,858 | | | | 79,858 | |
| | 62-1684228 | The General Auto Insurance Services of Ohio, Inc. | | | | | (551,252) | | | | (551,252) | |
| | 62-1684225 | The General Auto Insurance Services, Inc. | | | | | (123,103) | | | | (123,103) | |
| | 62-1758317 | The General Auto Insurance Services of Louisiana, | | | | | (43,660) | | | | (43,660) | |
| 13703 | 26-2465659 | The General Automobile Insurance Company, Inc. | | 8,070,799 | | | 9,566,363 | | * | | 17,637,162 | 2,514,612 |
| | 62-1820203 | The General Auto Insurance Services of Georgia, In | | | | | | | | | | |
| | 62-1812273 | The General Auto Insurance Services of Texas, Inc. | | | | | | | | | | |
| | 04-3361207 | Homesite Group Incorporated | | (900,000) | | | 162,648,906 | | | | 161,748,906 | |
| | 04-3441403 | Homesite Securities Company LLC | | | | | | | | | | |
| 13927 | 45-0282873 | Homesite Insurance Company of the Midwest | | | | | (51,797,303) | | * | | (51,797,303) | (81,334,000) |
| 17221 | 06-1125462 | Homesite Insurance Company | | | | | (53,069,294) | | * | | (53,069,294) | 78,186,000 |
| 20419 | 48-1156645 | Homesite Indemnity Company | | | | | (19,284,113) | | * | | (19,284,113) | 8,131,000 |
| 11005 | 68-0426201 | Homesite Insurance Company of California | | | | | (9,568,090) | | * | | (9,568,090) | (11,096,000) |
| 10986 | 16-1559926 | Homesite Insurance Company of New York | | | | | (10,222,566) | | * | | (10,222,566) | 12,795,000 |
| 10745 | 23-2980263 | Homesite Insurance Company of Georgia | | | | | (4,725,492) | | * | | (4,725,492) | (2,995,000) |
| 11016 | 52-2176786 | Homesite Insurance Company of Illinois | | | | | (4,576,786) | | * | | (4,576,786) | 3,289,000 |
| 11156 | 04-3489719 | Homesite Insurance Company of Florida | | 900,000 | | | (697,408) | | * | | 202,592 | (14,223,000) |
| 11237 | 74-2987795 | Homesite Lloyds's of Texas | | | | | (6,757,427) | | * | | (6,757,427) | 7,247,000 |
| | 23-3011415 | Homesite Insurance Agency, Inc. | | | | | (1,950,427) | | | | (1,950,427) | |
| | 04-3506712 | Texas-South of Homesite, Inc. | | | | | | | | | | |
| 9999999 Control Totals | | | | | | | | | XXX | | | |

Schedule Y Part 2 Explanation: Permanent General Assurance Corporation - PGC Group intercompany pooling arrangement: 59% Permanent General Assurance Corporation of Ohio - PGC Group intercompany pooling arrangement: 33% The General Automobile Insurance Company, Inc. - PGC Group intercompany pooling arrangement: 8% Homesite Insurance Company of the Midwest - Homesite Group intercompany pooling arrangement: 32% Homesite Insurance Company - Homesite Group intercompany pooling arrangement: 26% Homesite

## Schedule Y - Part 2 (continued)

Indemnity Company - Homesite Group intercompany pooling arrangement: 12% Homesite Insurance Company of California - Homesite Group intercompany pooling arrangement: 11% Homesite Insurance Company of New York - Homesite Group intercompany pooling arrangement: 5% Homesite Insurance Company of Georgia - Homesite Group intercompany pooling arrangement: 4% Homesite Insurance Company of Florida - Homesite Group intercompany pooling arrangement: 4% Homesite Insurance Company of Illinois - Homesite Group intercompany pooling arrangement: 3% Homesite Lloyd's of Texas - Homesite Group intercompany pooling arrangement: 3%

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**Response**

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

| | |
|---|---|
| MARCH FILING | |
| 1. Will an actuarial opinion be filed by March 1? | Yes |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | Yes |
| APRIL FILING | |
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 6. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? | Yes |
| MAY FILING | |
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? | Yes |
| JUNE FILING | |
| 9. Will an audited financial report be filed by June 1? | Yes |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |
| AUGUST FILING | |
| 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |

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

| | |
|---|---|
| MARCH FILING | |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | No |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | Yes |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | No |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | No |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | No |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | Yes |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | Yes |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | No |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | Yes |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |
| APRIL FILING | |
| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | Yes |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |
| 31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1? | No |
| AUGUST FILING | |
| 33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |

Explanations:

Bar Codes:

Schedule SIS
10386201342000000 2013 Document Code: 420

Financial Guaranty Insurance Exhibit
10386201324000000 2013 Document Code: 240

Supplement A to Schedule T
10386201345500000 2013 Document Code: 455

Trusteed Surplus Statement
10386201349000000 2013 Document Code: 490

Premiums Attributed to Protected Cells Exhibit
10386201338500000 2013 Document Code: 385

Reinsurance Summary Supplemental Filing
10386201340100000 2013 Document Code: 401

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement

10386201336500000 2013 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement

10386201340000000 2013 Document Code: 400

Bail Bond Supplement

10386201350000000 2013 Document Code: 500

Approval for Relief related to five-year rotation for lead Audit Partner

10386201322400000 2013 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

10386201322500000 2013 Document Code: 225

Approval for Relief related to Require. for Audit Committees

10386201322600000 2013 Document Code: 226

Credit Insurance Exhibit

10386201323000000 2013 Document Code: 230

Supplemental Health Care Exhibit

10386201321600000 2013 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report

10386201321700000 2013 Document Code: 217

# OVERFLOW PAGE FOR WRITE-INS

10386201336006100 2013 Document Code: 360

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
## For The Year Ended December 31, 2013
## (To be filed by March 1)
FOR THE STATE OF **COLORADO**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit:
Title: Telephone Number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2010 | | | | Policies Issued in 2011, 2012, 2013 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | | | | | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

10386201336011100 2013 Document Code: 360

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
## For The Year Ended December 31, 2013
## (To be filed by March 1)
FOR THE STATE OF **GEORGIA**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit: Chris Aasland
Title: Vice President Telephone Number: (515)245-2225

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2010 | | | | Policies Issued in 2011, 2012, 2013 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | | | | | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   2.2 Contact Person and Phone Number: Shelley Dodd (515)245-2249
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   3.2 Contact Person and Phone Number: Shelley Dodd (515)245-2249
4. Explain any policies identified above as policy type "O":

10386201336014100 2013 Document Code: 360

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
## For The Year Ended December 31, 2013
## (To be filed by March 1)
FOR THE STATE OF **ILLINOIS**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit:
Title: Telephone Number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2010 | | | | Policies Issued in 2011, 2012, 2013 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | | | | | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

Supp35 Illinois

10386201336036100 2013 Document Code: 360

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
## For The Year Ended December 31, 2013
## (To be filed by March 1)
FOR THE STATE OF **OHIO**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit: Chris Aasland
Title: Vice President Telephone Number: (515)245-2225

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2010 | | | | Policies Issued in 2011, 2012, 2013 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Total Experience on Individual Policies** | | | | | | | | | | | | | | | | | |
| Yes | H65 | A | No | 3,4 | 01/24/1996 | | 08/29/2000 | 03/16/2009 | | | | | | | | | |
| Yes | H65 | C | No | 3,4 | 01/24/1996 | | 08/29/2000 | 03/16/2009 | | | | | | | | | |
| Yes | H65 | D | No | 3,4 | 08/29/2000 | | | 03/16/2009 | | 330,777 | 198,321 | 60.0 | 100 | | | | |
| Yes | H65 | F | No | 3,4 | 01/24/1996 | | 08/29/2000 | 03/16/2009 | | | | | | | | | |
| Yes | H65 | G | No | 3,4 | 08/29/2000 | | | 03/16/2009 | | 70,402 | 51,384 | 73.0 | 19 | | | | |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | 401,180 | 249,705 | 62.2 | 119 | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   2.2 Contact Person and Phone Number: Shelley G. Dodd (515)245-2249
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   3.2 Contact Person and Phone Number: Shelley G. Dodd (515)245-2249
4. Explain any policies identified above as policy type "O":

10386201336045100 2013 Document Code: 360

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
## For The Year Ended December 31, 2013
## (To be filed by March 1)
FOR THE STATE OF **UTAH**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit:
Title: Telephone Number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2010 | | | | Policies Issued in 2011, 2012, 2013 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | | | | | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

10386201350500100 2013 Document Code: 505

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

**For the Year Ended December 31, 2013**

(To Be Filed By March 1)

NAIC Group Code: 0473 NAIC Company Code: 10386

## Company Name: American Family Insurance Company

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

| Description | Direct Premiums | | Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|---|---|---|---|---|---|---|---|---|
| | 1 Written | 2 Earned | 3 Paid | 4 Incurred | 5 Paid | 6 Incurred | 7 Claims Made | 8 Occurrence |
| 1. Monoline Policies | 20,076 | 17,210 | | | | | | |

2. Commercial Multiple Peril (CMP) Packaged Policies
   - 2.1 Does the reporting entity provide D & O liability coverage as part of a CMP packaged policy? Yes[ ] No[X]
   - 2.2 Can the direct premium earned for D & O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes[ ] No[X]
   - 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D & O liability coverage in CMP packaged policies
     - 2.31 Amount quantified: $ 0
     - 2.32 Amount estimated using reasonable assumptions $ 0
   - 2.4 If the answer to question 2.1 is yes, please provide the following:

| Description | Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|---|---|---|---|---|---|---|
| | 1 Paid | 2 Paid + Change in Case Reserves | 3 Paid | 4 Paid + Change in Case Reserves | 5 Claims Made | 6 Occurrence |
| 2.4 D&O liability coverage | | | | | | |

# INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

# INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

# INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

# INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT