



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

EVERGREEN NATIONAL INDEMNITY COMPANY

NAIC Group Code.....4765, 0 (Current Period) (Prior Period)	NAIC Company Code..... 12750	Employer's ID Number..... 36-2467238
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 30, 1939	Commenced Business..... January 1, 1940	
Statutory Home Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US..... 44124 440-229-3420 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)	
Mail Address	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 440-229-3403 (Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	DAVID ALAN CANZONE (Name) dcanzzone@evergreen-national.com (E-Mail Address)	440-229-3403 (Area Code) (Telephone Number) (Extension) 440-229-3421 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. MATTHEW TRACY TUCKER #	PRESIDENT	2. DAVID ALAN CANZONE	CFO/TREASURER
3. WAN CHEN COLLIER	SECRETARY	4. ROBERT WILLARD SHEPARD #	VICE PRESIDENT OF FINANCE

OTHER

DIRECTORS OR TRUSTEES			
CHARLES KYLE SLATERY #	MATTHEW TRACY TUCKER #	ROBERT WILLARD SHEPARD #	JAMES DONALD LACKIE #
DAVID ALAN CANZONE			

State of..... Ohio
County of.... Cuyahoga

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) MATTHEW TRACY TUCKER	(Signature) DAVID ALAN CANZONE	(Signature) WAN CHEN COLLIER
1. (Printed Name) PRESIDENT	2. (Printed Name) CFO/TREASURER	3. (Printed Name) SECRETARY
(Title)	(Title)	(Title)
Subscribed and sworn to before me		a. Is this an original filing?
This _____ day of _____	2015	b. If no
		1. State the amendment number
		2. Date filed
		3. Number of pages attached
		Yes [X] No []

EVERGREEN NATIONAL INDEMNITY COMPANY
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds (Schedule D).....	19,927,610		19,927,610	19,384,634
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	4,215,923		4,215,923	855,180
2.2 Common stocks.....	9,631,168		9,631,168	291,347
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	840,736		840,736	850,000
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....4,678,644, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....1,696,611, Schedule DA).....	6,375,255		6,375,255	22,623,743
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	2,554,997		2,554,997	500,000
9. Receivables for securities.....	52,285		52,285	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	43,597,974	0	43,597,974	44,504,904
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	.290,942		290,942	241,171
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,062,101		2,062,101	2,112,328
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	.377,495	62,365	315,130	263,255
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	.637,268	158,027	479,241	476,523
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	18,504	8,996	.9,508	14,965
21. Furniture and equipment, including health care delivery assets (\$.....0).....	2,405	2,405	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	24,181	19,570	.4,611	69
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	47,010,871	251,363	46,759,508	47,613,215
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	47,010,871	251,363	46,759,508	47,613,215

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Receivable.....	4,611		.4,611	69
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	19,570	19,570	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	24,181	19,570	.4,611	69

EVERGREEN NATIONAL INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	2,543,335	2,251,851
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	.....	.....
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	943,087	1,214,168
4. Commissions payable, contingent commissions and other similar charges.....	.....	.....
5. Other expenses (excluding taxes, licenses and fees).....	171,356	236,518
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	189,245	239,261
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	96,011	227,889
7.2 Net deferred tax liability.....	.....	.....
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....11,627,150 and including warranty reserves of \$.....72,790 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	4,871,404	4,971,438
10. Advance premium.....	.....	.....
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....	.....
11.2 Policyholders.....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions).....	3,526,692	3,388,542
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	.....	.....
14. Amounts withheld or retained by company for account of others.....	.....	1,230
15. Remittances and items not allocated.....	.....	.....
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....	.....	.....
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....	.....
18. Drafts outstanding.....	.....	.....
19. Payable to parent, subsidiaries and affiliates.....	.....	.....
20. Derivatives.....	.....	.....
21. Payable for securities.....	.....	.....
22. Payable for securities lending.....	.....	.....
23. Liability for amounts held under uninsured plans.....	.....	.....
24. Capital notes \$.....0 and interest thereon \$.....0.....	.....	.....
25. Aggregate write-ins for liabilities.....	1,209,044	1,221,458
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	13,550,174	13,752,355
27. Protected cell liabilities.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	13,550,174	13,752,355
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	3,018,004	3,018,004
31. Preferred capital stock.....	.....	.....
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	.....	.....
34. Gross paid in and contributed surplus.....	25,841,820	25,841,820
35. Unassigned funds (surplus).....	4,349,510	5,001,036
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	.....	.....
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	.....	.....
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	33,209,334	33,860,860
38. TOTALS (Page 2, Line 28, Col. 3).....	46,759,508	47,613,215

DETAILS OF WRITE-INS

2501. Unrestricted Collateral.....	945,719	911,119
2502. Pledged as Collateral.....	263,325	310,339
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,209,044	1,221,458
2901. .....	.....	.....
2902. .....	.....	.....
2903. .....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201. .....	.....	.....
3202. .....	.....	.....
3203. .....	.....	.....
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

EVERGREEN NATIONAL INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	12,096,591	11,882,139
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	301,251	(60,313)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	(274,267)	(102,350)
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	10,721,074	8,988,221
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	10,748,058	8,825,558
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	1,348,533	3,056,581
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	849,340	783,313
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	454,783	126,603
11. Net investment gain (loss) (Lines 9 + 10).....	1,304,123	909,916
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	627	10,252
15. Total other income (Lines 12 through 14).....	627	10,252
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	2,653,283	3,976,749
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	2,653,283	3,976,749
19. Federal and foreign income taxes incurred.....	748,122	1,309,962
20. Net income (Line 18 minus Line 19) (to Line 22).....	1,905,161	2,666,787
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	33,860,860	33,651,831
22. Net income (from Line 20).....	1,905,161	2,666,787
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	(149,889)	(38,123)
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(105,820)	(497,467)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	172,091	527,832
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....	(2,450,000)	(2,450,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	(23,068)	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	(651,525)	209,029
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	33,209,334	33,860,860

DETAILS OF WRITE-INS

0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401. Miscellaneous Income.....	627	10,252
1402.....		
1403.....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	627	10,252
3701. Misc Surplus Change.....	(23,068)	
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	(23,068)	0

EVERGREEN NATIONAL INDEMNITY COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	12,184,934	11,937,938
2. Net investment income.....	906,106	938,162
3. Miscellaneous income.....	627	10,252
4. Total (Lines 1 through 3).....	13,091,667	12,886,352
5. Benefit and loss related payments.....	61,643	(18,306)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	10,833,497	12,800,416
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	880,000	1,275,000
10. Total (Lines 5 through 9).....	11,775,140	14,057,110
11. Net cash from operations (Line 4 minus Line 10).....	1,316,527	(1,170,758)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	13,109,237	6,467,045
12.2 Stocks.....	5,404,345	1,085,469
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	18,513,583	7,552,514
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	13,604,549	4,987,863
13.2 Stocks.....	17,953,789	399,299
13.3 Mortgage loans.....	.....	850,000
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	2,054,997	500,000
13.6 Miscellaneous applications.....	52,285	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	33,665,619	6,737,162
14. Net increase (decrease) in contract loans and premium notes.....	.....	.....
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(15,152,037)	815,352
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	.....	.....
16.2 Capital and paid in surplus, less treasury stock.....	.....	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....
16.5 Dividends to stockholders.....	2,450,000	2,450,000
16.6 Other cash provided (applied).....	37,022	365,548
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(2,412,978)	(2,084,452)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(16,248,488)	(2,439,858)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	22,623,743	25,063,601
19.2 End of year (Line 18 plus Line 19.1).....	6,375,255	22,623,743

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

20.0001
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EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....				0
2. Allied lines.....				0
3. Farmowners multiple peril.....				0
4. Homeowners multiple peril.....				0
5. Commercial multiple peril.....				0
6. Mortgage guaranty.....				0
8. Ocean marine.....				0
9. Inland marine.....				0
10. Financial guaranty.....				0
11.1 Medical professional liability - occurrence.....				0
11.2 Medical professional liability - claims-made.....				0
12. Earthquake.....				0
13. Group accident and health.....				0
14. Credit accident and health (group and individual).....				0
15. Other accident and health.....				0
16. Workers' compensation.....				0
17.1 Other liability - occurrence.....				0
17.2 Other liability - claims-made.....				0
17.3 Excess workers' compensation.....				0
18.1 Products liability - occurrence.....				0
18.2 Products liability - claims-made.....				0
19.1, 19.2 Private passenger auto liability.....				0
19.3, 19.4 Commercial auto liability.....				0
21. Auto physical damage.....				0
22. Aircraft (all perils).....				0
23. Fidelity.....				0
24. Surety.....	11,926,167	4,881,319	4,759,390	12,048,096
26. Burglary and theft.....				0
27. Boiler and machinery.....				0
28. Credit.....				0
29. International.....				0
30. Warranty.....	70,390	90,119	112,014	48,495
31. Reinsurance - nonproportional assumed property.....				0
32. Reinsurance - nonproportional assumed liability.....				0
33. Reinsurance - nonproportional assumed financial lines.....				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	11,996,557	4,971,438	4,871,404	12,096,591

DETAILS OF WRITE-INS

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

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					0
2. Allied lines.....					0
3. Farmowners multiple peril.....					0
4. Homeowners multiple peril.....					0
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....					0
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....					0
17.2 Other liability - claims-made.....					0
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....					0
19.1, 19.2 Private passenger auto liability.....					0
19.3, 19.4 Commercial auto liability.....					0
21. Auto physical damage.....					0
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....	4,759,390				4,759,390
26. Burglary and theft.....					0
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....	112,014				112,014
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	4,871,404	0	0	0	4,871,404
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					4,871,404

DETAILS OF WRITE-INS

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

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

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						0
2. Allied lines.....						0
3. Farmowners multiple peril.....						0
4. Homeowners multiple peril.....						0
5. Commercial multiple peril.....						0
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....						0
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....						0
17.2 Other liability - claims-made.....						0
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....						0
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....						0
19.3, 19.4 Commercial auto liability.....						0
21. Auto physical damage.....						0
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....	32,809,579		4,300,831		25,184,243	11,926,167
26. Burglary and theft.....						0
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....	48,665		21,725			70,390
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	32,858,244	0	4,322,556	0	25,184,243	11,996,557

DETAILS OF WRITE-INS

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0				0
2. Allied lines.....				0				0
3. Farmowners multiple peril.....				0				0
4. Homeowners multiple peril.....				0				0
5. Commercial multiple peril.....				0				0
6. Mortgage guaranty.....				0				0
8. Ocean marine.....				0				0
9. Inland marine.....				0				0
10. Financial guaranty.....				0				0
11.1 Medical professional liability - occurrence.....				0				0
11.2 Medical professional liability - claims-made.....				0				0
12. Earthquake.....				0				0
13. Group accident and health.....				0				0
14. Credit accident and health (group and individual).....				0				0
15. Other accident and health.....				0				0
16. Workers' compensation.....	459,017	7,624	466,641	0				0
17.1 Other liability - occurrence.....				0				0
17.2 Other liability - claims-made.....				0				0
17.3 Excess workers' compensation.....				0				0
18.1 Products liability - occurrence.....				0				0
18.2 Products liability - claims-made.....				0				0
19.1, 19.2 Private passenger auto liability.....				0				0
19.3, 19.4 Commercial auto liability.....				0				0
21. Auto physical damage.....				0				0
22. Aircraft (all perils).....				0				0
23. Fidelity.....				0				0
24. Surety.....	39,068		29,301	9,767	2,543,335	2,251,851	.301,251	2.5
26. Burglary and theft.....				0				0
27. Boiler and machinery.....				0				0
28. Credit.....				0				0
29. International.....				0				0
30. Warranty.....				0				0
31. Reinsurance - nonproportional assumed property.....	XXX			0				0
32. Reinsurance - nonproportional assumed liability.....	XXX			0				0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0
35. TOTALS.....	498,085	7,624	495,942	9,767	2,543,335	2,251,851	.301,251	2.5

DETAILS OF WRITE-INS

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire.....				0				0	0
2. Allied lines.....				0				0	0
3. Farmowners multiple peril.....				0				0	0
4. Homeowners multiple peril.....				0				0	0
5. Commercial multiple peril.....				0				0	0
6. Mortgage guaranty.....				0				0	0
8. Ocean marine.....				0				0	0
9. Inland marine.....				0				0	0
10. Financial guaranty.....				0				0	0
11.1 Medical professional liability - occurrence.....				0				0	0
11.2 Medical professional liability - claims-made.....				0				0	0
12. Earthquake.....				0				0	0
13. Group accident and health.....				0				(a) 0	0
14. Credit accident and health (group and individual).....				0				(a) 0	0
15. Other accident and health.....				0				(a) 0	0
16. Workers' compensation.....	6,430,989	18,082	6,449,071	0	3,261,976	37,970	3,299,946	0	0
17.1 Other liability - occurrence.....				0	31,032			31,032	0
17.2 Other liability - claims-made.....				0					0
17.3 Excess workers' compensation.....				0					0
18.1 Products liability - occurrence.....				0					0
18.2 Products liability - claims-made.....				0					0
19.1, 19.2 Private passenger auto liability.....				0					0
19.3, 19.4 Commercial auto liability.....				0					0
21. Auto physical damage.....				0					0
22. Aircraft (all perils).....				0					0
23. Fidelity.....				0					0
24. Surety.....	95,550		14,663	80,887	7,369,488	1,327,037	6,234,077	2,543,335	943,087
26. Burglary and theft.....				0					0
27. Boiler and machinery.....				0					0
28. Credit.....				0					0
29. International.....				0					0
30. Warranty.....				0					0
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX				0
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX				0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	6,526,539	18,082	6,463,734	80,887	10,662,496	1,365,007	9,565,055	2,543,335	943,087

DETAILS OF WRITE-INS

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

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

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	(1,003,501)			(1,003,501)
1.2 Reinsurance assumed.....	55,980			55,980
1.3 Reinsurance ceded.....	(673,254)			(673,254)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	(274,267)	0	0	(274,267)
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		17,678,598		17,678,598
2.2 Reinsurance assumed, excluding contingent.....		2,482,405		2,482,405
2.3 Reinsurance ceded, excluding contingent.....		12,555,473		12,555,473
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	7,605,530	0	7,605,530
3. Allowances to manager and agents.....				0
4. Advertising.....		60,000		60,000
5. Boards, bureaus and associations.....		85,950		85,950
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....		969,145	14,759	983,904
8.2 Payroll taxes.....		59,374	904	60,278
9. Employee relations and welfare.....		160,018	2,437	162,455
10. Insurance.....		88,926		88,926
11. Directors' fees.....				0
12. Travel and travel items.....		183,944	2,801	186,745
13. Rent and rent items.....		152,223	2,318	154,541
14. Equipment.....		(12,623)	(192)	(12,815)
15. Cost or depreciation of EDP equipment and software.....		14,845	226	15,071
16. Printing and stationery.....		6,521	99	6,620
17. Postage, telephone and telegraph, exchange and express.....		30,368	462	30,830
18. Legal and auditing.....		346,184	5,272	351,456
19. Totals (Lines 3 to 18).....	0	2,144,875	29,086	2,173,961
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		645,364		645,364
20.2 Insurance department licenses and fees.....		179,283		179,283
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....		4,300		4,300
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	828,946	0	828,946
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	141,723	150,977	292,700
25. Total expenses incurred.....	(274,267)	10,721,074	180,063	(a).....10,626,870
26. Less unpaid expenses - current year.....	943,087	340,278	19,071	1,302,436
27. Add unpaid expenses - prior year.....	1,214,168	457,145	18,634	1,689,947
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	(3,186)	10,837,941	179,626	11,014,381

DETAILS OF WRITE-INS

2401. Other Outside Services.....		74,367	150,977	225,344
2402. Data Processing.....		45,038		45,038
2403. Other.....		22,318		22,318
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	141,723	150,977	292,700

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

EVERGREEN NATIONAL INDEMNITY COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....153,680	.....152,519
1.1 Bonds exempt from U.S. tax.....	(a).....132,152	.....122,645
1.2 Other bonds (unaffiliated).....	(a).....354,261	.....411,269
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....80,971	.....86,609
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....98,819	.....140,820
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....59,105	.....59,106
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....19,363	.....18,934
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....37,500	.....37,501
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....935,850	.....1,029,403
11. Investment expenses.....	(g).....180,063	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....0
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....	.....180,063
17. Net investment income (Line 10 minus Line 16).....	.....849,340	.....

DETAILS OF WRITE-INS

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

- (a) Includes \$....19,606 accrual of discount less \$....125,490 amortization of premium and less \$....138,496 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$....222 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$....634 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	37,593	.....	37,593	.....	.....
1.1 Bonds exempt from U.S. tax.....	94,008	.....	94,008	.....	.....
1.2 Other bonds (unaffiliated).....	207,835	.....	207,835	.....(185,886)	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....17,746	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	115,347	.....	115,347	.....18,251	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....454,783	.....0	.....454,783	.....(149,889)	.....0

DETAILS OF WRITE-INS

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

EVERGREEN NATIONAL INDEMNITY COMPANY
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	.0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	62,365	62,365	0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	158,027	266,565	108,538
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....	8,996	14,993	5,997
21. Furniture and equipment, including health care delivery assets.....	2,405	2,714	309
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	19,570	76,817	57,247
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	251,363	423,454	172,091
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	251,363	423,454	172,091

DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	0
2501.....			0
2502. Prepaid Insurance.....	19,570	76,817	57,247
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	19,570	76,817	57,247

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of Evergreen National Indemnity Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (Department).

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

	State of Domicile	2014	2013
NET INCOME			
(1) EVERGREEN NATIONAL INDEMNITY COMPANY state basis (Page 4, Line 20, Columns 1 & 2)	OH	1,905,160	2,666,787
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	1,905,160	2,666,787
SURPLUS			
(5) CompName#CompName state basis (Page 3, line 37, Columns 1 & 2)	OH	33,209,334	33,860,860
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	33,209,334	33,860,860

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Investment grade bonds not backed by other loans are stated at amortized cost using the constant yield method. Non-investment grade bonds are stated at the lower of amortized cost or fair value. See paragraph 6 for loan-backed and structured securities.
3. Common stocks are stated at fair market value.
4. Investment grade perpetual preferred stocks are stated at fair value. Investment grade redeemable preferred stocks are stated at amortized cost. Non-investment grade preferred stocks are stated at the lower of amortized cost or fair value.
5. The mortgage loan on real estate is stated at purchase price less principal payments received.
6. U.S. government agency loan-backed and structured securities are valued at amortized cost. Other loan-back and structured securities are valued at either amortized cost or fair value, depending on many factors including: the type of underlying collateral, whether modeled by NAIC vendor, whether rated (by either an NAIC approved rating organization or the NAIC Securities Valuation Office), and the relationship of amortized cost to par value and amortized cost to fair value. The prospective adjustment method is used to value all loan-backed securities.
7. The Company does not have investments in subsidiaries, controlled and affiliated entities.
8. Investments in partnerships, joint ventures, and limited liability companies (Schedule BA assets) are stated at the underlying U.S. tax equity value, as the audited GAAP equity is not available at the time of preparation of these financial statements, per SSAP 48. Refer to Schedule BA for detail.

NOTES TO FINANCIAL STATEMENTS

9. The Company does not invest in derivatives.
10. The Company does not have any premium deficiencies.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from prior period.
13. The Company does not have any pharmaceutical rebate receivables.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

A. Statutory Purchase Method

Not applicable.

B. Statutory Mergers

Not applicable.

C. Impairment Loss

Not applicable.

NOTE 4 – DISCONTINUED OPERATIONS

Not applicable.

NOTE 5 – INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans

1. The Company purchased one mortgage loan in 2013. The nominal annual interest rate is 7.5%.
2. The maximum percentage of any one loan to the value of collateral at the time of the loan was 71%.
3. There were no taxes, assessments or any amounts advanced and not included in the mortgage loan.
4. Age Analysis of Mortgage Loans:

		Residential			Commercial			Total
		Farm	Insured	All Other	Insured	All Other	Mezzanine	
a. Current Year								
1.	Recorded Investment (All)							
(a)	Current						840,736	840,736
(b)	30-59 Days Past Due							
(c)	60-89 Days Past Due							
(d)	90-179 Days Past Due							
(e)	180+ Days Past Due							
2.	Accruing Interest 90-179 Days Past Due							
(a)	Recorded Investment							
(b)	Interest Accrued							
3.	Accruing Interest 180+ Days Past Due							
(a)	Recorded Investment							
(b)	Interest Accrued							
4.	Interest Reduced							
(a)	Recorded Investment							
(b)	Number of Loans							
(c)	Percent Reduced	0.000	0.000	0.000	0.000	0.000	0.000	0.000
b. Prior Year								
1.	Recorded Investment (All)							
(a)	Current						850,000	850,000
(b)	30-59 Days Past Due							
(c)	60-89 Days Past Due							
(d)	90-179 Days Past Due							
(e)	180+ Days Past Due							

NOTES TO FINANCIAL STATEMENTS

2.	Accruing Interest 90-179 Days Past Due							
(a)	Recorded Investment							
(b)	Interest Accrued							
3.	Accruing Interest 180+ Days Past Due							
(a)	Recorded Investment							
(b)	Interest Accrued							
4.	Interest Reduced							
(a)	Recorded Investment							
(b)	Number of Loans							
(c)	Percent Reduced	0.000	0.000	0.000	0.000	0.000	0.000	0.000

5 – 6. There were no impaired mortgage loans as of December 31, 2014.

7. Allowance for Credit Losses

Not applicable

8. Interest Income on Impaired Loans

Not applicable

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

1. Prepayment assumptions were determined from independent security information service providers (e.g., Bloomberg) or the Company's external investment advisory firm.
2. Not applicable.
3. Not applicable.
4. Not applicable.
5. Not applicable.

E. Repurchase Agreements

Not applicable.

F. Real Estate

Not applicable.

G. Low-income housing tax credits

Not applicable.

H. Other Disclosures and Unusual Items

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					6	7	8	Percentage						
	Current Period														
	1	2	3	4	5										
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Restricted Assets (a)	Total Protected Cell Restricted Assets	Protected Cell Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Period Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets					
a. Subject to contractual obligation for which liability is not shown									0.000	0.000					
b. Collateral held under security lending arrangements									0.000	0.000					
c. Subject to repurchase agreements									0.000	0.000					
d. Subject to reverse repurchase agreements									0.000	0.000					

NOTES TO FINANCIAL STATEMENTS

e. Subject to dollar repurchase agreements									0.000	0.000
f. Subject to dollar reverse repurchase agreements									0.000	0.000
g. Placed under option contracts									0.000	0.000
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock									0.000	0.000
i. FHLB capital stock									0.000	0.000
j. On deposit with state	5,117,017				5,117,017	5,101,404	15,613		10.885	0.000
k. On deposit with other regulatory bodies									0.000	0.000
l. Pledged as collateral to FHLB (including assets backing funding agreements)									0.000	0.000
m. Pledged as collateral not captured in other categories	263,325				263,325	310,339	(47,014)		0.560	0.000
n. Other restricted assets									0.000	0.000
o. Total Restricted Assets	5,380,342				5,380,342	5,411,743	(31,401)		11.445	0.000

(a) Subset of column 1

(b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Other Restricted Assets	Gross Restricted						8	Percentage		
	Current Year					6	7	9	10	
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Warranty Business Pledged	263,325				263,325	310,339	(47,014)	263,325	0.560	0.563
Total	263,325				263,325	310,339	(47,014)	263,325	0.560	0.563

(a) Subset of column 1

(b) Subset of column 3

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Collateral Agreement	Gross Restricted						8	Percentage		
	Current Year					6	7	9	10	
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
0									0.000	0.000
Total									0.000	0.000

(a) Subset of column 1

(b) Subset of column 3

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not applicable

K. Structured Notes

Not applicable

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

A. Detail for Those Greater than 10% of Admitted Assets

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. Write-downs for Impairment of Joint Ventures, Partnerships and LLCs

The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

NOTES TO FINANCIAL STATEMENTS**NOTE 7 – INVESTMENT INCOME**

A. Accrued Investment Income

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

At December 31, 2014 and 2013, the Company did not have any investment income amounts due and accrued over 90 days past due.

NOTE 8 – DERIVATIVE INSTRUMENTS

Not applicable

NOTE 9 – INCOME TAXES

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2014			2013			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	518,913	127,218	646,131	513,815	238,137	751,952	5,098	(110,919)	(105,821)
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	518,913	127,218	646,131	513,815	238,137	751,952	5,098	(110,919)	(105,821)
d. Deferred tax assets nonadmitted	30,809	127,218	158,027	28,428	238,137	266,565	2,381	(110,919)	(108,538)
e. Subtotal net admitted deferred tax asset (1c-1d)	488,104		488,104	485,387		485,387	2,717		2,717
f. Deferred tax liabilities		8,863	8,863		8,864	8,864		(1)	(1)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	488,104	(8,863)	479,241	485,387	(8,864)	476,523	2,717	1	2,718

2. Admission Calculation Components

	2014			2013			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	488,104		488,104	485,387		485,387	2,717		2,717
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	488,104		488,104	485,387		485,387	2,717		2,717

3. Other Admissibility Criteria

		2014	2013
a. Ratio percentage used to determine recovery period and threshold limitation amount		1,110.700	1,769.000
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		32,730,093	33,860,860

4. Impact of Tax Planning Strategies

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

	12/31/14		12/31/13		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	518,913	127,218	513,815	238,137	5,098	(110,919)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs	488,104		485,387		2,717	

NOTES TO FINANCIAL STATEMENTS

amount from Note 9A1(e)						
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000

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

B. Deferred Tax Liabilities Not Recognized

Not applicable

C. Current and Deferred Income Taxes**1. Current Income Tax**

	1 2014	2 2013	3 (Col 1-2) Change
a. Federal	748,122	1,309,962	(561,840)
b. Foreign			
c. Subtotal	748,122	1,309,962	(561,840)
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	748,122	1,309,962	(561,840)

2. Deferred Tax Assets

	1 2014	2 2013	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	44,012	40,612	3,400
2. Unearned premium reserve	331,256	338,058	(6,802)
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets	143,645	135,145	8,500
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	518,913	513,815	5,098
b. Statutory valuation allowance adjustment			
c. Nonadmitted	30,809	28,428	2,381
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	488,104	485,387	2,717
e. Capital:			
1. Investments	127,218	139,457	(12,239)
2. Net capital loss carry-forward		98,680	(98,680)
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	127,218	238,137	(110,919)
f. Statutory valuation allowance adjustment			
g. Nonadmitted	127,218	238,137	(110,919)
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	488,104	485,387	2,717

3. Deferred Tax Liabilities

	1 2014	2 2013	3 (Col 1-2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal			
b. Capital:			
1. Investments	8,863	8,864	(1)
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal	8,863	8,864	(1)
c. Deferred tax liabilities (3a99+3b99)	8,863	8,864	(1)

4. Net Deferred Tax Assets (2i – 3c)	479,241	476,523	2,718
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NOTES TO FINANCIAL STATEMENTS**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate**

Among the more significant book to tax adjustments were the following:

	2014	
	Amount	Effective Tax Rate (34%)
Permanent Differences:		
Provision computed at statutory rate	\$ 2,653,282	\$ 902,115
Tax exempt income deduction, net	-104,247	-35,444
Dividends received deduction	-70,127	-23,843
Disallowable travel and entertainment	51,803	17,613
Other permanent differences	7,000	2,380
Temporary Differences:		
Total ordinary DTAs	14,993	5,098
Total ordinary DTLs		
Total capital DTAs	-290,233	-98,679
Total capital DTLs		
Other:		
Statutory valuation allowance adjustment		
Accrual adjustment – prior year		-21,118
Other		
Totals	2,261,471	748,122
Federal and foreign income taxes incurred		748,122
Realized capital gains (losses) tax		
Change in net deferred income taxes		-2,718
Total statutory income taxes		\$ 745,404

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

At December 31, 2014, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2014 and 2013 that is available for recoupment in the event of future net losses:

Year	Amount
2014	769,240
2013	1,327,388

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

F. Consolidated Federal Income Tax Return

Not applicable

G. Federal or Foreign Federal Income Tax Loss Contingencies

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

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**A. Nature of Relationships**

Approximately 65.06% of the outstanding voting shares are owned by ProAlliance Corporation (ProAlliance).

Effective August 1, 2014, ProAlliance Corporation and its shareholders entered into a stock purchase agreement with Stillwater Insurance Company (SIC). According to the agreement, SIC purchased 90% of the issued and outstanding capital stock of ProAlliance Corporation. The agreement was approved on July 29, 2014 by the Ohio Department of Insurance.

Total issued stock of the Company is comprised of the following: 30.35% by ProAlliance, a privately owned company incorporated in Ohio; 19.9% by Waste Management Holdings, Inc., a Delaware company; 19.9% Allied Waste North America, a Delaware company; 19.9% by Casella Waste Systems, Inc., a Delaware company; and 9.95% by Waste Connections, Inc., a Delaware company.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

In 2014 and 2013, the Company declared and paid dividends as follows:

- a. Declared April 16, 2014 and paid April 28, 2014 – an ordinary cash dividend of \$1,250,000
- b. Declared October 10, 2014 and paid October 22, 2014 – an ordinary cash dividend of \$1,200,000
- c. Declared March 28, 2013 and paid April 8, 2013 – an ordinary cash dividend of \$1,250,000
- d. Declared August 29, 2013 and paid September 9, 2013 – an ordinary cash dividend of \$1,200,000

NOTES TO FINANCIAL STATEMENTS**C. Change in Terms of Intercompany Agreements**

Not applicable.

D. Amounts Due from or to Related Parties

None as of December 31, 2014.

E. Guarantees or Contingencies for Related Parties

Not applicable.

F. Management, Service Contracts, Cost Sharing Agreements

Not applicable.

G. Nature of Relationships that Could Affect Operations

Approximately 65.06% of outstanding voting shares of the Company are owned by ProAlliance.

H. Amount Deducted for Investment in Upstream Company

Not applicable.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable.

J. Writedown for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

Not applicable.

K. Investment in foreign insurance Subsidiary.

Not applicable.

L. Investment in a downstream non-insurance holding company

Not applicable.

NOTE 11 – DEBT

Not applicable

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**A - D. Defined Benefit Plans**

Not applicable

E. Defined Contribution Plans

The Company sponsors a defined contribution savings plan covering substantially all employees of the Company. Contributions were made of 4% of each participating employee's compensation for 2014 and 2013. In addition, the Company made voluntary profit sharing contributions to the plan in both 2014 and 2013. The Company's total contribution to the plan was \$132,828 for 2014 and \$145,920 for 2013. At December 31, 2014, the fair value of plan assets was \$985,677.

F. Multiemployer Plans

Not applicable

G. Consolidated/Holding Company Plans

Not applicable

H. Postemployment Benefits and Compensated Absences

Not applicable

NOTES TO FINANCIAL STATEMENTS

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. Outstanding Shares

The Company has the following shares authorized, issued and outstanding at December 31, 2014:

A shares (voting), \$500 par; 10,000 authorized; 6,000 issued and outstanding
B shares (non-voting), \$1 par; 25,000 authorized; 18,000 issued and outstanding
C shares (non-voting), \$1 par; 100 authorized; 3.5 issued and outstanding

The Company has no preferred stock authorized, issued, or outstanding.

2. Dividend Rate of Preferred Stock

Not applicable.

3., 4. and 5. Dividend Restrictions

The maximum dividend which can be paid by Ohio incorporated insurance companies is subject to restrictions relating to the maintenance of minimum assets and capital. For example, no company shall make any distribution of dividends or assets unless the value of assets remaining is at least equal to the aggregate amount of debts and liabilities, including capital. In addition, no company which is part of a holding company system may make a cumulative twelve month distribution which exceeds the greater of ten percent of policyholders surplus as of the prior year or its net income of the previous calendar year. Accordingly, the maximum cumulative dividend payout to shareholders that may be made without prior approval of the Ohio Department of Insurance in 2015 is \$3,320,933, representing 10% of the surplus as regards policyholders as of December 31, 2014.

In 2014 and 2013, the Company declared and paid dividends as follows:

- a. Declared April 16, 2014 and paid April 28, 2014 – an ordinary cash dividend of \$1,250,000
- b. Declared October 10, 2014 and paid October 22, 2014 – an ordinary cash dividend of \$1,200,000
- c. Declared March 28, 2013 and paid April 8, 2013 – an ordinary cash dividend of \$1,250,000
- d. Declared August 29, 2013 and paid September 9, 2013 – an ordinary cash dividend of \$1,200,000

6. Restrictions placed on the unassigned funds (surplus)

Not applicable.

7. Mutual Surplus Advances

Not applicable.

8. Company Stock Held for Special Purposes

Not applicable.

9. Changes in Special Surplus Funds

Not applicable.

10 The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: (205,098)

11 Surplus Notes

Not applicable

12 - 13 Quasi-Reorganizations

Not applicable

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

Not applicable

NOTES TO FINANCIAL STATEMENTS**B. Assessments**

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or, in the case of loss based assessments, at the time the losses are incurred.

The Company is not aware of any such insolvencies and has therefore, not accrued any liability for guaranty fund and other assessments as of December 31, 2014. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to many factors including the Company's share of the ultimate cost of current insolvencies.

C. Gain Contingencies

Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

Various lawsuits against the Company may arise in the course of the Company's normal business operations. Contingent liabilities that have arisen from litigation are not considered material to the financial position of the Company. The Company has no asset that it considers impaired.

NOTE 15 – LEASES**A. Lessee Operating Lease**

1. The Company leases office facilities under various non-cancelable operating leases that expire November 30, 2016. The Company incurred rent expense of \$154,541 and \$130,850 in 2014 and 2013, respectively.
- 2.

a.	At January 1, 2015 the minimum aggregate rental commitments are as follows:	
	Year Ending December 31	Operating Leases
1.	2015	176,041
2.	2016	167,068
3.	2017	
4.	2018	
5.	2019	
6.	Total	343,109

3. The Company has not entered into any sales-leaseback arrangements.

B. Lessor Leasing Arrangements

Not applicable

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

The Company has no financial instruments with off-balance sheet risk.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**A. Transfers of Receivables Reported as Sales**

Not applicable

NOTES TO FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets

Not applicable

C. Wash Sales

The Company did not have any wash sales during the current year.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

A. ASO Plans

Not applicable

B. ASC Plans

Not applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not applicable

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable

NOTE 20 – FAIR VALUE MEASUREMENTS

A. Assets measured at Fair Value

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Bonds Industrial & Misc		3,250,990		3,250,990
Preferred Stocks		3,043,260		3,043,260
Common Stocks	9,424,676	16,998	189,494	9,631,168
Total	9,424,676	6,311,248	189,494	15,925,418

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at 1/1/2014	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2014
Common Stocks	189,494									189,494
Total	189,494									189,494

b. Liabilities	Beginning Balance at 1/1/2014	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2014
Total										

(3) Transfers in (out) of Level 3

Not applicable

(4) Level 2 bonds, preferred stocks, and common stocks carried at fair value are determined by independent pricing services using observable inputs.

Level 3 fair value is derived as follows:

Common Stock non-affiliates: Valuation is based on actual cost with quarterly internal analysis based on the following: Current year and history of earnings and EPS of common stock, Book value of common stock, Industry Price Earnings ratio, Industry Price to Book ratio, and general market factors.

(5) Derivative Assets and Liabilities

Not applicable

B. Other Fair Value Disclosures

Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Fair values for all financial instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds Industrial & Misc	20,101,234	19,927,610		20,101,234		
Preferred Stocks	4,256,556	4,215,923		4,256,556		
Common Stocks	9,631,168	9,631,168	9,424,676	16,998	189,494	
Mortgage Loan		840,736				
Cash & Short Term Investments	6,427,540	6,427,540	6,427,540			
Other Invested Assets	2,568,831	2,554,997	2,568,831			
Total	42,985,329	43,597,974	18,421,047	24,374,788	189,494	

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Mortgage Loan	840,736	0.075	12/22/2015	Not available for public sale therefore market price not available.
Total	840,736			

NOTE 21 – OTHER ITEMS

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring Debtors

Not applicable

C. Other Disclosures and Unusual Items

Not applicable

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-Transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

1. The Company does not engage in direct sub-prime residential mortgage lending. The Company's exposure to sub-prime is limited to investments within the fixed income investment portfolio which contains securities collateralized by mortgages that have characteristics of sub-prime lending. Such characteristics include an interest rate above prime to borrowers who do not qualify for prime rate loans, borrowers with low credit ratings (FICO scores), unconventionally high initial loan-to-value ratios, and borrowers with less than conventional documentation of their income and/or net assets.

The Company minimizes risk exposure by holding securities which carry higher credit ratings and by monitoring the underlying collateral performance on an ongoing basis.

2. Direct Exposure Through Investments in Subprime Mortgage Loans

Not applicable

3. Direct Exposure Through Other Investments

Not applicable

4. Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

Not applicable

G. Joint and Several Liabilities

Not applicable

Note 22 - Events Subsequent

A. Type 1 – Recognized Subsequent Events:

There were no subsequent events meriting disclosure through February 25, 2015 for the statutory statements issued on February 26, 2015.

B. Type 2 – Non-recognized Subsequent Events:

There were no subsequent events meriting disclosure through February 25, 2015 for the statutory statements issued on February 26, 2015.

NOTES TO FINANCIAL STATEMENTS**NOTE 23 – REINSURANCE**

A. Unsecured Reinsurance Recoverables in excess of 3% of surplus

Name of Reinsurer	NAIC Code	Federal ID #	Amount
General Reinsurance Corp.	22039	13-2673100	\$ 9,958,000
Axis Reinsurance Co.	20370	51-0434766	5,282,000
Westchester Fire Ins. Co. (Ace)	21121	13-5481330	5,022,000
Ohio Indemnity Insurance Co.	26565	31-0620146	3,368,000
Swiss Reins America Corp.	25364	13-1675535	1,381,000
Endurance Reins Corp	11551	35-2293075	1,045,000
Partner Reins Co	38636	13-3031176	1,035,000

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

(1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2014.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates						
b. All Other	1,406,649	713,195	11,627,150	5,789,568	(10,220,501)	(5,076,373)
c. Total	1,406,649	713,195	11,627,150	5,789,568	(10,220,501)	(5,076,373)
d. Direct Unearned Premium Reserves			15,091,905			

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

Not applicable

(3) Risks attributable to protected cells

Not applicable

D. Uncollectible Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years decreased by \$2,477,000 from \$3,466,000 in 2013 to \$989,000 in 2014 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on the surety line of insurance. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

Not applicable

NOTE 27 – STRUCTURED SETTLEMENTS

Not applicable

NOTE 28 – HEALTH CARE RECEIVABLES

Not applicable

NOTE 29 – PARTICIPATING POLICIES

Not applicable

NOTE 30 – PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserve:	-0-
2. Date of most recent evaluation of this liability:	December 31, 2014
3. Was anticipated investment income utilized in the calculation?	YES

NOTE 31 – HIGH DEDUCTIBLES

Not applicable

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

Not applicable

NOTE 33 – ASBESTOS/ENVIRONMENTAL RESERVES

Not applicable

NOTE 34 – SUBSCRIBER SAVINGS ACCOUNTS

Not applicable

NOTE 35 – MULTIPLE PERIL CROP INSURANCE

Not applicable

NOTE 36 – FINANCIAL GUARANTY INSURANCE

Not applicable

EVERGREEN NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]							
If yes, complete Schedule Y, Parts 1, 1A and 2.								
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
1.3 State regulating? <u>OHIO</u>								
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
2.2 If yes, date of change:	12/31/2009							
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.	01/31/2009							
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	02/11/2011							
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	02/11/2011							
3.4 By what department or departments? <u>OHIO DEPARTMENT OF INSURANCE</u>								
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]							
3.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]							
4.1.1 sales of new business?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]							
4.1.2 renewals?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]							
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
4.2.1 sales of new business?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]							
4.2.2 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> </table>			1 Name of Entity	2 NAIC Co. Code	3 State of Domicile			
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile						
6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
6.2 If yes, give full information:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> </table>			1 Nationality	2 Type of Entity				
1 Nationality	2 Type of Entity							
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
7.2 If yes,								
7.2.1 State the percentage of foreign control%							
7.2.2 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> </table>			1 Nationality	2 Type of Entity				
1 Nationality	2 Type of Entity							
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.66%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.66%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?								
<u>PLANTE MORAN, 10 SOUTH RIVERSIDE PLAZA, CHICAGO, IL 60606</u>								
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
10.2 If the response to 10.1 is yes, provide information related to this exemption:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]							
10.4 If the response to 10.3 is yes, provide information related to this exemption:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]							
10.6 If the answer to 10.5 is no or n/a, please explain.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?								
<u>TAPIO N. BOLES, FCAS, MAAA, TOWERS WATSON, 345 CALIFORNIA STREET, SUITE 1500, SAN FRANCISCO, CA 94104-2612 ACTUARY/CONSULTANT</u>								

EVERGREEN NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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

12.11 Name of real estate holding company _____

12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation.

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

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

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

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

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

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

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

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

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

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

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

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

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

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

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

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

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

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

21.21 Rented from others	.....
21.22 Borrowed from others	.....
21.23 Leased from others	.....
21.24 Other	.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	.....
22.22 Amount paid as expenses	.....
22.23 Other amounts paid	.....

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

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

EVERGREEN NATIONAL INDEMNITY COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

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

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

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

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A [X]24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A [X]24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A [X]

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

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

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

25.21 Subject to repurchase agreements \$.....0

25.22 Subject to reverse repurchase agreements \$.....0

25.23 Subject to dollar repurchase agreements \$.....0

25.24 Subject to reverse dollar repurchase agreements \$.....0

25.25 Placed under option agreements \$.....0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$.....0

25.27 FHLB Capital Stock \$.....0

25.28 On deposit with states \$.....5,117,017

25.29 On deposit with other regulatory bodies \$.....0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$.....263,325

25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$.....0

25.32 Other \$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
HUNTINGTON NATIONAL BANK	7 EASTON OVAL, COLUMBUS, OH 43219

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

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

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

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
	NFC INVESTMENTS, LLC	510 S. Mendenhall #200, Memphis TN 38117

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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999. TOTAL		0

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

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

EVERGREEN NATIONAL INDEMNITY COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	21,624,221	21,797,845	173,624
30.2 Preferred stocks.....	4,215,923	4,256,556	40,633
30.3 Totals.....	25,840,144	26,054,401	214,257

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

FAIR MARKET VALUES ARE OBTAINED FROM THE NAIC SECURITIES VALUATION OFFICE (SVO) AND WHEN NOT AVAILABLE FROM INDUSTRY STANDARD VALUATION PROVIDERS SUCH AS S&P OR FROM THE INVESTMENT CUSTODIANS.

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

Yes [] No [X]

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

Yes [] No []

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

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

Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....66,344

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

1 Name	2 Amount Paid
A.M. BEST COMPANY	29,700
SURETY AND FIDELITY ASSOCIATION OF AMERICA	35,879

34.1 Amount of payments for legal expenses, if any?

\$.....26,359

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

1 Name	2 Amount Paid
BAKER HOSTETLER	14,553
WYATT, TARRANT & COMBS, LLC	6,895

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

\$.....6,891

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

1 Name	2 Amount Paid
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA	6,891

EVERGREEN NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only. \$.....0

1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding: _____

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned
1.62 Total incurred claims
1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned
1.65 Total incurred claims
1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned
1.72 Total incurred claims
1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned
1.75 Total incurred claims
1.76 Number of covered lives

2. Health test:

1 Current Year	2 Prior Year
2.1 Premium Numerator.....	.....
\$.....12,096,591	.....11,882,139
2.3 Premium Ratio (2.1/2.2).....	.....0.0
2.4 Reserve Numerator.....	.....
\$.....8,357,826	.....8,437,457
2.6 Reserve Ratio (2.4/2.5).....	.....0.0

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies

3.22 Non-participating policies

4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

4.1 Does the reporting entity issue assessable policies? Yes [] No []

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

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

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

5. FOR RECIPROCAL EXCHANGES ONLY:

5.1 Does the exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:

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

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

5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact? _____

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

5.5 If yes, give full information: _____

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? The Company does not currently write workers' compensation insurance. All previously written workers' compensation insurance is 100% reinsured.

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: The Company has adopted the Surety & Fidelity Association of America's industry experience and loss development.

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? The Company does not write property insurance.

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [] No [X]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss: THE COMPANY DOES NOT HAVE ANY KNOWN EXPOSURE TO CATASTROPHIC RISK.

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [] No [X]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [] No []

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes [] No [X]

8.2 If yes, give full information:

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes [] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes [] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes [X] No [] N/A []

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force?

Yes [] No [X]

11.2 If yes, give full information:

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

- 12.11 Unpaid losses \$.....0
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$.....0

\$.....0

\$.....0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A [X]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

- 12.41 From%
- 12.42 To%

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes [] No [X]

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

- 12.61 Letters of credit
- 12.62 Collateral and other funds

.....

.....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$.....3,386,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes [] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

.....2

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

14.1 Is the company a cedant in a multiple cedant reinsurance contract?

Yes [] No []

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

DIRECT WRITTEN PREMIUM

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [] No []

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [] No []

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts?

Yes [] No []

15.2 If yes, give full information:

16.1 Does the reporting entity write any warranty business?

Yes [] No []

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....
16.12 Products.....
16.13 Automobile.....
16.14 Other*.....
* Disclose type of coverage:			48,665	72,790	39,580

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5?

Yes [] No []

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.12 Unfunded portion of Interrogatory 17.11

.....

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11

.....

17.14 Case reserves portion of Interrogatory 17.11

.....

17.15 Incurred but not reported portion of Interrogatory 17.11

.....

17.16 Unearned premium portion of Interrogatory 17.11

.....

17.17 Contingent commission portion of Interrogatory 17.11

.....

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

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.19 Unfunded portion of Interrogatory 17.18

.....

17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18

.....

17.21 Case reserves portion of Interrogatory 17.18

.....

17.22 Incurred but not reported portion of Interrogatory 17.18

.....

17.23 Unearned premium portion of Interrogatory 17.18

.....

17.24 Contingent commission portion of Interrogatory 17.18

.....

18.1 Do you act as a custodian for health savings account?

Yes [] No []

18.2 If yes, please provide the amount of custodial funds held as of the reporting date.

.....

18.3 Do you act as an administrator for health savings accounts?

Yes [] No []

18.4 If yes, please provide the balance of the funds administered as of the reporting date.

.....

EVERGREEN NATIONAL INDEMNITY COMPANY
FIVE-YEAR HISTORICAL DATA

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

	1 2014	2 2013	3 2012	4 2011	5 2010
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....				100,000	105,245
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	37,180,800	37,742,152	36,771,457	35,641,317	38,185,086
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	37,180,800	37,742,152	36,771,457	35,741,317	38,290,331
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....				100,000	100,000
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	11,996,557	12,367,020	11,897,509	10,709,336	11,813,775
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	11,996,557	12,367,020	11,897,509	10,809,336	11,913,775
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	1,348,532	3,056,581	2,920,340	3,526,184	2,893,709
14. Net investment gain (loss) (Line 11).....	1,304,123	909,916	1,152,776	2,367,788	(185,072)
15. Total other income (Line 15).....	627	10,252	17,674	167	(21)
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	748,122	1,309,962	1,291,129	1,479,666	1,397,993
18. Net income (Line 20).....	1,905,160	2,666,787	2,799,661	4,414,473	1,310,623
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	46,759,508	47,613,215	50,763,235	50,759,040	47,510,017
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	2,062,101	2,112,328	1,954,182	1,863,537	2,047,712
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	13,550,174	13,752,355	17,111,404	16,989,770	15,030,339
22. Losses (Page 3, Line 1).....	2,543,335	2,251,851	2,311,041	2,521,295	2,480,908
23. Loss adjustment expenses (Page 3, Line 3).....	943,087	1,214,168	1,299,825	1,483,882	1,575,920
24. Unearned premiums (Page 3, Line 9).....	4,871,404	4,971,438	4,486,557	4,256,991	4,918,287
25. Capital paid up (Page 3, Lines 30 & 31).....	3,018,004	3,018,004	3,018,004	3,018,004	3,018,004
26. Surplus as regards policyholders (Page 3, Line 37).....	33,209,334	33,860,860	33,651,831	33,769,270	32,479,678
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	1,316,527	(1,170,758)	2,667,276	6,481,839	2,196,874
Risk-Based Capital Analysis					
28. Total adjusted capital.....	33,209,334	33,860,860	33,651,831	33,769,270	32,479,678
29. Authorized control level risk-based capital.....	2,990,008	1,914,054	2,090,155	2,032,423	2,702,946
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	45.7	43.6	43.8	54.5	62.8
31. Stocks (Lines 2.1 & 2.2).....	31.8	2.6	3.7	4.5	16.5
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	1.9	1.9		1.1	
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	14.6	50.8	52.4	40.0	20.7
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....	5.9	1.1			
38. Receivable for securities (Line 9).....	0.1				
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					5,083,473
45. Affiliated short-term investments					
(subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	5,083,473
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				15.7

EVERGREEN NATIONAL INDEMNITY COMPANY
FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	(149,889)	(38,123)	94,686	(1,016,111)	392,447
52. Dividends to stockholders (Line 35).....	(2,450,000)	(2,450,000)	(3,100,000)	(2,250,000)	(2,250,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	(651,526)	209,029	(117,439)	1,289,592	(414,215)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)....	466,641	1,007,133	813,896	922,889	1,315,141
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....	.....	.....	.....	(981)
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....	.....	.....	.....	.....
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	39,068	(4,490)	3,208	(162)	(53,769)
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
59. Total (Line 35).....	505,709	1,002,643	817,104	922,727	1,260,391
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)....	.....	.....	.....	.....	.....
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....	.....	.....	.....	.....
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....	.....	.....	.....	.....
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	9,767	(1,122)	802	(875)	(152,836)
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
65. Total (Line 35).....	9,767	(1,122)	802	(875)	(152,836)
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	2.5	(0.5)	(1.8)	0.3	(0.1)
68. Loss expenses incurred (Line 3).....	(2.3)	(0.9)	(1.6)	(0.7)	1.4
69. Other underwriting expenses incurred (Line 4).....	88.6	75.6	78.4	69.9	73.3
70. Net underwriting gain (loss) (Line 8).....	11.1	25.7	25.0	30.5	25.4
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	89.4	72.6	76.7	74.2	70.2
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	0.2	(1.4)	(3.4)	(0.4)	1.3
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	36.1	36.5	35.4	32.0	36.7
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(2,229)	(1,848)	(2,030)	(1,908)	(1,700)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	(6.6)	(5.5)	(6.0)	(5.9)	(5.2)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(2,599)	(2,440)	(2,387)	(2,146)	(1,919)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	(7.7)	(7.2)	(7.3)	(6.5)	(6.0)

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

Yes No

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....467	.....467	.....53	.....52	.....	.....	.....2	.....1	....XXX.....
2. 2005.....	....32,442	....24,463	....7,979	.....159	.....160	.....58	.....6	.....51	.....32	.....60	.....70	....XXX.....
3. 2006.....	....33,475	....24,660	....8,815	.....920	.....843	.....435	.....196	.....209	.....130	.....376	.....395	....XXX.....
4. 2007.....	....36,715	....25,786	....10,929	.....480	.....435	.....139	.....71	.....81	.....58	.....97	.....136	....XXX.....
5. 2008.....	....38,469	....27,646	....10,823	.....521	.....519	.....46	.....33	.....38	.....33	.....34	.....20	....XXX.....
6. 2009.....	....37,555	....26,962	....10,593	.....212	.....115	.....57	.....20	.....20	.....8	.....144	.....146	....XXX.....
7. 2010.....	....37,197	....25,789	....11,408	.....	.....	.....8	.....(2)	.....2	.....	.....9	.....12	....XXX.....
8. 2011.....	....37,435	....25,964	....11,471	.....17	.....13	.....8	.....3	.....3	.....	.....6	.....12	....XXX.....
9. 2012.....	....36,055	....24,387	....11,668	.....22	.....16	.....22	.....9	.....7	.....3	.....14	.....23	....XXX.....
10. 2013.....	....36,569	....24,687	....11,882	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
11. 2014.....	....37,327	....25,231	....12,096	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	.....2,798	.....2,568	.....826	.....388	.....411	.....264	.....742	.....815	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	....6,525	....6,449	....3,304	....3,304	.....2	.....	.....	.....	.....	.....	.....	.....78	....XXX.....
2. 2005.....	.....	.....	.....5	.....5	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
3. 2006.....	.....	.....	....10	....9	....1	....1	....1	.....	.....	.....	.....	.....2	....XXX.....
4. 2007.....	.....	.....	....32	....24	.....	.....	.....28	....20	....11	....7	.....	....20	....XXX.....
5. 2008.....	.....	.....	....38	....28	.....	.....	....37	....26	....14	....9	.....	....26	....XXX.....
6. 2009.....	.....	.....	....42	....32	.....	.....	....43	....32	....16	....11	.....	....26	....XXX.....
7. 2010.....	.....	.....	....53	....40	.....	.....	....56	....42	....22	....14	.....	....35	....XXX.....
8. 2011.....	.....	.....	....280	....210	.....	.....	....302	....226	....115	....76	.....	....185	....XXX.....
9. 2012.....	.....	.....	....337	....253	....5	....4	....364	....273	....140	....92	.....	....224	....XXX.....
10. 2013.....	.....	.....	....594	....445	.....	.....	....641	....481	....244	....160	.....	....393	....XXX.....
11. 2014.....	....20	....15	....7,333	....5,215	....2	....1	....981	....736	....374	....245	.....	....2,498	....XXX.....
12. Totals.....	....6,545	....6,464	....12,028	....9,565	....10	....6	....2,453	....1,836	....936	....614	....0	....3,487	....XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....76	.....2
2. 2005.....	....273	....203	....70	....0.8	....0.8	....0.9	.....	.....	.....	.....0	.....0
3. 2006.....	....1,576	....1,179	....397	....4.7	....4.8	....4.5	.....	.....	.....	.....1	.....1
4. 2007.....	....771	....615	....156	....2.1	....2.4	....1.4	.....	.....	.....	.....8	....12
5. 2008.....	....694	....648	....46	....1.8	....2.3	....0.4	.....	.....	.....	....10	....16
6. 2009.....	....390	....218	....172	....1.0	....0.8	....1.6	.....	.....	.....	....10	....16
7. 2010.....	....141	....94	....47	....0.4	....0.4	....0.4	.....	.....	.....	....13	....22
8. 2011.....	....725	....528	....197	....1.9	....2.0	....1.7	.....	.....	.....	....70	....115
9. 2012.....	....897	....650	....247	....2.5	....2.7	....2.1	.....	.....	.....	....84	....140
10. 2013.....	....1,479	....1,086	....393	....4.0	....4.4	....3.3	.....	.....	.....	....149	....244
11. 2014.....	....8,710	....6,212	....2,498	....23.3	....24.6	....20.7	.....	.....	.....	....2,123	....375
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	....2,544	....943

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior....	657	95	624	797	891	749	800	775	776	778	2	3
2. 2005....	1,466	461	254	227	142	75	75	51	51	51	0	0
3. 2006....	XXX....	1,593	403	377	498	312	275	305	331	318	(13)	13
4. 2007....	XXX....	XXX....	1,945	603	610	409	253	203	181	129	(52)	(74)
5. 2008....	XXX....	XXX....	XXX....	1,922	599	462	316	166	106	36	(70)	(130)
6. 2009....	XXX....	XXX....	XXX....	XXX....	1,641	674	516	387	258	155	(103)	(232)
7. 2010....	XXX....	XXX....	XXX....	XXX....	XXX....	2,008	546	415	283	37	(246)	(378)
8. 2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,953	402	308	155	(153)	(247)
9. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,749	311	195	(116)	(1,554)
10. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,787	309	(1,478)	XXX....
11. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	2,369	XXX....	XXX....
										12. Totals....	(2,229)	(2,599)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior....	000....	(536)	(117)	140	777	661	692	698	699	700	XXX....	XXX....
2. 2005....	3	12	22	49	50	51	51	51	51	51	XXX....	XXX....
3. 2006....	XXX....	3	38	101	173	241	246	278	316	316	XXX....	XXX....
4. 2007....	XXX....	XXX....	1	16	88	97	112	113	113	113	XXX....	XXX....
5. 2008....	XXX....	XXX....	XXX....	2	17	(7)	(3)	(1)	1	15	XXX....	XXX....
6. 2009....	XXX....	XXX....	XXX....	XXX....	126	134	134	134	134	134	XXX....	XXX....
7. 2010....	XXX....	XXX....	XXX....	XXX....	XXX....	1	.4	10	10	10	XXX....	XXX....
8. 2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	3	.5	.9	XXX....	XXX....
9. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	11	19	XXX....	XXX....	XXX....
10. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....
11. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	549	369	127	85	77	52	31	.....	.....	.....
2. 2005.....	1,457	410	212	177	92	24	24	.....	.....	.....
3. 2006.....	XXX....	1,593	363	272	316	70	28	27	15	2
4. 2007.....	XXX....	XXX....	1,925	580	517	310	140	90	68	16
5. 2008.....	XXX....	XXX....	XXX....	1,920	541	468	319	165	105	21
6. 2009.....	XXX....	XXX....	XXX....	XXX....	1,635	545	382	253	124	21
7. 2010.....	XXX....	XXX....	XXX....	XXX....	XXX....	2,007	542	405	273	27
8. 2011.....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,953	393	297	146
9. 2012.....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,749	299	175
10. 2013.....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,787	309
11. 2014.....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	2,363

EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL L.....	498,071	409,708			51,779	103,697		
2. Alaska.....	AK L.....	100	100			(87)	82		
3. Arizona.....	AZ L.....	.99,526	.87,004			.5,163	32,682		
4. Arkansas.....	AR L.....	440,081	.358,982			139,302	185,787		
5. California.....	CA L.....	1,701,369	1,609,616			39,068	121,613	385,533	
6. Colorado.....	CO L.....	200,455	.199,914				20,034	69,362	
7. Connecticut.....	CT L.....	284,241	.253,455			.42,221	.203	369,530	
8. Delaware.....	DE L.....	5,102	2,715				.986	1,032	
9. District of Columbia.....	DC L.....	13,266	15,026				(12,816)	5,676	
10. Florida.....	FL L.....	1,053,372	1,090,936				118,365	.281,690	
11. Georgia.....	GA L.....	253,721	.371,101				(18,166)	57,660	
12. Hawaii.....	HI N.....								
13. Idaho.....	ID L.....	2,634	3,386				(106)	.500	
14. Illinois.....	IL L.....	.646,992	.683,247			1,075	2,817	.225,834	
15. Indiana.....	IN L.....	1,308,233	1,336,010				.54,400	.254,185	
16. Iowa.....	IA L.....	172,998	.171,664				.8,087	.34,330	
17. Kansas.....	KS L.....	117,047	.117,197				(384)	.36,569	
18. Kentucky.....	KY L.....	1,499,686	1,455,436			.313,695	(.862,555)	.8,235,163	
19. Louisiana.....	LA L.....	909,895	.879,630				.32,409	.184,885	
20. Maine.....	ME L.....	.665,002	.683,316				.57,145	.126,279	
21. Maryland.....	MD L.....	11,942	.67,552				(191,634)	(57,668)	
22. Massachusetts.....	MA L.....	1,056,809	.1156,095				10,310	.225,649	
23. Michigan.....	MI L.....	1,482,019	1,500,405				(12,589)	.278,533	
24. Minnesota.....	MN L.....	169,470	.136,936				16,756	.54,988	
25. Mississippi.....	MS L.....	.279,035	.291,629				.9,679	.58,316	
26. Missouri.....	MO L.....	657,177	.660,732			.89,829	.2,739	1,029,815	
27. Montana.....	MT L.....	.41,396	.39,851				(5,731)	.14,850	
28. Nebraska.....	NE L.....	196,879	.193,139				.20,695	.48,958	
29. Nevada.....	NV L.....	.67,179	.65,470				.5,953	.21,276	
30. New Hampshire.....	NH L.....	.607,565	.614,616				(47,737)	.122,745	
31. New Jersey.....	NJ L.....	233,213	.197,716				(26,453)	.154,171	
32. New Mexico.....	NM L.....	.60,791	.60,417				.2,455	.13,219	
33. New York.....	NY L.....	2,725,951	2,613,340				.125,891	.623,759	
34. North Carolina.....	NC E.....	1,482	1,482				.1,219	.1,219	
35. North Dakota.....	ND L.....	.6,502	.6,502				.3,555	.5,183	
36. Ohio.....	OH L.....	3,399,107	3,484,097				(271,278)	.973,825	
37. Oklahoma.....	OK L.....	.394,084	.401,327				.11,357	.77,858	
38. Oregon.....	OR L.....	.337,094	.334,761				.14,891	.61,816	
39. Pennsylvania.....	PA L.....	5,522,007	.5,591,371				.137,497	.1,062,385	
40. Rhode Island.....	RI L.....	.988	.2,735				(873)	.188	
41. South Carolina.....	SC L.....	.281,336	.265,556				.18,505	.61,151	
42. South Dakota.....	SD L.....	.3,631	.3,631				.440	.689	
43. Tennessee.....	TN L.....	.630,211	.607,250			.12,197	.61,958	.139,454	
44. Texas.....	TX L.....	1,276,816	.1,177,404				.120,850	.447,501	
45. Utah.....	UT L.....	.39,003	.38,494				.1,805	.7,346	
46. Vermont.....	VT L.....	.347,860	.365,856				(46,117)	.82,744	
47. Virginia.....	VA L.....	1,280,771	.1,381,906				.475,473	.699,363	
48. Washington.....	WA L.....	133,058	.139,237				(1,919)	.24,910	
49. West Virginia.....	WV E.....						(63,289)	.31,032	
50. Wisconsin.....	WI L.....	1,742,217	.1,721,057				.54,324	.333,283	
51. Wyoming.....	WY L.....	.860	.801						
52. American Samoa.....	AS N.....								
53. Guam.....	GU N.....								
54. Puerto Rico.....	PR N.....								
55. US Virgin Islands.....	VI N.....								
56. Northern Mariana Islands.....	MP N.....								
57. Canada.....	CAN N.....								
58. Aggregate Other Alien.....	OT XXX	.0	.0	.0	.0	.0	.0	.0	0
59. Totals.....	(a) .48	32,858,244	32,849,808	.0	.498,085	146,921	17,189,034	.0	0

DETAILS OF WRITE-INS

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

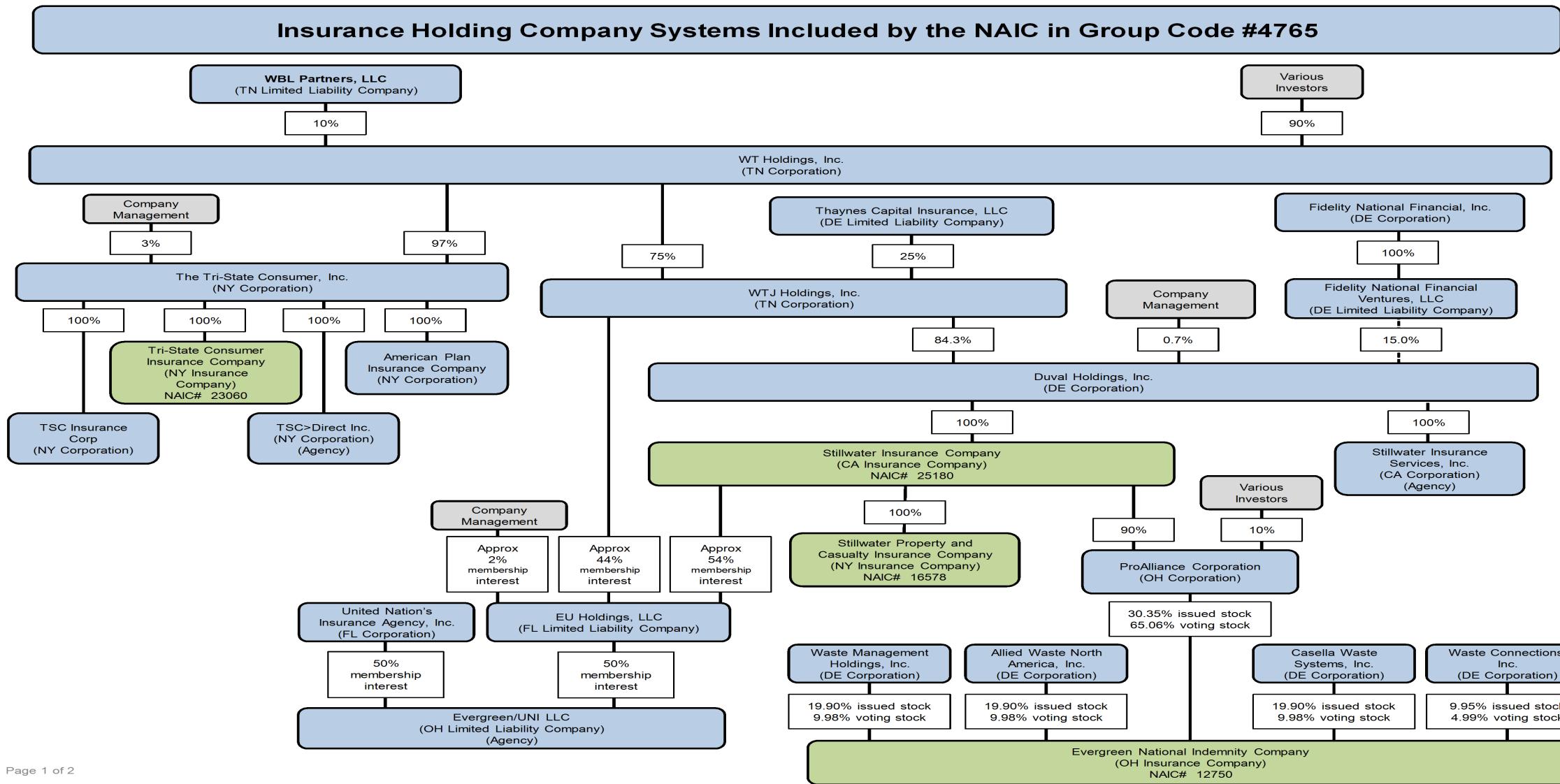
(a) Insert the number of "L" responses except for Canada and Other Alien.

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

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

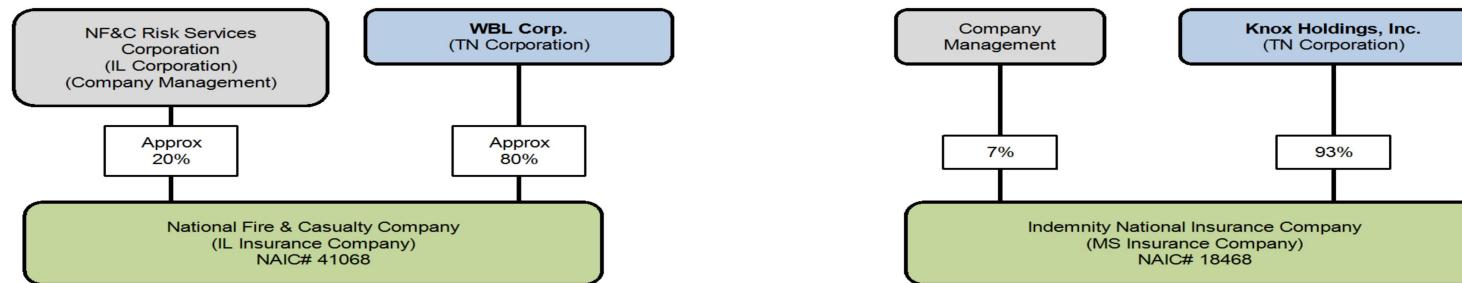
Explanation of Basis of Allocation of Premiums by States, etc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Insurance Holding Company Systems Included by the NAIC in Group Code #4765



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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