



# ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

## AMERICAN EMPIRE INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period)	NAIC Company Code..... 37990	Employer's ID Number..... 31-0973761
Organized under the Laws of OHIO	State of Domicile or Port of Entry OHIO	Country of Domicile US
Incorporated/Organized..... November 26, 1979	Commenced Business..... August 20, 1980	
Statutory Home Office	301 EAST FOURTH STREET..... CINCINNATI, .... OH ..... US ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	301 EAST FOURTH STREET..... CINCINNATI, .... OH ..... US..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	513-369-3000 (Area Code) (Telephone Number)
Mail Address	P.O. BOX 5370..... CINCINNATI, .... OH ..... US ..... 45201 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	301 EAST FOURTH STREET..... CINCINNATI, .... OH ..... US ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	513-369-3000 (Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	THOMAS MATTHEW HELD (Name) mheld@gaic.com (E-Mail Address)	513-369-3040 (Area Code) (Telephone Number) (Extension) 513-412-7800 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. FREDERICK JAMES WOEBSE	President & Chief Operating Officer	2. EVE CUTLER ROSEN	Secretary
3. THOMAS MATTHEW HELD	Senior Vice President & Treasurer	4. RONALD JAMES BRICHLER	Chairman
LEONARD JOHN MIKULSKI	Senior Vice President	KENNETH RAYMOND NIEBERDING #	Senior Vice President
LARRY STEPHEN POTRAFKE	Senior Vice President	DAVID LESLIE BLUMBERG	Vice President
KATHLEEN URBACH KUCZAJ	Vice President	DAVID ALAN PRELL	Vice President
DIANE WILLIAMS	Vice President	JEFFREY RICHARD MCGRATH	Assistant Vice President
KATHY LYNN PEREZ	Assistant Vice President	TRENA KAY RYAN	Assistant Vice President
JEFF WALTER SCHRAER	Assistant Vice President	STEPHEN CHARLES BERAH	Assistant Secretary
HOWARD KIM BAIRD	Assistant Treasurer	DAVID JOHN WITZGALL	Assistant Treasurer
ROBERT JUDE ZBACNIK	Assistant Treasurer		

### DIRECTORS OR TRUSTEES

RONALD JAMES BRICHLER	GARY JOHN GRUBER	DONALD DUMFORD LARSON	MICHAEL DAVID PIERCE
EVE CUTLER ROSEN	DAVID JOHN WITZGALL	FREDERICK JAMES WOEBSE	

State of.....OHIO  
County of.....HAMILTON

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) FREDERICK JAMES WOEBSE	(Signature) EVE CUTLER ROSEN	(Signature) THOMAS MATTHEW HELD
1. (Printed Name) President & Chief Operating Officer	2. (Printed Name) Secretary	3. (Printed Name) Senior Vice President & Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 16th day of February, 2015

a. Is this an original filing?

Yes [X] No [ ]

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached

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

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF **ALASKA** DURING THE YEAR

\* 3 7 9 9 0 2 0 1 4 4 3 0 0 2 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	2,350
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,350

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 0 1 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	2,530
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,530

## DETAILS OF WRITE-INS

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

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

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

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

\* 3 7 9 9 0 2 0 1 4 4 3 0 0 4 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	2,150
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	2,150

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN AMERICAN SAMOA DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 5 2 0 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 0 3 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	1,335
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	1,335

## DETAILS OF WRITE-INS

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

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

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

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

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 0 5 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	5,422
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	5,422

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 5 7 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN CANADA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 0 6 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	2,100
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,100

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 0 7 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	703
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	703

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 0 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,417

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 0 8 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,770
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,770

## DETAILS OF WRITE-INS

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

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

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

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

  
 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 0 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	4,650
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,650

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 1 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	877
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	877

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 5 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	90,081
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	90,081

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 5 3 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN GUAM DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 2 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,320
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,320

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 6 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF IOWA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,095
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,095

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

\* 3 7 9 9 0 2 0 1 4 4 3 0 1 3 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	4,500
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,500

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 1 4 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,458

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

\* 3 7 9 9 0 2 0 1 4 4 3 0 1 5 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,695

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 1 7 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	700
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	700

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 8 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	635
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	635

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 1 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	4,185
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	4,185

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 2 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 1 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,800
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,800

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 0 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MAINE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 3 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	985
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	985

## DETAILS OF WRITE-INS

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

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

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

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

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 2 4 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	2,134
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	2,134

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 2 6 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,545
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,545

## DETAILS OF WRITE-INS

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

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

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

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

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF **MISSISSIPPI** DURING THE YEAR

\* 3 7 9 9 0 2 0 1 4 4 3 0 2 5 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,280

**DETAILS OF WRITE-INS**

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

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

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

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

\* 3 7 9 9 0 2 0 1 4 4 3 0 2 7 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,900
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,900

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

\* 3 7 9 9 0 2 0 1 4 4 3 0 3 4 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	4,000
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,000

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

\* 3 7 9 9 0 2 0 1 4 4 3 0 3 5 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	849
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	849

## DETAILS OF WRITE-INS

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

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

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

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

 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 8 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	670
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	670

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 0 0 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 1 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	350
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	350

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 2 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,550
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,550

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 2 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	4,508
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,508

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 3 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	600
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	600

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 6 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	5,004
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	5,004

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 3 7 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,575

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 3 8 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	1,617
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	1,617

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 3 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	750
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	750

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 5 4 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN PUERTO RICO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 0 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	2,180
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,180

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 4 1 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	2,000
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,000

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 4 2 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,550
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,550

## DETAILS OF WRITE-INS

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

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

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

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

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 3 1 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 Direct Premiums Written	4 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	665
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	665

**DETAILS OF WRITE-INS**

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 4 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	720
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	720

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 5 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	825
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	825

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 7 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 1 Direct Premiums Written	4 2 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Unearned Premium Reserves												
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	1,078
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	1,078

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 5 5 0 0 0 \*

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 6 0 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3 1 Direct Premiums Written	4 2 Direct Premiums Earned	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Unearned Premium Reserves												
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0	0

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 8 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	3,120
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	3,120

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)


 \* 3 7 9 9 0 2 0 1 4 4 3 0 5 0 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	717
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	717

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 4 9 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	1,585
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,585

## DETAILS OF WRITE-INS

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

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

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



\* 3 7 9 9 0 2 0 1 4 4 3 0 5 1 1 0 0 \*

NAIC Group Code....0084 NAIC Company Code....37990

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,632

## DETAILS OF WRITE-INS

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

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

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

**SCHEDULE F - PART 1**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							

**Affiliates - U. S. Intercompany Pooling**

31-0912199..	35351.....	AMERICAN EMPIRE SURPLUS LINES INS CO.....	DE.....	9,522	.....229	.....5,276	.....5,505	.....10	.....683	.....4,000	.....0	N.....	.....0	.....0
0199999..	Affiliates - U. S. Intercompany Pooling.....		.....	9,522	.....229	.....5,276	.....5,505	.....10	.....683	.....4,000	.....0	.....0	.....0	.....0
0899999..	Total Affiliates.....		.....	9,522	.....229	.....5,276	.....5,505	.....10	.....683	.....4,000	.....0	.....0	.....0	.....0

**Other U. S. Unaffiliated Insurers**

36-0727430..	22918.....	American Motorists Ins Co.....	IL.....	0	.....0	.....463	.....463	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0999999..	Other U. S. Unaffiliated Insurers.....		.....	0	.....0	.....463	.....463	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9999999..	Totals.....		.....	9,522	.....229	.....5,739	.....5,968	.....10	.....683	.....4,000	.....0	.....0	.....0	.....0

**AMERICAN EMPIRE INSURANCE COMPANY****SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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**NONE**

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
<b>Authorized Other U.S. Unaffiliated Insurers</b>																			
47-0574325.	32603...	BERKLEY INS CO.....	DE.....		0	0	0	50	43	0	0	0	0	93	0	0	93	0	
47-0698507.	23680...	ODYSSEY REINS CO.....	CT.....		0	0	0	75	64	0	0	0	0	139	0	0	139	0	
13-1675535.	25364...	SWISS REINS AMER CORP.....	NY.....		0	0	0	25	21	0	0	0	0	.46	0	0	.46	0	
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....				0	0	0	150	128	0	0	0	0	278	0	0	278	0	
1399999.	Total Authorized.....				0	0	0	150	128	0	0	0	0	278	0	0	278	0	
<b>Unauthorized Affiliates-U.S. Intercompany Pooling</b>																			
31-0912199.	35351...	AMERICAN EMPIRE SURPLUS LINES INS CO.....	DE.....		0	0	0	100	.85	0	0	0	0	185	0	0	185	0	
1499999.	Total Unauthorized Affiliates - U.S. Intercompany Pooling.....				0	0	0	100	.85	0	0	0	0	185	0	0	185	0	
2199999.	Total Unauthorized Affiliates.....				0	0	0	100	.85	0	0	0	0	185	0	0	185	0	
2699999.	Total Unauthorized.....				0	0	0	100	.85	0	0	0	0	185	0	0	185	0	
4099999.	Total Authorized, Unauthorized and Certified.....				0	0	0	250	213	0	0	0	0	463	0	0	463	0	
9999999.	Totals.....				0	0	0	250	213	0	0	0	0	463	0	0	463	0	

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
(1).....	0.0	0
(2).....	0.0	0
(3).....	0.0	0
(4).....	0.0	0
(5).....	0.0	0

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
(1) AMERICAN EMPIRE SURPLUS LINES INS CO.....	185	0	Yes [X] No [ ]
(2) ODYSSEY REINS CO.....	139	0	Yes [ ] No [X]
(3) BERKLEY INS CO.....	.93	0	Yes [ ] No [X]
(4) SWISS REINS AMER CORP.....	.46	0	Yes [ ] No [X]
(5).....	0	0	Yes [ ] No [ ]

**SCHEDULE F - PART 4**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			

**NONE**

**SCHEDULE F - PART 5**

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscellaneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of Col. 5)	13 Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	15 20% of Amount in Dispute Included in Col. 14	16 20% of Amount in Overdue Reinsurance (Col. 15 plus Col. 16)	17 Provision for Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)	18 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
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**Affiliates-U.S. Intercompany Pooling**

31-0912199..	35351.....	AMERICAN EMPIRE SURPLUS LINES INS CO.	DE.....	185	.....0	.....0	.....0	.....0	.....0	.....636	.....185	.....0	.....0	.....0	.....0	.....0	.....0
0199999..	Total Affiliates - U.S. Intercompany Pooling.....			185	.....0	.....0	XXX.....	.....0	.....0	.....636	.....185	.....0	.....0	.....0	.....0	.....0	.....0
0899999..	Total Affiliates.....			185	.....0	.....0	XXX.....	.....0	.....0	.....636	.....185	.....0	.....0	.....0	.....0	.....0	.....0
1399999..	Total Affiliates and Others.....			185	.....0	.....0	XXX.....	.....0	.....0	.....636	.....185	.....0	.....0	.....0	.....0	.....0	.....0
9999999..	Totals.....			185	.....0	.....0	XXX.....	.....0	.....0	.....636	.....185	.....0	.....0	.....0	.....0	.....0	.....0

1. Amounts in dispute totaling \$.....0 are included in Column 5.

2. Amounts in dispute totaling \$.....0 are excluded from Column 14.

**Sch. F-Pt. 6-Section 1**  
**NONE**

**Sch. F-Pt. 6-Section 2**  
**NONE**

**Sch. F-Pt. 7**  
**NONE**

**Sch. F-Pt. 8**  
**NONE**

**SCHEDULE F - PART 9**

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

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	39,000,921	0	39,000,921
2. Premiums and considerations (Line 15).....	682,518	0	682,518
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0	0	0
5. Other assets.....	1,249,326	0	1,249,326
6. Net amount recoverable from reinsurers.....	0	591,427	591,427
7. Protected cell assets (Line 27).....	0	0	0
8. Totals (Line 28).....	40,932,765	591,427	41,524,192
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	15,453,642	463,000	15,916,642
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	945,069	128,427	1,073,496
11. Unearned premiums (Line 9).....	3,991,381	0	3,991,381
12. Advance premiums (Line 10).....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	0	0	0
15. Funds held by company under reinsurance treaties (Line 13).....	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14).....	0	0	0
17. Provision for reinsurance (Line 16).....	0	0	0
18. Other liabilities.....	107,845	0	107,845
19. Total liabilities excluding protected cell business (Line 26).....	20,497,936	591,427	21,089,363
20. Protected cell liabilities (Line 27).....	0	0	0
21. Surplus as regards policyholders (Line 37).....	20,434,830	XXX	20,434,830
22. Totals (Line 38).....	40,932,765	591,427	41,524,192

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

If yes, give full explanation:

See Notes to Financial Statements No. 26.

**Sch. H-Pt. 1**  
**NONE**

**Sch. H-Pt. 2**  
**NONE**

**Sch. H-Pt. 3**  
**NONE**

**Sch. H-Pt. 4**  
**NONE**

**Sch. H-Pt. 5**  
**NONE**

**Sch. P-Pt. 1A**  
**NONE**

**Sch. P-Pt. 1B**  
**NONE**

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	5.....	2.....	35.....	13.....	2.....	1.....	0.....	27.....	XXX.....	
2. 2005.....	2,179.....	1,290.....	889.....	414.....	188.....	27.....	9.....	14.....	2.....	0.....	256.....	3.....	
3. 2006.....	1,415.....	830.....	585.....	123.....	76.....	12.....	4.....	5.....	1.....	0.....	59.....	1.....	
4. 2007.....	1,070.....	656.....	414.....	700.....	559.....	6.....	4.....	4.....	1.....	0.....	146.....	0.....	
5. 2008.....	706.....	408.....	298.....	0.....	0.....	1.....	0.....	2.....	0.....	0.....	3.....	0.....	
6. 2009.....	611.....	355.....	256.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
7. 2010.....	429.....	255.....	174.....	311.....	206.....	9.....	6.....	5.....	1.....	0.....	112.....	0.....	
8. 2011.....	321.....	196.....	125.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	1.....	0.....	
9. 2012.....	302.....	180.....	122.....	8.....	2.....	0.....	0.....	6.....	1.....	0.....	11.....	0.....	
10. 2013.....	318.....	189.....	129.....	0.....	0.....	1.....	0.....	2.....	0.....	0.....	2.....	0.....	
11. 2014.....	362.....	203.....	159.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals....	XXX.....	XXX.....	XXX.....	1,561.....	1,033.....	93.....	38.....	40.....	6.....	0.....	617.....	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....	135.....	.87.....	.34.....	.7.....	10.....	.4.....	10.....	2.....	5.....	.1.....	0.....	.92.....	0.....
2. 2005.....	0.....	0.....	.12.....	.7.....	0.....	0.....	.3.....	2.....	.1.....	0.....	0.....	.6.....	0.....
3. 2006.....	0.....	0.....	.7.....	.4.....	0.....	0.....	.2.....	1.....	0.....	0.....	0.....	.4.....	0.....
4. 2007.....	0.....	0.....	.16.....	.5.....	0.....	0.....	.4.....	1.....	.1.....	0.....	0.....	.14.....	0.....
5. 2008.....	0.....	0.....	.32.....	.11.....	0.....	0.....	.9.....	3.....	.2.....	.1.....	0.....	.27.....	0.....
6. 2009.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2010.....	0.....	0.....	.26.....	.16.....	0.....	0.....	.7.....	4.....	.4.....	.1.....	0.....	.16.....	0.....
8. 2011.....	0.....	0.....	.40.....	.24.....	0.....	0.....	.11.....	7.....	.5.....	.1.....	0.....	.24.....	0.....
9. 2012.....	0.....	0.....	.24.....	.15.....	.2.....	0.....	.7.....	4.....	.3.....	.1.....	0.....	.17.....	0.....
10. 2013.....	0.....	0.....	.59.....	.34.....	.3.....	.1.....	.17.....	.10.....	.6.....	.2.....	0.....	.38.....	0.....
11. 2014.....	0.....	0.....	.58.....	.33.....	0.....	0.....	.16.....	.9.....	.5.....	.2.....	0.....	.36.....	0.....
12. Totals....	.135.....	.87.....	.309.....	.157.....	.15.....	.5.....	.87.....	.45.....	.31.....	.9.....	0.....	.275.....	0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	.75.....	.17.....
2. 2005.....	471.....	209.....	263.....	21.6.....	16.2.....	29.5.....	0.....	0.....	10.00.....	.5.....	.2.....
3. 2006.....	150.....	.87.....	63.....	10.6.....	.10.5.....	.10.7.....	0.....	0.....	10.00.....	.3.....	.1.....
4. 2007.....	731.....	572.....	160.....	68.3.....	.87.1.....	.38.6.....	0.....	0.....	10.00.....	.11.....	.4.....
5. 2008.....	46.....	15.....	30.....	6.5.....	3.8.....	10.1.....	0.....	0.....	10.00.....	.21.....	.7.....
6. 2009.....	1.....	0.....	1.....	0.1.....	0.1.....	0.3.....	0.....	0.....	10.00.....	0.....	0.....
7. 2010.....	361.....	233.....	128.....	84.2.....	.91.6.....	.73.5.....	0.....	0.....	10.00.....	.10.....	.6.....
8. 2011.....	.58.....	.33.....	.25.....	.18.1.....	.16.6.....	.20.3.....	0.....	0.....	10.00.....	.16.....	.8.....
9. 2012.....	.50.....	.23.....	.27.....	.16.7.....	.12.7.....	.22.5.....	0.....	0.....	10.00.....	.10.....	.7.....
10. 2013.....	.87.....	.47.....	.40.....	.27.3.....	.24.7.....	.31.2.....	0.....	0.....	10.00.....	.25.....	.13.....
11. 2014.....	.80.....	.44.....	.36.....	.22.1.....	.21.7.....	.22.6.....	0.....	0.....	10.00.....	.25.....	.11.....
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	200.....	.76.....

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....	
2. 2005.....	.....10	.....5	.....5	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
3. 2006.....	.....1	.....0	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
4. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
5. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
6. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
7. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
8. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
9. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
10. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
11. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
12. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
3. 2006.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
4. 2007.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
5. 2008.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
6. 2009.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
7. 2010.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
8. 2011.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
9. 2012.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
10. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
11. 2014.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	
2. 2005.....	2,673	1,537	1,136	5,158	4,357	50	42	438	308	23	938	41	
3. 2006.....	2,373	1,418	954	1,572	1,012	2	1	125	42	8	644	21	
4. 2007.....	1,835	1,111	725	998	605	1	0	97	24	7	467	16	
5. 2008.....	1,192	660	532	685	390	1	1	94	24	2	367	17	
6. 2009.....	1,007	581	426	570	333	1	1	79	19	8	297	12	
7. 2010.....	932	534	397	440	221	2	2	88	23	12	284	11	
8. 2011.....	875	490	385	844	549	9	5	106	32	2	372	14	
9. 2012.....	890	506	385	637	336	5	2	72	12	0	365	10	
10. 2013.....	997	557	440	445	289	5	3	39	10	3	188	7	
11. 2014.....	1,075	583	492	291	106	0	0	58	4	0	238	8	
12. Totals....	XXX.....	XXX.....	XXX.....	11,639	8,197	76	56	1,196	498	65	4,159	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....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011....	15	15	0	0	0	0	0	0	1	0	0	1	0
9. 2012....	2	1	0	0	0	0	0	0	0	0	0	2	0
10. 2013....	29	18	0	0	4	2	0	0	2	0	0	15	1
11. 2014....	87	40	103	56	7	3	5	2	9	1	2	109	2
12. Totals....	133	73	103	56	12	5	5	2	13	1	2	127	3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2005.....	5,645	4,707	938	211.2	306.3	82.6	0	0	10.00	0	0
3. 2006.....	1,699	1,055	644	71.6	74.4	67.4	0	0	10.00	0	0
4. 2007.....	1,095	629	467	59.7	56.6	64.4	0	0	10.00	0	0
5. 2008.....	781	414	367	65.5	62.8	68.9	0	0	10.00	0	0
6. 2009.....	650	353	297	64.6	60.7	69.8	0	0	10.00	0	0
7. 2010.....	530	246	284	56.9	46.0	71.6	0	0	10.00	0	0
8. 2011.....	975	601	373	111.3	122.7	96.9	0	0	10.00	0	1
9. 2012.....	717	351	366	80.6	69.4	95.3	0	0	10.00	1	1
10. 2013.....	525	322	203	52.6	57.8	46.1	0	0	10.00	11	4
11. 2014.....	559	212	347	52.0	36.4	70.4	0	0	10.00	.94	.15
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	107	20

**Sch. P-Pt. 1F-Sn. 1**  
**NONE**

**Sch. P-Pt. 1F-Sn. 2**  
**NONE**

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
3. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
4. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
5. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
6. 2009.....	.....2	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
7. 2010.....	.....2	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
8. 2011.....	.....2	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
9. 2012.....	.....3	.....3	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
10. 2013.....	.....4	.....4	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
11. 2014.....	.....6	.....6	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	

	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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2014.....	.....0	.....0	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	.....0	.....0	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	Loss	Loss Expense		26 Direct and Assumed	27 Ceded
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
3. 2006.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
4. 2007.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
5. 2008.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
6. 2009.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
7. 2010.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
8. 2011.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
9. 2012.....	.....0	.....0	.....0	.....7.6	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
10. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
11. 2014.....	.....1	.....1	.....0	.....10.4	.....10.4	.....0.0	.....0	.....0	.....10.00	.....0	.....0
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....89	.....69	.....36	.....13	.....34	.....9	.....0	.....67	....XXX.....	
2. 2005.....	16,265	6,210	10,054	.....4,141	.....1,428	.....1,328	.....407	.....230	.....19	.....57	.....3,845	.....91	
3. 2006.....	13,808	5,037	8,771	.....2,825	.....869	.....1,077	.....276	.....246	.....28	.....7	.....2,974	.....60	
4. 2007.....	11,381	3,639	7,742	.....1,905	.....465	.....870	.....189	.....162	.....1	.....0	.....2,283	.....48	
5. 2008.....	8,132	2,644	5,488	.....2,028	.....508	.....929	.....202	.....187	.....12	.....0	.....2,422	.....42	
6. 2009.....	5,296	1,732	3,563	.....1,129	.....276	.....564	.....127	.....108	.....8	.....1	.....1,391	.....24	
7. 2010.....	3,638	1,167	2,472	.....995	.....249	.....499	.....109	.....73	.....(1)	.....0	.....1,210	.....20	
8. 2011.....	3,263	1,039	2,224	.....698	.....176	.....335	.....75	.....82	.....(2)	.....1	.....866	.....21	
9. 2012.....	4,780	1,561	3,220	.....582	.....178	.....348	.....75	.....137	.....5	.....0	.....810	.....28	
10. 2013.....	8,618	2,855	5,762	.....305	.....71	.....229	.....52	.....185	.....5	.....0	.....591	.....37	
11. 2014.....	11,064	3,713	7,351	.....57	.....12	.....42	.....9	.....119	.....4	.....0	.....194	.....21	
12. Totals....	XXX.....	XXX.....	XXX.....	.....14,755	.....4,301	.....6,259	.....1,534	.....1,562	.....87	.....68	.....16,653	....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....	.....352	.....240	.....296	.....8	.....64	.....32	.....84	.....2	.....35	.....6	.....4	.....543	.....2
2. 2005.....	.....40	.....10	.....115	.....44	.....14	.....3	.....33	.....12	.....11	.....3	.....1	.....140	.....1
3. 2006.....	.....86	.....20	.....36	.....10	.....14	.....3	.....10	.....3	.....8	.....1	.....1	.....117	.....1
4. 2007.....	.....151	.....32	.....118	.....13	.....37	.....8	.....33	.....4	.....18	.....2	.....2	.....300	.....2
5. 2008.....	.....136	.....30	.....122	.....16	.....23	.....5	.....35	.....4	.....15	.....2	.....2	.....274	.....1
6. 2009.....	.....270	.....106	.....99	.....18	.....15	.....3	.....28	.....5	.....17	.....1	.....2	.....295	.....1
7. 2010.....	.....290	.....110	.....133	.....38	.....14	.....3	.....38	.....11	.....35	.....2	.....2	.....345	.....1
8. 2011.....	.....258	.....54	.....206	.....63	.....37	.....8	.....58	.....18	.....50	.....5	.....3	.....463	.....2
9. 2012.....	.....1,472	.....518	.....632	.....195	.....133	.....28	.....179	.....55	.....145	.....15	.....11	.....1,750	.....8
10. 2013.....	.....1,966	.....690	.....2,327	.....746	.....257	.....54	.....659	.....211	.....327	.....47	.....22	.....3,788	.....12
11. 2014.....	.....1,510	.....539	.....4,121	.....1,301	.....169	.....35	.....1,168	.....369	.....542	.....71	.....30	.....5,194	.....9
12. Totals....	.....6,533	.....2,349	.....8,206	.....2,452	.....777	.....182	.....2,325	.....695	.....1,203	.....155	.....78	.....13,210	.....40

	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		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		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid		
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	XXX.....	.....400	.....143		
2. 2005.....	.....5,912	.....1,926	.....3,985	.....36.3	.....31.0	.....39.6	.....0	.....0	.....10.00	.....101	.....38		
3. 2006.....	.....4,303	.....1,211	.....3,091	.....31.2	.....24.1	.....35.2	.....0	.....0	.....10.00	.....92	.....25		
4. 2007.....	.....3,295	.....712	.....2,583	.....29.0	.....19.6	.....33.4	.....0	.....0	.....10.00	.....224	.....75		
5. 2008.....	.....3,475	.....778	.....2,696	.....42.7	.....29.4	.....49.1	.....0	.....0	.....10.00	.....213	.....61		
6. 2009.....	.....2,230	.....544	.....1,686	.....42.1	.....31.4	.....47.3	.....0	.....0	.....10.00	.....245	.....51		
7. 2010.....	.....2,077	.....522	.....1,555	.....57.1	.....44.8	.....62.9	.....0	.....0	.....10.00	.....275	.....70		
8. 2011.....	.....1,725	.....396	.....1,329	.....52.9	.....38.1	.....59.8	.....0	.....0	.....10.00	.....348	.....116		
9. 2012.....	.....3,629	.....1,069	.....2,560	.....75.9	.....68.5	.....79.5	.....0	.....0	.....10.00	.....1,391	.....359		
10. 2013.....	.....6,255	.....1,876	.....4,378	.....72.6	.....65.7	.....76.0	.....0	.....0	.....10.00	.....2,857	.....931		
11. 2014.....	.....7,729	.....2,341	.....5,388	.....69.9	.....63.1	.....73.3	.....0	.....0	.....10.00	.....3,791	.....1,403		
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	XXX.....	.....9,937	.....3,273		

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	
2. 2005.....	366	118	247	.90	.23	.24	.6	.1	(0)	0	86	1	
3. 2006.....	253	.76	177	.57	.13	.26	.6	0	(0)	0	66	1	
4. 2007.....	249	.54	195	.44	.9	.11	.2	.1	(0)	0	45	0	
5. 2008.....	145	.43	102	.21	.4	.22	.5	0	(0)	0	34	0	
6. 2009.....	139	.39	.99	.71	.15	.22	.5	.2	0	0	75	0	
7. 2010.....	.59	.17	.42	0	0	0	0	0	0	0	0	0	
8. 2011.....	680	317	363	.91	.19	.29	.6	.5	0	0	99	1	
9. 2012.....	.52	.17	.35	0	0	0	0	0	0	0	0	0	
10. 2013.....	.43	.15	.28	0	0	.4	.1	.1	0	0	.3	0	
11. 2014.....	.62	.25	.37	1	0	0	0	1	0	0	.1	0	
12. Totals....	XXX.....	XXX.....	XXX.....	375	.83	.138	.30	.10	(1)	0	410	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....	0	0	.63	0	0	0	.18	0	.3	0	0	.83	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010....	0	0	1	0	0	0	0	0	0	0	0	0	0
8. 2011....	19	.4	4	.2	.3	.1	.1	.1	1	0	0	.21	0
9. 2012....	0	0	3	.1	0	0	1	0	0	0	0	2	0
10. 2013....	.5	.1	8	.4	.1	0	.2	.1	1	0	0	11	0
11. 2014....	0	0	4	.2	0	0	.1	.1	0	0	0	4	0
12. Totals....	23	.5	.84	10	.4	1	.24	3	7	.1	0	122	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	63	21
2. 2005....	115	.29	86	31.6	.24.5	.34.9	0	0	10.00	0	0
3. 2006....	.84	18	66	33.1	.23.7	.37.1	0	0	10.00	0	0
4. 2007....	.57	11	45	22.7	.21.1	.23.1	0	0	10.00	0	0
5. 2008....	.43	.9	34	29.7	.20.7	.33.5	0	0	10.00	0	0
6. 2009....	.95	20	75	68.8	.50.5	.76.0	0	0	10.00	0	0
7. 2010....	1	.1	0	1.9	.3.6	.1.2	0	0	10.00	0	0
8. 2011....	154	.33	121	22.6	.10.4	.33.2	0	0	10.00	.17	.4
9. 2012....	4	.2	2	7.1	.10.3	.5.5	0	0	10.00	1	1
10. 2013....	.21	.7	14	49.3	.48.1	.49.9	0	0	10.00	8	3
11. 2014....	8	.3	5	12.7	.10.8	.13.9	0	0	10.00	3	1
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	92	30

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,****EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....	.....21	.....6	.....0	.....0	.....1	.....2	.....1	.....14	....XXX.....	
2. 2013.....	.....231	.....165	.....66	.....26	.....4	.....0	.....0	.....6	.....1	.....2	.....27	....XXX.....	
3. 2014.....	.....191	.....127	.....64	.....2	.....1	.....0	.....0	.....2	.....0	.....0	.....3	....XXX.....	
4. Totals....	....XXX.....	....XXX.....	....XXX.....	.....48	.....11	.....0	.....0	.....9	.....3	.....2	.....44	....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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2014.....	.....0	.....0	.....18	.....12	.....0	.....0	.....1	.....1	.....0	.....0	.....0	.....7	.....0
4. Totals...	.....0	.....0	.....18	.....12	.....0	.....0	.....1	.....1	.....0	.....0	.....0	.....7	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense		Unpaid	Unpaid	
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0	....XXX.....
2. 2013.....	.....32	.....5	.....27	.....13.9	.....3.1	.....41.1	.....0	.....0	.....10.00	.....0	.....0	....XXX.....
3. 2014.....	.....23	.....14	.....9	.....12.0	.....10.7	.....14.6	.....0	.....0	.....10.00	.....6	.....0	....XXX.....
4. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....6	.....0	....XXX.....

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**  
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....(0)	.....0	.....0	.....0	.....0	.....0	.....0	.....(0)	.....XXX.....	
2. 2013.....	.....1	.....0	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
3. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....(0)	.....0	.....0	.....0	.....0	.....0	.....0	.....(0)	.....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....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2013....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2014....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0
2. 2013.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
3. 2014.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....10.00	.....0	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

**Sch. P-Pt. 1K**  
**NONE**

**Sch. P-Pt. 1L**  
**NONE**

**Sch. P-Pt. 1M**  
**NONE**

**Sch. P-Pt. 1N**  
**NONE**

**Sch. P-Pt. 1O**  
**NONE**

**Sch. P-Pt. 1P**  
**NONE**

## SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....	.....10	.....6	.....21	.....9	.....21	.....10	.....0	.....27	....XXX.....	
2. 2005.....	2,017	898	1,119	.....1,142	.....885	.....171	.....52	.....70	.....20	.....0	.....426	.....6	
3. 2006.....	1,939	837	1,102	.....231	.....49	.....242	.....52	.....38	.....4	.....10	.....407	.....7	
4. 2007.....	1,318	529	789	.....152	.....32	.....149	.....31	.....46	.....5	.....0	.....278	.....6	
5. 2008.....	750	273	477	.....62	.....13	.....55	.....12	.....21	.....3	.....0	.....111	.....2	
6. 2009.....	466	166	300	.....77	.....16	.....47	.....10	.....21	.....3	.....0	.....115	.....2	
7. 2010.....	289	101	189	.....7	.....1	.....14	.....3	.....7	.....1	.....0	.....22	.....0	
8. 2011.....	251	87	164	.....10	.....2	.....9	.....2	.....3	.....0	.....0	.....17	.....0	
9. 2012.....	507	172	335	.....0	.....0	.....0	.....0	.....3	.....0	.....0	.....0	.....2	
10. 2013.....	1,140	391	748	.....0	.....0	.....1	.....0	.....1	.....0	.....0	.....1	.....0	
11. 2014.....	1,507	531	976	.....0	.....0	.....1	.....0	.....2	.....0	.....0	.....2	.....0	
12. Totals....	XXX.....	XXX.....	XXX.....	.....1,690	.....1,005	.....709	.....171	.....232	.....48	.....10	.....1,408	....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....	66	27	139	1	17	7	39	0	15	1	4	239	2
2. 2005....	23	6	6	2	3	1	2	1	2	0	0	26	0
3. 2006....	48	10	8	2	23	5	2	1	6	1	1	67	0
4. 2007....	49	10	23	3	25	5	6	1	7	1	1	89	1
5. 2008....	31	6	29	4	18	4	8	1	5	1	1	75	0
6. 2009....	0	0	9	2	0	0	3	0	1	0	0	11	0
7. 2010....	0	0	15	5	0	0	4	1	3	0	0	17	0
8. 2011....	0	0	25	8	0	0	7	2	4	0	0	25	0
9. 2012....	0	0	83	26	2	0	23	7	13	1	1	86	0
10. 2013....	8	2	316	104	4	1	89	30	34	5	4	309	0
11. 2014....	0	0	543	176	1	0	154	50	64	9	7	527	0
12. Totals....	224	61	1,195	334	91	23	339	95	154	21	21	1,470	3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	XXX.....	.....177	.....62
2. 2005....	1,419	968	451	70.3	107.7	40.3	.....0	.....0	10.00	.....21	.....5
3. 2006....	597	123	474	30.8	14.7	43.0	.....0	.....0	10.00	.....43	.....24
4. 2007....	456	89	367	34.6	16.8	46.5	.....0	.....0	10.00	.....58	.....31
5. 2008....	230	44	186	30.6	16.0	39.0	.....0	.....0	10.00	.....49	.....26
6. 2009....	157	32	125	33.7	19.0	41.8	.....0	.....0	10.00	.....7	.....3
7. 2010....	50	12	39	17.4	11.6	20.5	.....0	.....0	10.00	.....11	.....6
8. 2011....	57	15	42	22.9	17.7	25.7	.....0	.....0	10.00	.....16	.....8
9. 2012....	124	36	88	24.4	20.9	26.3	.....0	.....0	10.00	.....57	.....29
10. 2013....	452	142	310	39.6	36.2	41.4	.....0	.....0	10.00	.....217	.....91
11. 2014....	764	235	529	50.7	44.3	54.2	.....0	.....0	10.00	.....367	.....160
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	XXX.....	.....1,024	.....446

## SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	
2. 2005.....	14	4	10	0	0	0	0	0	0	0	0	0	
3. 2006.....	16	5	11	0	0	0	0	0	0	0	0	0	
4. 2007.....	15	4	11	0	0	0	0	0	0	0	0	0	
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2014.....	4	2	2	0	0	0	0	0	0	0	0	0	
12. Totals....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	

	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....	0	0	.10	0	0	0	.3	0	1	0	0	14	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals....	0	0	.11	0	0	0	.3	0	1	0	0	14	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior...	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	.10	.3
2. 2005....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
3. 2006....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
4. 2007....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
5. 2008....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
6. 2009....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
7. 2010....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
8. 2011....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
9. 2012....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
10. 2013....	0	0	0	0.0	0.0	0.0	0	0	10.00	0	0
11. 2014....	1	0	0	13.3	11.1	15.0	0	0	10.00	0	0
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	.10	.4

**Sch. P-Pt. 1S**  
**NONE**

**Sch. P-Pt. 1T**  
**NONE**

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 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....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0

**NONE****SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0

**NONE****SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior....	1,271	1,164	1,193	1,151	1,018	1,044	893	955	968	1,004	.37	.50
2. 2005....	.592	462	409	349	344	298	259	247	249	.251	.2	.3
3. 2006....	XXX	326	190	147	174	129	75	.58	.58	.59	.1	.1
4. 2007....	XXX	XXX	240	284	291	216	179	162	150	.156	.6	(6)
5. 2008....	XXX	XXX	XXX	115	89	64	.26	.17	.14	.27	.13	.10
6. 2009....	XXX	XXX	XXX	XXX	.86	.71	.47	.22	.5	.0	(5)	(22)
7. 2010....	XXX	XXX	XXX	XXX	XXX	155	131	110	111	.121	.10	.10
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	.48	.23	.25	.21	(.3)	(2)
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.39	.34	.20	(.14)	(19)
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.39	.34	.34	(.4)	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.32	XXX	XXX
											12. Totals	.41
												.26

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

1. Prior....	.45	.11	.8	(4)	(4)	(4)	(4)	(4)	(4)	(4)	0	0
2. 2005....	3	.3	2	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0
												0

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

1. Prior....	.83	.51	.70	.82	.81	.72	.71	.75	.75	.75	(0)	(0)
2. 2005....	.910	.802	.799	.775	.823	.810	.808	.808	.808	.808	0	0
3. 2006....	XXX	628	582	576	571	.564	.562	.561	.560	.560	(0)	(1)
4. 2007....	XXX	XXX	.511	.425	401	.398	.395	.394	.393	.393	0	(1)
5. 2008....	XXX	XXX	XXX	.269	287	.299	.297	.296	.296	.296	0	0
6. 2009....	XXX	XXX	XXX	XXX	211	.245	.236	.239	.238	.238	0	(1)
7. 2010....	XXX	XXX	XXX	XXX	XXX	.233	.220	.218	.222	.220	(3)	.2
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	.282	.275	.283	.299	.16	.24
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.341	.307	.305	(2)	(35)
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.178	.172	(5)	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.285	.XXX	XXX	
											12. Totals	6
												(12)

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 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....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0

**NONE****SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0
											12. Totals	0

**NONE****SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)**

1. Prior....	0	0	0	0	0	0	0	0	0	0	(0)	0
2. 2005....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0
											(0)	0

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

1. Prior....	12,869	11,126	9,555	8,561	8,182	7,859	7,480	7,401	7,273	7,270	(3)	(131)
2. 2005....	6,378	6,016	4,824	4,090	4,135	3,929	3,695	3,699	3,670	3,767	.97	.69
3. 2006....	XXX	5,439	4,615	3,976	3,759	3,396	2,933	2,785	2,830	2,866	.35	.81
4. 2007....	XXX	XXX	3,942	3,785	3,311	2,636	2,441	2,248	2,331	2,405	.74	157
5. 2008....	XXX	XXX	XXX	3,114	3,020	2,514	2,500	2,495	2,486	2,509	.23	14
6. 2009....	XXX	XXX	XXX	XXX	1,928	1,665	1,458	1,505	1,547	1,570	.24	.66
7. 2010....	XXX	XXX	XXX	XXX	XXX	1,360	1,230	1,431	1,458	1,449	(.9)	.17
8. 2011....	XXX	XXX	XXX	XXX	XXX	.909	.921	1,103	1,200	.96	.279	
9. 2012....	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	1,619	2,045	2,297	.253	.678
10. 2013....	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	XXX	3,721	3,918	.197	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,802	XXX	XXX	
										12. Totals	786	1,231

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

1. Prior....	209	180	238	162	143	157	157	136	125	117	(8)	(19)
2. 2005....	187	138	126	96	.90	.86	.85	.85	.85	.85	0	0
3. 2006....	XXX	116	80	.65	.68	.66	.65	.65	.65	.65	0	0
4. 2007....	XXX	XXX	134	106	.51	.44	.43	.44	.44	.44	0	0
5. 2008....	XXX	XXX	XXX	.36	.42	.44	.39	.34	.34	.34	(0)	0
6. 2009....	XXX	XXX	XXX	XXX	108	.85	.84	.75	.74	.74	(0)	(2)
7. 2010....	XXX	XXX	XXX	XXX	.9	3	1	1	1	0	(0)	(0)
8. 2011....	XXX	XXX	XXX	XXX	XXX	.99	114	125	.115	(10)	.1	
9. 2012....	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.XXX	.XXX	(4)	(8)
10. 2013....	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.XXX	.XXX	(1)	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.XXX	.XXX	XXX	XXX
											12. Totals	(23)

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	One Year	Two Year
1. Prior....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....15.....	....33.....	....31.....	.....(2).....	.....17.....
2. 2013....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....40.....	....21.....	.....(18).....	....XXX.....
3. 2014....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....8.....	....XXX.....	....XXX.....
								4. Totals		.....(20).....		.....17.....

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

1. Prior....	....XXX.....	....8.....	....(3).....	....(3).....	.....(0).....	.....(11).....						
2. 2013....	....XXX.....	....0.....	....0.....	.....(0).....	....XXX.....							
3. 2014....	....XXX.....	....0.....	....XXX.....	....XXX.....								
								4. Totals		.....(0).....		.....(11).....

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....						
2. 2013....	....XXX.....	....0.....	....0.....	....0.....	....XXX.....							
3. 2014....	....XXX.....	....0.....	....0.....	....XXX.....	....XXX.....							
								4. Totals		.....0.....		.....0.....

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

1. Prior....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....						
2. 2013....	....XXX.....	....0.....	....0.....	....0.....	....XXX.....							
3. 2014....	....XXX.....	....0.....	....0.....	....XXX.....	....XXX.....							
								4. Totals		.....0.....		.....0.....

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
2. 2005....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
3. 2006....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
4. 2007....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
5. 2008....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
6. 2009....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
7. 2010....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
8. 2011....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
9. 2012....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
10. 2013....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....	.....0.....	....XXX.....
11. 2014....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....XXX.....	....XXX.....
								12. Totals		.....0.....		.....0.....

**SCHEDULE P - PART 2N - REINSURANCE**

## NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 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.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX.....	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	XXX.....
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	XXX.....	XXX.....
										12. Totals	0	0

**NONE****SCHEDULE P - PART 2O - REINSURANCE**

## NONPROPORTIONAL ASSUMED LIABILITY

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX.....	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	XXX.....
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	XXX.....	XXX.....
										12. Totals	0	0

**NONE****SCHEDULE P - PART 2P - REINSURANCE**

## NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX.....	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	XXX.....
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	XXX.....	XXX.....
										12. Totals	0	0

**NONE**

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 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.....	1,301	961	1,174	1,105	1,141	1,140	1,077	1,073	1,059	1,051	(8)	(21)
2. 2005.....	506	305	312	381	468	439	383	394	403	400	(3)	6
3. 2006.....	XXX.....	521	326	306	437	445	383	385	431	434	3	49
4. 2007.....	XXX.....	XXX.....	337	273	370	264	276	279	328	321	(7)	42
5. 2008.....	XXX.....	XXX.....	XXX.....	185	186	145	133	124	146	163	18	39
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	123	116	103	107	111	107	(4)	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	90	59	52	41	30	(11)	(22)
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	66	101	42	36	(6)	(65)	
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	134	91	74	(17)	(60)	
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	386	281	(105)	XXX.....	
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	472	XXX.....	XXX.....	
										12. Totals	(140)	(32)

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

1. Prior.....	14	18	29	.21	18	20	19	16	15	13	(1)	(3)
2. 2005.....	4	2	2	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX.....	.5	3	1	1	0	0	0	0	0	0	0
4. 2007.....	XXX.....	XXX.....	.5	6	0	0	0	0	0	0	0	0
5. 2008.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
										12. Totals	(1)	(3)

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

1. Prior.....	XXX.....	0	0	0	0	0						
2. 2013.....	XXX.....	0	0	0	XXX.....							
3. 2014.....	XXX.....	0	XXX.....	XXX.....								
										4. Totals	0	0

**NONE****SCHEDULE P - PART 2T - WARRANTY**

1. Prior.....	XXX.....	0	0	0	0	0						
2. 2013.....	XXX.....	0	0	0	XXX.....							
3. 2014.....	XXX.....	0	XXX.....	XXX.....								
										4. Totals	0	0

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior.....	.....000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0

**NONE****SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	.....000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0

**NONE****SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	.....000	....254	....498	....627	....743	....779	....807	....819	....891	....916	....5	....5
2. 2005.....	.....1	....110	....173	....179	....230	....244	....244	....244	....244	....244	....1	....2
3. 2006.....	....XXX	.....0	.....0	....23	....55	....55	....55	....55	....55	....55	....0	....1
4. 2007.....	....XXX	....XXX	.....0	....141	....142	....143	....143	....143	....143	....143	....0	....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....1	....1	....1	....0	....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	....0	....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	....3	....84	....84	....84	....84	....107	....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....1	....1	....1	....0	....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....6	....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....1	....0	....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0

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

1. Prior.....	.....000	....(5)	....(4)	....(4)	....(4)	....(4)	....(4)	....(4)	....(4)	....(4)	....0	....1
2. 2005.....	.....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0
3. 2006.....	....XXX	.....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0
4. 2007.....	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0
5. 2008.....	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0

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

1. Prior.....	.....000	....22	....24	....57	....70	....70	....70	....75	....75	....75	....2	....1
2. 2005.....	....491	....733	....773	....759	....823	....810	....808	....808	....808	....808	....33	....8
3. 2006.....	....XXX	....384	....559	....563	....562	....560	....560	....560	....560	....560	....16	....5
4. 2007.....	....XXX	....XXX	....XXX	....273	....388	....393	....393	....393	....393	....393	....13	....3
5. 2008.....	....XXX	....XXX	....XXX	....191	....266	....299	....297	....296	....296	....296	....13	....4
6. 2009.....	....XXX	....XXX	....XXX	....XXX	....134	....232	....236	....238	....238	....238	....8	....4
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	....160	....212	....216	....220	....220	....8	....3
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....183	....272	....282	....299	....299	....11	....3
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....232	....302	....304	....304	....8	....2
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....82	....159	....159	....5	....1
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....185	....185	....5	....1

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior.....	.....000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0

**NONE****SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....	.....000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0

**NONE****SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....	.....000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	....XXX	....XXX
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	....XXX	....XXX
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	....XXX	....XXX
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	....XXX	....XXX
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	....XXX	....XXX

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

1. Prior.....	.....000	....3,036	....4,325	....5,593	....6,061	....6,413	....6,516	....6,631	....6,713	....6,755	....237	....(102)
2. 2005.....	.....102	....776	....1,788	....2,396	....3,150	....3,418	....3,482	....3,614	....3,625	....3,635	....60	....30
3. 2006.....	....XXX	....154	....672	....1,290	....2,110	....2,338	....2,508	....2,633	....2,702	....2,756	....38	....21
4. 2007.....	....XXX	....XXX	....82	....531	....1,119	....1,586	....1,833	....1,942	....2,066	....2,121	....32	....14
5. 2008.....	....XXX	....XXX	....XXX	....87	....469	....1,152	....1,499	....1,817	....2,126	....2,247	....29	....12
6. 2009.....	....XXX	....XXX	....XXX	....XXX	....108	....297	....601	....888	....1,175	....1,291	....16	....7
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	....33	....326	....762	....1,027	....1,136	....13	....6
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....19	....231	....445	....782	....11	....8	
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....29	....198	....678	....12	....8		
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....96	....410	....9	....16	
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....79	....3	....9		

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

1. Prior.....	.....000	.....7	....36	....37	....37	....37	....37	....37	....37	....37	....(21)	....(23)
2. 2005.....	.....25	....63	....79	....85	....85	....85	....85	....85	....85	....85	....1	....0
3. 2006.....	....XXX	....8	....18	....22	....56	....65	....65	....65	....65	....65	....1	....0
4. 2007.....	....XXX	....XXX	....8	....29	....35	....37	....38	....44	....44	....44	....0	....0
5. 2008.....	....XXX	....XXX	....XXX	....1	....14	....19	....31	....33	....33	....33	....0	....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	....41	....44	....47	....74	....74	....74	....0	....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....3	....64	....81	....95	....1	....0	
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....0	....0	
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....1	....3	....0	....0	
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....1	....0	....0	....0	

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and 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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	16.....	31.....	XXX.....	XXX.....
2. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	21.....	XXX.....	XXX.....
3. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	XXX.....	XXX.....

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

1. Prior.....	XXX.....	000.....	(3).....	(3).....	0.....	(1).....						
2. 2013.....	XXX.....	0.....	0.....	0.....	0.....							
3. 2014.....	XXX.....	0.....	0.....	0.....								

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

1. Prior.....	XXX.....	000.....	0.....	0.....	XXX.....	XXX.....						
2. 2013.....	XXX.....	0.....	0.....	XXX.....	XXX.....							
3. 2014.....	XXX.....	0.....	XXX.....	XXX.....								

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX.....	000.....	0.....	0.....	XXX.....	XXX.....						
2. 2013.....	XXX.....	0.....	0.....	XXX.....	XXX.....							
3. 2014.....	XXX.....	0.....	XXX.....	XXX.....								

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
2. 2005.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
3. 2006.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
4. 2007.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
5. 2008.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	XXX.....	XXX.....
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	XXX.....	XXX.....
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	XXX.....
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	XXX.....	XXX.....

## **SCHEDULE P - PART 3N - REINSURANCE**

## NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior....	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2005....	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2006....	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2007....	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2008....	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2009....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2010....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2011....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

## **SCHEDULE P - PART 30 - REINSURANCE**

## NONPROPORTIONAL ASSUMED LIABILITY

## **SCHEDULE P - PART 3P - REINSURANCE**

## NONPROPORTIONAL ASSUMED FINANCIAL LINES

NON-REGULATORY ACCRUED FINANCIAL LIENS														
1.	Prior....	000....	0	0	0	0	0	0	0	0	0	0	XXX....	XXX
2.	2005....	0	0	0	0	0	0	0	0	0	0	0	XXX....	XXX
3.	2006....	XXX....	0	0	0	0	0	0	0	0	0	0	XXX....	XXX
4.	2007....	XXX....	XXX....	0	0	0	0	0	0	0	0	0	XXX....	XXX
5.	2008....	XXX....	XXX....	XXX....	0	0	0	0	0	0	0	0	XXX....	XXX
6.	2009....	XXX....	XXX....	XXX....	XXX....	0	0	0	0	0	0	0	XXX....	XXX
7.	2010....	XXX....	XXX....	XXX....	XXX....	XXX....	0	0	0	0	0	0	XXX....	XXX
8.	2011....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	0	0	0	0	0	XXX....	XXX
9.	2012....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	0	0	0	0	XXX....	XXX
10.	2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	0	0	0	XXX....	XXX
11.	2014	XXX	XXX	0	XXX	XXX								

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior.....	.....000.....	.....145.....	.....354.....	.....507.....	.....615.....	.....706.....	.....749.....	.....793.....	.....809.....	.....825.....	.....20.....	.....(6).....
2. 2005.....	.....3.....	.....7.....	.....24.....	.....109.....	.....229.....	.....303.....	.....323.....	.....344.....	.....369.....	.....376.....	.....4.....	.....2.....
3. 2006.....	.....XXX.....	.....1.....	.....10.....	.....31.....	.....72.....	.....185.....	.....234.....	.....301.....	.....338.....	.....372.....	.....4.....	.....3.....
4. 2007.....	.....XXX.....	.....XXX.....	.....0.....	.....23.....	.....57.....	.....85.....	.....119.....	.....173.....	.....214.....	.....238.....	.....3.....	.....2.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....1.....	.....11.....	.....31.....	.....58.....	.....65.....	.....93.....	.....1.....	.....1.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....13.....	.....23.....	.....51.....	.....74.....	.....98.....	.....1.....	.....1.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....4.....	.....16.....	.....16.....	.....16.....	.....0.....	.....0.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....5.....	.....15.....	.....15.....	.....0.....	.....0.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....

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

1. Prior.....	.....000.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....(1).....	.....0.....
2. 2005.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
3. 2006.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
4. 2007.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....

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

1. Prior.....	.....XXX.....	.....000.....	.....0.....	.....0.....	.....XXX.....	.....XXX.....						
2. 2013.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....XXX.....							
3. 2014.....	.....XXX.....	.....0.....	.....XXX.....	.....XXX.....								

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior.....	.....XXX.....	.....000.....	.....0.....	.....0.....	.....0.....	.....0.....						
2. 2013.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....							
3. 2014.....	.....XXX.....	.....0.....	.....0.....	.....0.....								

**NONE**

## SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

## SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

## SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	885	617	454	397	264	224	68	41	42	34
2. 2005.....	435	280	205	134	102	54	15	3	4	.6
3. 2006.....	XXX	286	188	121	119	74	21	3	3	.4
4. 2007.....	XXX	XXX	182	143	142	73	37	19	8	14
5. 2008.....	XXX	XXX	XXX	113	.89	.64	24	.16	.13	.26
6. 2009.....	XXX	XXX	XXX	XXX	.86	71	47	.22	5	.0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	75	47	.27	20	13
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	48	.22	.24	.21
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.39	.32	.12
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.39	.32
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.32

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

1. Prior.....	19	.16	12	.0	.0	0	0	.0	0	0
2. 2005.....	.3	.3	2	.0	.0	0	0	.0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	.0	.0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	.0	.0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

## SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	23	.0	(1)	.9	.11	2	1	.0	0	0
2. 2005.....	183	.15	(1)	(1)	.0	0	0	.0	0	0
3. 2006.....	XXX	153	13	10	.8	4	2	1	0	0
4. 2007.....	XXX	XXX	112	24	.8	5	2	1	0	0
5. 2008.....	XXX	XXX	XXX	(1)	(0)	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	(1)	12	2	1	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	25	.5	2	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	35	.5	(0)	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.46	(0)	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.35	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE****SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE****SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior.....	9,470	5,603	3,322	1,866	1,229	1,029	.638	448	.406	.370
2. 2005.....	5,768	3,906	2,184	1,020	655	.427	.122	.63	.24	.92
3. 2006.....	XXX	5,041	3,019	1,752	1,255	.839	.290	.38	.12	.33
4. 2007.....	XXX	XXX	3,559	2,563	1,619	.777	.490	140	103	135
5. 2008.....	XXX	XXX	XXX	2,738	1,862	.914	.606	323	175	137
6. 2009.....	XXX	XXX	XXX	XXX	1,685	1,002	.475	267	145	104
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,098	.463	340	220	122
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.824	405	.256	.184
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,232	.784	.560
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,114	2,028
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,619

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

1. Prior.....	187	153	202	125	106	120	120	.99	.88	.80
2. 2005.....	123	.53	.31	11	.5	1	0	0	0	0
3. 2006.....	XXX	.93	.39	11	.5	1	0	0	0	0
4. 2007.....	XXX	XXX	.83	50	.9	2	0	0	0	0
5. 2008.....	XXX	XXX	XXX	10	.5	5	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	.68	.26	.4	.2	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	9	.3	.1	1	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.68	.27	14	.3
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5	2
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	5
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....11.....	....(0).....	....0.....
2. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....14.....	....0.....
3. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....6.....

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

1. Prior.....	....XXX.....	....8.....	....0.....	....0.....						
2. 2013.....	....XXX.....	....0.....	....0.....							
3. 2014.....	....XXX.....	....0.....								

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

1. Prior.....	....XXX.....	....0.....	....0.....	....0.....						
2. 2013.....	....XXX.....	....0.....	....0.....							
3. 2014.....	....XXX.....	....0.....								

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

1. Prior.....	....XXX.....	....0.....	....0.....	....0.....						
2. 2013.....	....XXX.....	....0.....	....0.....							
3. 2014.....	....XXX.....	....0.....								

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
2. 2005.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
3. 2006.....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
4. 2007.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
5. 2008.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
6. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....	....0.....
7. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....	....0.....	....0.....
8. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....	....0.....
9. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....	....0.....
10. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....
11. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE****SCHEDULE P - PART 4O - REINSURANCE****NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE****SCHEDULE P - PART 4P - REINSURANCE****NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE**

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	1,059	619	641	426	366	.359	.268	.207	.192	.177
2. 2005.....	499	282	189	127	130	.87	.26	.7	3	5
3. 2006.....	XXX.....	508	296	215	264	.184	.65	.9	2	7
4. 2007.....	XXX.....	XXX.....	325	216	261	.119	.79	.19	.23	.25
5. 2008.....	XXX.....	XXX.....	XXX.....	184	159	.103	.77	.34	.22	.32
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	123	.91	.60	.34	.13	.9
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.89	.45	.31	.25	.14
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.64	.28	.27	.21
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	134	.91	.73
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.386	.271
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.471

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

1. Prior.....	14	18	29	21	18	.20	.19	.16	.14	.13
2. 2005.....	.4	2	2	.0	.0	0	0	.0	0	0
3. 2006.....	XXX.....	5	3	1	1	0	0	0	0	0
4. 2007.....	XXX.....	XXX.....	5	.6	.0	0	0	0	0	0
5. 2008.....	XXX.....	XXX.....	XXX.....	.0	.0	0	0	0	0	0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.0	0	0	0	0	0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0	0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0

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

1. Prior.....	XXX.....	.0	0	0						
2. 2013.....	XXX.....	0	0							
3. 2014.....	XXX.....	0								

**SCHEDULE P - PART 4T - WARRANTY**

1. Prior.....	XXX.....	.0	0	0						
2. 2013.....	XXX.....	0	0							
3. 2014.....	XXX.....	0								

**NON****E**

**Sch. P-Pt. 5A-Sn. 1**  
**NONE**

**Sch. P-Pt. 5A-Sn. 2**  
**NONE**

**Sch. P-Pt. 5A-Sn. 3**  
**NONE**

**Sch. P-Pt. 5B-Sn. 1**  
**NONE**

**Sch. P-Pt. 5B-Sn. 2**  
**NONE**

**Sch. P-Pt. 5B-Sn. 3**  
**NONE**

**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....1	.....2	.....2	.....1	.....0	.....0	.....0	.....0	.....1	.....0
2. 2005.....	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1
3. 2006.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....6	.....3	.....3	.....1	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....3	.....1	.....5	.....(1)	.....0	.....0	.....0	.....0	.....1	.....(1)
2. 2005.....	.....1	.....2	.....2	.....2	.....2	.....3	.....3	.....3	.....3	.....3
3. 2006.....	XXX.....	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....1	.....1
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....1	.....1	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0

**NONE**

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0

**NONE**

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0	.....0
8. 2011.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0	.....0
9. 2012.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0	.....0
10. 2013.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0	.....0
11. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....0

**NONE**

**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	10	1	0	0	1	0	0	0	0	(1)
2. 2005.....	12	31	32	33	33	33	33	33	33	33
3. 2006.....	XXX	10	15	16	16	16	16	16	16	16
4. 2007.....	XXX	XXX	8	12	13	13	13	13	13	13
5. 2008.....	XXX	XXX	XXX	8	13	13	13	13	13	13
6. 2009.....	XXX	XXX	XXX	XXX	5	9	9	9	9	8
7. 2010.....	XXX	XXX	XXX	XXX	XXX	5	8	8	8	8
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	8	12	12	11
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10	8
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	2	1	0	0	0	0	0	0	0	0
2. 2005.....	18	2	1	1	0	0	0	0	0	0
3. 2006.....	XXX	4	1	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	4	1	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	4	1	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	3	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	4	1	(1)	0	1	0	0	0	0	(1)
2. 2005.....	34	41	41	42	41	41	41	41	41	41
3. 2006.....	XXX	18	21	21	21	21	21	21	21	21
4. 2007.....	XXX	XXX	15	16	16	16	16	16	16	16
5. 2008.....	XXX	XXX	XXX	16	19	18	18	18	18	17
6. 2009.....	XXX	XXX	XXX	XXX	11	13	13	13	13	12
7. 2010.....	XXX	XXX	XXX	XXX	XXX	10	12	12	12	11
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	13	15	16	14
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	13	10
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	7
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

**Sch. P-Pt. 5F-Sn. 1A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 2A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 3A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 1B**  
**NONE**

**Sch. P-Pt. 5F-Sn. 2B**  
**NONE**

**Sch. P-Pt. 5F-Sn. 3B**  
**NONE**

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	54	33	11	8	3	1	3	0	(1)	157
2. 2005.....	14	32	43	49	53	55	56	56	56	60
3. 2006.....	XXX	9	20	26	32	35	36	36	37	38
4. 2007.....	XXX	XXX	8	17	25	29	31	32	33	32
5. 2008.....	XXX	XXX	XXX	8	16	22	26	28	30	29
6. 2009.....	XXX	XXX	XXX	XXX	5	10	14	16	17	16
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4	8	12	14	13
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3	8	11	11
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	.8	12
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	9
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	47	26	17	10	5	4	3	2	2	2
2. 2005.....	16	15	11	7	4	1	1	.1	.1	1
3. 2006.....	XXX	9	9	9	5	3	2	2	2	1
4. 2007.....	XXX	XXX	7	10	8	3	3	2	2	2
5. 2008.....	XXX	XXX	XXX	7	10	7	4	3	3	1
6. 2009.....	XXX	XXX	XXX	XXX	5	6	4	3	1	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	3	5	4	2	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3	5	4	2
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	.9	8
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	60	21	7	6	1	0	4	1	.8	1
2. 2005.....	41	72	.83	.86	89	89	.90	.90	.91	.91
3. 2006.....	XXX	24	43	.51	55	57	.58	.59	61	60
4. 2007.....	XXX	XXX	22	.39	.47	48	.51	.51	.55	.48
5. 2008.....	XXX	XXX	XXX	.23	38	44	.45	.47	50	.42
6. 2009.....	XXX	XXX	XXX	XXX	14	24	.27	.28	28	.24
7. 2010.....	XXX	XXX	XXX	XXX	XXX	11	.20	.23	24	.20
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.11	.22	.26	.21
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	34	.28
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	.37
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.21

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE****SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1
3. 2006.....	XXX.....	.....0	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....1
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....1	.....1	.....1
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2006.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....1	.....0	.....0	.....0
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2005.....	.....1	.....0	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1
3. 2006.....	XXX.....	.....0	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....1
4. 2007.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2008.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....1	.....1	.....1	.....1
9. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0
10. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0
11. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE****SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	3	3	0	1	1	0	1	0	0	14
2. 2005.....	1	1	1	1	2	2	2	3	3	4
3. 2006.....	XXX	0	0	1	1	1	2	3	3	4
4. 2007.....	XXX	XXX	0	0	1	1	2	3	3	3
5. 2008.....	XXX	XXX	XXX	0	0	0	1	1	1	1
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	1	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	7	4	3	3	2	1	2	2	2	2
2. 2005.....	0	1	1	1	1	1	1	1	1	0
3. 2006.....	XXX	0	1	1	2	2	2	1	1	0
4. 2007.....	XXX	XXX	0	1	1	2	2	2	1	1
5. 2008.....	XXX	XXX	XXX	0	1	1	1	1	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	1	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	7	2	0	0	3	(1)	1	0	2	2
2. 2005.....	1	3	3	4	5	5	5	7	7	6
3. 2006.....	XXX	0	2	3	4	5	6	7	7	7
4. 2007.....	XXX	XXX	0	2	3	4	6	7	6	6
5. 2008.....	XXX	XXX	XXX	0	1	1	3	3	2	2
6. 2009.....	XXX	XXX	XXX	XXX	0	1	2	1	2	2
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - CLAIMS-MADE****SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE****SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	(1)	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0
2. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0
3. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0
2. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0
3. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	0
2. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0
3. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	1,415	(4)	(20)	(23)	(3)	7	0	0	0	0	0
2. 2005.....	765	1,594	1,604	1,604	1,604	1,604	1,604	1,604	1,604	1,604	0
3. 2006.....	XXX	589	1,274	1,276	1,277	1,277	1,277	1,277	1,277	1,277	0
4. 2007.....	XXX	XXX	395	740	752	752	752	752	752	752	0
5. 2008.....	XXX	XXX	XXX	382	697	699	700	700	700	700	0
6. 2009.....	XXX	XXX	XXX	XXX	287	520	524	524	524	524	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	186	383	395	395	395	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	120	264	268	268	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	297	302	5
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	163	187	24
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333	333
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	362
13. Earned Prem.(P-Pt 1)	2,179	1,415	1,070	706	611	429	321	302	318	362	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	819	(28)	(24)	(22)	(4)	5	0	0	0	0	0
2. 2005.....	471	972	978	978	978	978	978	978	978	978	0
3. 2006.....	XXX	357	798	799	800	800	800	800	800	800	0
4. 2007.....	XXX	XXX	234	442	450	450	450	450	450	450	0
5. 2008.....	XXX	XXX	XXX	220	403	404	404	404	405	405	0
6. 2009.....	XXX	XXX	XXX	XXX	169	305	307	307	307	307	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	112	235	244	244	244	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	70	158	160	160	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84	176	179	3
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94	106	12
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	189	189
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	203
13. Earned Prem.(P-Pt 1)	1,290	830	656	408	355	255	196	180	189	203	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	10	1	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	10	1	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	.5	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	.5	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	1,436	(1)	0	(0)	0	0	0	0	0	0	0
2. 2005.....	1,237	2,438	2,445	2,445	2,445	2,445	2,445	2,445	2,445	2,445	0
3. 2006.....	XXX	1,172	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	0
4. 2007.....	XXX	XXX	779	1,439	1,439	1,439	1,439	1,439	1,439	1,439	0
5. 2008.....	XXX	XXX	XXX	531	1,052	1,051	1,051	1,051	1,051	1,051	0
6. 2009.....	XXX	XXX	XXX	XXX	486	978	978	978	978	978	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	441	875	875	875	875	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	441	866	866	866	866	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	465	931	931	931	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	531	531	531	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,075	1,075	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,075
13. Earned Prem.(P-Pt 1)	2,673	2,373	1,835	1,192	1,007	932	875	890	997	1,075	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	759	0	0	(18)	0	0	0	0	0	0	0
2. 2005.....	778	1,519	1,539	1,545	1,551	1,554	1,554	1,554	1,554	1,554	0
3. 2006.....	XXX	677	1,321	1,321	1,321	1,321	1,321	1,321	1,321	1,321	0
4. 2007.....	XXX	XXX	447	816	816	816	816	816	816	816	0
5. 2008.....	XXX	XXX	XXX	303	599	598	598	598	598	598	0
6. 2009.....	XXX	XXX	XXX	XXX	279	564	564	564	564	564	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	248	491	491	491	491	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	247	485	484	484	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	268	516	516	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	309	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	583	583	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	583
13. Earned Prem.(P-Pt 1)	1,537	1,418	1,111	660	581	534	490	506	557	583	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE****SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	9,380	32	(137)	(113)	(35)	(1)	27	0	0	0	0
2. 2005.....	6,885	14,597	14,715	14,655	14,648	14,640	14,629	14,633	14,633	14,633	0
3. 2006.....	XXX	6,064	12,582	12,642	12,648	12,663	12,654	12,652	12,652	12,652	0
4. 2007.....	XXX	XXX	4,882	9,677	9,689	9,660	9,627	9,595	9,575	9,575	(0)
5. 2008.....	XXX	XXX	XXX	3,449	6,656	6,674	6,675	6,675	6,709	6,709	(0)
6. 2009.....	XXX	XXX	XXX	XXX	2,112	4,132	4,137	4,148	4,148	4,153	5
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,625	3,269	3,293	3,295	3,310	15
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,638	3,491	3,509	3,539	31
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,923	6,452	6,476	23
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,054	5,791	736
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,254	10,254	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,064
13. Earned Prem.(P-Pt 1)	16,265	13,808	11,381	8,132	5,296	3,638	3,263	4,780	8,618	11,064	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	3,557	39	(147)	(43)	(20)	(8)	(0)	0	0	0	0
2. 2005.....	2,653	5,624	5,659	5,653	5,646	5,637	5,628	5,628	5,628	5,628	0
3. 2006.....	XXX	2,026	4,185	4,207	4,207	4,213	4,210	4,208	4,208	4,208	0
4. 2007.....	XXX	XXX	1,591	3,155	3,164	3,155	3,148	3,138	3,133	3,132	(1)
5. 2008.....	XXX	XXX	XXX	1,107	2,174	2,180	2,180	2,180	2,189	2,189	(0)
6. 2009.....	XXX	XXX	XXX	XXX	684	1,340	1,342	1,345	1,345	1,346	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	523	1,050	1,058	1,058	1,062	4
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	530	1,116	1,122	1,131	9
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	976	2,149	2,163	14
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,671	1,925	253
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,433	3,433
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,713
13. Earned Prem.(P-Pt 1)	6,210	5,037	3,639	2,644	1,732	1,167	1,039	1,561	2,855	3,713	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE****SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	218	1	0	0	0	0	0	0	0	0	0
2. 2005.....	147	263	264	264	264	264	264	264	264	264	0
3. 2006.....	XXX	136	297	298	298	298	298	298	298	298	0
4. 2007.....	XXX	XXX	87	169	172	172	172	172	172	172	0
5. 2008.....	XXX	XXX	XXX	62	161	161	161	161	161	161	0
6. 2009.....	XXX	XXX	XXX	XXX	36	64	64	64	64	64	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	31	55	55	55	55	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	656	687	687	687	687	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	21	30	30	30	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	34	34	(0)
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62	62
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62
13. Earned Prem.(P-Pt 1)	366	253	249	145	139	59	680	52	43	62	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	70	0	(12)	0	0	0	0	0	0	0	0
2. 2005.....	48	85	83	83	83	83	83	83	83	83	0
3. 2006.....	XXX	39	83	83	83	83	83	83	83	83	0
4. 2007.....	XXX	XXX	24	50	50	50	50	50	50	50	0
5. 2008.....	XXX	XXX	XXX	17	45	45	45	45	45	45	0
6. 2009.....	XXX	XXX	XXX	XXX	10	18	18	18	18	18	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	9	16	16	16	16	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	310	321	321	321	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	9	.9	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12	(0)
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	24	24
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25
13. Earned Prem.(P-Pt 1)	118	76	54	43	39	17	317	17	15	25	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6N - REINSURANCE****NONPROPORTIONAL ASSUMED PROPERTY  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt.1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt.1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6O - REINSURANCE****NONPROPORTIONAL ASSUMED LIABILITY****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt.1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt.1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE****SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	1,044	92	0	2	2	(0)	(0)	0	0	0	0
2. 2005.....	.973	1,898	1,952	1,952	1,953	1,957	1,957	1,957	1,957	1,957	0
3. 2006.....	XXX	922	1,653	1,683	1,684	1,689	1,689	1,690	1,690	1,690	0
4. 2007.....	XXX	XXX	532	940	959	961	961	961	961	961	0
5. 2008.....	XXX	XXX	XXX	309	583	590	591	591	591	591	0
6. 2009.....	XXX	XXX	XXX	XXX	171	311	318	319	319	321	2
7. 2010.....	XXX	XXX	XXX	XXX	XXX	131	241	249	249	252	3
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	134	278	283	284	1
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352	834	841	7
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	653	778	125
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,369	1,369
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,507
13. Earned Prem.(P-Pt 1)	2,017	1,939	1,318	750	466	289	251	507	1,140	1,507	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	453	38	0	1	1	(0)	(0)	0	0	0	0
2. 2005.....	445	862	884	884	884	885	885	885	885	885	0
3. 2006.....	XXX	381	671	680	680	682	682	682	682	682	0
4. 2007.....	XXX	XXX	217	369	376	376	376	377	377	377	0
5. 2008.....	XXX	XXX	XXX	111	207	210	210	210	210	210	0
6. 2009.....	XXX	XXX	XXX	XXX	61	109	111	111	111	112	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.47	87	.89	.89	90	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	45	93	94	94	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	286	288	2
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	271	.46
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	481	.481
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.531
13. Earned Prem.(P-Pt 1)	898	837	529	273	166	101	87	172	391	531	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE****SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	12	1	0	0	0	0	0	0	0	0	0
2. 2005.....	2	15	16	16	16	16	16	16	16	16	0
3. 2006.....	XXX	2	16	17	17	17	17	17	17	17	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	.3	.3
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13. Earned Prem.(P-Pt 1)	14	16	15	0	0	0	0	0	0	.4	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....	4	1	0	0	0	0	0	0	0	0	0
2. 2005.....	1	5	5	.5	5	.5	.5	5	.5	.5	0
3. 2006.....	XXX	1	.5	.5	5	.5	.5	5	.5	.5	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Prem.(P-Pt 1)	4	5	4	0	0	0	0	0	0	0	XXX

**Sch. P-Pt. 7A-Sn. 1**  
**NONE**

**Sch. P-Pt. 7A-Sn. 2**  
**NONE**

**Sch. P-Pt. 7A-Sn. 3**  
**NONE**

**Sch. P-Pt. 7A-Sn. 4**  
**NONE**

**Sch. P-Pt. 7A-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 1**  
**NONE**

**Sch. P-Pt. 7B-Sn. 2**  
**NONE**

**Sch. P-Pt. 7B-Sn. 3**  
**NONE**

**Sch. P-Pt. 7B-Sn. 4**  
**NONE**

**Sch. P-Pt. 7B-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 6**  
**NONE**

**Sch. P-Pt. 7B-Sn. 7**  
**NONE**

# AMERICAN EMPIRE INSURANCE COMPANY

## SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1	2
Section 1: Occurrence	Section 2: Claims-Made	
1.601 Prior.....	0	0
1.602 2005.....	0	0
1.603 2006.....	0	0
1.604 2007.....	0	0
1.605 2008.....	0	0
1.606 2009.....	0	0
1.607 2010.....	0	0
1.608 2011.....	0	0
1.609 2012.....	0	0
1.610 2013.....	0	0
1.611 2014.....	0	0
1.612 Totals.....	0	0

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

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

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [ ] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

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

5.1 Fidelity \$.....0

5.2 Surety \$.....0

6. Claim count information is reported per claim or per claimant. (Indicate which). If not the same in all years, explain in Interrogatory 7. PER CLAIM

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

7.2 An extended statement may be attached.

See Notes to Financial Statements No. 26.

## INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
0.....		0.....	31-1544320..	0.....	0000944707	NYSE.....	American Financial Group, Inc.....	OH.....	UIP.....		Ownership.....	....0.000		0....
0.....		0.....	31-6549738..	0.....	0.....		American Financial Capital Trust II.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	16-6543606..	0.....	0.....		American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	16-6543609..	0.....	0.....		American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0996797..	0.....	0.....		American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0828578..	0.....	0.....		American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	27-1577326..	0.....	0.....		American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	....80.000	American Financial Group, Inc....	0....
0.....		0.....	27-2829629..	0.....	0.....		MidMarket Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	....65.000	American Financial Group, Inc....	0....
0.....		0.....	41-2112001..	0.....	0.....		APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	23-6000765..	0.....	0.....		American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	23-6297584..	0.....	0.....		The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	37-1094159..	0.....	0.....		Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	95-2802826..	0.....	0.....		Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	35-6001691..	0.....	0.....		The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	13-6400464..	0.....	0.....		Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	46-1665396..	0.....	0.....		Pennsylvania Lehigh Oil & Gas Holdings LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	20-1548213..	0.....	0.....		Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	20-1574094..	0.....	0.....		Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	46-1852532..	0.....	0.....		Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	46-1480078..	0.....	0.....		Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	13-6021353..	0.....	0.....		The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	31-1236926..	0.....	0.....		PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	76-0080537..	0.....	0.....		PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	31-1388401..	0.....	0.....		PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	06-1209709..	0.....	0.....		Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	23-1537928..	0.....	0.....		Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	46-3246684..	0.....	0.....		Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	23-6000766..	0.....	0.....		Pennsylvania-Reading Seashore Lines.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....66.670	American Financial Group, Inc....	0....
0.....		0.....	23-6207599..	0.....	0.....		Pittsburgh and Cross Creek Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....83.000	American Financial Group, Inc....	0....
0.....		0.....	23-1707450..	0.....	0.....		Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	23-1675796..	0.....	0.....		Waynesburg Southern Railroad Company.....	PA.....	IA.....	American Premier Underwriters, Inc.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....	0.....		GAI Insurance Company, Ltd.....	BMU.....	NIA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....	0.....		Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	31-1446308..	0.....	0.....		Hangar Acquisition Corp.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	91-1242743..	0.....	0.....		Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....
0.....		0.....	91-1508644..	0.....	0.....		Premier Lease & Loan Services of Canada, Inc.....	WA.....	IA.....	APU Holding Company.....	Ownership.....	....100.000	American Financial Group, Inc....	0....

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0.....		0.....	31-1262960..	0.....	0.....		Risico Management Corporation.....	DE.....	NIA.....	APU Holding Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0823725..	0.....	0.....		Dixie Terminal Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	98-0606803..	0.....	0.....		GAI Holding Bermuda Ltd.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	98-0556144..	0.....	0.....		GAI Indemnity, Ltd.....	GBR.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Group Limited.....	GBR.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Holdings Limited.....	GBR.....	NIA.....	Marketform Group Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	98-0412245..	0.....	0.....		Lavenham Underwriting Limited.....	GBR.....	IA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Hong Kong Limited.....	HKG.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Gabinete Marketform SL.....	ESP.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Australia Pty Limited.....	AUS.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Studio Marketform SRL.....	ITA.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Management Services Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Managing Agency Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	98-0431601..	0.....	0.....		Sampford Underwriting Limited.....	GBR.....	IA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	0.....	0.....			Marketform Trust Company Limited.....	GBR.....	NIA.....	Marketform Group Limited.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	06-1356481..	0.....	0.....		Great American Financial Resources, Inc.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	1....
0084....	American Financial Group, Inc.....	63312.....	13-1935920..	0.....	0.....		Great American Life Insurance Company.....	OH.....	IA.....	Great American Financial Resources, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	45-2969767..	0.....	0.....		Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..62.500	American Financial Group, Inc....	2....
0.....		0.....	26-4391696..	0.....	0.....		Aerielle, LLC.....	DE.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..62.500	American Financial Group, Inc....	2....
0084....	American Financial Group, Inc.....	93661.....	31-1021738..	0.....	0.....		Annuity Investors Life Insurance Company.....	OH.....	IA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	27-4078277..	0.....	0.....		Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..85.000	American Financial Group, Inc....	0....
0.....		0.....	27-0513333..	0.....	0.....		Bay Bridge Marina Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..85.000	American Financial Group, Inc....	0....
0.....		0.....	20-1246122..	0.....	0.....		Brothers Management, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..99.000	American Financial Group, Inc....	0....
0.....		0.....	45-3988240..	0.....	0.....		FT Liquidation, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	20-4604276..	0.....	0.....		GALIC - Bay Bridge Marina, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	45-5565693..	0.....	0.....		GALIC-Sorrento, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..65.000	American Financial Group, Inc....	2....
0.....		0.....	31-1391777..	0.....	0.....		GALIC Brothers, Inc.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..80.000	American Financial Group, Inc....	0....
0.....		0.....	45-1144095..	0.....	0.....		GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..65.000	American Financial Group, Inc....	2....
0.....		0.....	26-3260520..	0.....	0.....		Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0084....	American Financial Group, Inc.....	67083.....	45-0252531..	0.....	0.....		Manhattan National Life Insurance Company.....	OH.....	IA.....	Manhattan National Holding Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	52-2179330..	0.....	0.....		Skipjack Marina Corp.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0084....	American Financial Group, Inc.....	63479.....	58-0869673..	0.....	0.....		United Teacher Associates Insurance Company.....	TX.....	IA.....	Great American Financial Resources, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	47-1933937..	0.....	0.....		UTA Acquisitions, LLC.....	TX.....	NIA.....	United Teacher Associates Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-1422717..	0.....	0.....		AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	34-1017531..	0.....	0.....		Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	47-0717079..	0.....	0.....		Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084.....	American Financial Group, Inc.....	71404.....	47-0463747..	0.....	0.....		Continental General Insurance Company.....	OH.....	IA.....	Continental General Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	34-1947042..	0.....	0.....		QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	31-1395344..	0.....	0.....		Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	42-1575938..	0.....	0.....		Great American Holding, Inc.....	OH.....	UIP.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	27-3062314..	0.....	0.....		Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	45-4110027..	0.....	0.....		United States Commodities Producers LLC.....	MT.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	.75.000	American Financial Group, Inc....	0.....
0.....		0.....	27-2354685..	0.....	0.....		United States Livestock Producers, LLC.....	NV.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	.75.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	35351.....	31-0912199..	0.....	0.....		American Empire Surplus Lines Insurance Company.....	DE.....	UDP.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	37990.....	31-0973761..	0.....	0.....		American Empire Insurance Company.....	OH.....		American Empire Surplus Lines Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-1671722..	0.....	0.....		American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	0.....	0.....	0.....		GAI Australia Pty Ltd.....	AUS.....	NIA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	0.....	0.....	0.....		Great American International Insurance Limited.....	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	23418.....	73-0556513..	0.....	0.....		Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	15380.....	73-1406844..	0.....	0.....		Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	13794.....	38-3803661..	0.....	0.....		Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	30-0571535..	0.....	0.....		Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	23426.....	73-0773259..	0.....	0.....		Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	22179.....	95-2801326..	0.....	0.....		Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	43753.....	31-1054123..	0.....	0.....		Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-1683711..	0.....	0.....		Summit Consulting, LLC.....	FL.....	NIA.....	Great American Holding, Inc. ....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-3385208..	0.....	0.....		Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-3409855..	0.....	0.....		Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc. ....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	10701.....	59-1835212..	0.....	0.....		Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	10335.....	59-3269531..	0.....	0.....		Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0084.....	American Financial Group, Inc.....	16691.....	31-0501234..	0.....	0.....		Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	45-2969767..	0.....	0.....		Aeriele IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.37.500	American Financial Group, Inc....	2.....
0.....		0.....	26-4391696..	0.....	0.....		Aeriele, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.37.500	American Financial Group, Inc....	2.....
0.....		0.....	31-1463075..	0.....	0.....		American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-2840291..	0.....	0.....		Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.80.000	American Financial Group, Inc....	0.....
0.....		0.....	20-5173494..	0.....	0.....		Brothers Le Pavillon, LLC.....	DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	20-5173589..	0.....	0.....		Brothers Le Pavillon (SPE), LLC.....	DE.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	25-1754638..	0.....	0.....		Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	59-2840294..	0.....	0.....		Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	20-4498054..	0.....	0.....		Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	1.....
0.....		0.....	31-1277904..	0.....	0.....		Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	31-0589001..	0.....	0.....		Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....
0.....		0.....	31-1341668..	0.....	0.....		Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	0.....

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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0.....		0.....	0.....	0.....		El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	0.....	0.....		Financiadora de Primas Condor, S.A. de C.V.....	MEX.....NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	..99.000	American Financial Group, Inc....	0....			
0.....		39-1404033..	0.....	0.....		Farmers Crop Insurance Alliance, Inc.....	KS.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		13-3628555..	0.....	0.....		FCIA Management Company, Inc.....	NY.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	0.....			Foreign Credit Insurance Association.....	NY.....OTH.....	Great American Insurance Company.....	Management.....	....0.000	American Financial Group, Inc....	3....			
0.....		0.....	31-1753938..	0.....		GAI Warranty Company.....	OH.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-1765544..	0.....		GAI Warranty Company of Florida.....	FL.....NIA.....	GAI Warranty Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	0.....	0.....		GAI Warranty Company of Canada Inc.....	CAN.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	45-5565693..	0.....		GALIC-Sorrento, LLC.....	FL.....NIA.....	Great American Insurance Company.....	Ownership.....	..35.000	American Financial Group, Inc....	2....			
0.....		0.....	45-1144095..	0.....		GALIC Pointe, LLC.....	FL.....NIA.....	Great American Insurance Company.....	Ownership.....	..35.000	American Financial Group, Inc....	2....			
0.....		0.....	61-1329718..	0.....		Global Premier Finance Company.....	OH.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	74-2693636..	0.....		Great American Agency of Texas, Inc.....	TX.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	26832...	95-1542353..	0.....		Great American Alliance Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	26344...	15-6020948..	0.....		Great American Assurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	39896...	61-0983091..	0.....		Great American Casualty Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-1228726..	0.....		Great American Claims Services, Inc.....	DE.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	10646...	36-4079497..	0.....		Great American Contemporary Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	37532...	31-0954439..	0.....		Great American E & S Insurance Company.....	DE.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	41858...	31-1036473..	0.....		Great American Fidelity Insurance Company.....	DE.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-1652643..	0.....		Great American Insurance Agency, Inc.....	OH.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	22136...	13-5539046..	0.....		Great American Insurance Company of New York.....	NY.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	38024...	31-0974853..	0.....		Great American Lloyd's Insurance Company.....	TX.....IA.....	Great American Insurance Company.....	Other.....	....0.000	American Financial Group, Inc....	4....			
0.....		0.....	31-1073664..	0.....		Great American Lloyd's, Inc.....	TX.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-0856644..	0.....		Great American Management Services, Inc.....	OH.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	38580...	31-1288778..	0.....		Great American Protection Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-0918893..	0.....		Great American Re Inc.....	DE.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	31135...	31-1209419..	0.....		Great American Security Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0084...	American Financial Group, Inc....	33723...	31-1237970..	0.....		Great American Spirit Insurance Company.....	OH.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	0.....	0.....		Insurance (GB) Limited.....	GBR.....IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	59-1263251..	0.....		Key Largo Group, Inc.....	FL.....NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	34-1607394..	0.....	0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....NIA.....	Great American Insurance Company.....	Ownership.....	..51.400	American Financial Group, Inc....	0....		
0.....		0.....	34-1899058..	0.....		American Highways Insurance Agency, Inc.....	OH.....NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	31-1548235..	0.....		Explorer RV Insurance Agency, Inc.....	OH.....NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	98-0191335..	0.....		Hudson Indemnity, Ltd.....	CYM.....IA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	66-0660039..	0.....		Hudson Management Group, Ltd.....	VIR.....NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	34-1607396..	0.....		National Interstate Insurance Agency, Inc.....	OH.....NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....			
0.....		0.....	0.....	0.....		Commercial For Hire Transportation Purchasing Group.....	SC.....NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	....0.000	American Financial Group, Inc....	5....			

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084.....	American Financial Group, Inc.....	32620.....	34-1607395..	0.....	0.....		National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0084.....	American Financial Group, Inc.....	11051.....	99-0345306..	0.....	0.....		National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	43-1254631..	0.....	0.....		TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0084.....	American Financial Group, Inc.....	41106.....	95-3623282..	0.....	0.....		Triumphre Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0084.....	American Financial Group, Inc.....	21172.....	86-0114294..	0.....	0.....		Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....		0.....	0.....		Vanliner Reinsurance Limited.....	BMU.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	20-5546054..	0.....	0.....		Safety Claims & Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	46-4570914..	0.....	0.....		Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	27-2226948..	0.....	0.....		Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	871850814..	0.....	0.....		PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	..49.000	American Financial Group, Inc....	0....
0.....		0.....	31-1293064..	0.....	0.....		Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	72-1331800..	0.....	0.....		Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	36-4517754..	0.....	0.....		Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	32-0050970..	0.....	0.....		Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0686194..	0.....	0.....		One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0883227..	0.....	0.....		Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-1119320..	0.....	0.....		TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....
0.....		0.....	31-0728327..	0.....	0.....		Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	0....

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	31-1544320	American Financial Group, Inc.	265,000,000	0	0	0	272,948,635	0	0	0	537,948,635	0
00000		GAI Insurance Company, Ltd.	0	0	0	0	0	0	0	0	0	(3,464,000)
00000		Lloyd's Syndicate 2468 (United Kingdom)	0	0	0	0	0	0	0	0	0	(4,477,000)
00000	98-0412245	Lavenham Underwriting Limited	0	0	0	0	0	0	0	0	0	11,632,124
00000	98-0431601	Sampford Underwriting Limited	0	0	0	0	0	0	0	0	0	12,381,893
00000	06-1356481	Great American Financial Resources, Inc.	200,000,000	(10,000,000)	0	0	0	0	0	0	190,000,000	0
63312	13-1935920	Great American Life Insurance Company	(200,000,000)	1,962,479	0	0	(164,853,880)	0	0	0	(362,891,401)	30,936,454
00000	45-5565693	GALIC - Sorrento, LLC	0	(3,593,969)	0	0	0	0	0	0	(3,593,969)	0
00000	45-1144095	GALIC Pointe, LLC	0	574,786	0	0	0	0	0	0	574,786	0
63479	58-0869673	United Teacher Associates Insurance Company	0	10,000,000	0	0	0	0	0	0	10,000,000	(30,936,454)
00000	42-1575938	Great American Holding, Inc.	20,000,000	(218,668,002)	0	0	0	0	0	0	(198,668,002)	0
35351	31-0912199	American Empire Surplus Lines Insurance Company	(8,300,000)	0	0	0	0	0	0	0	(8,300,000)	15,324,000
37990	31-0973761	American Empire Insurance Company	(1,700,000)	0	0	0	0	0	0	0	(1,700,000)	0
00000		Great American International Insurance Limited (Ireland)	0	(1,331,998)	0	0	0	0	0	0	(1,331,998)	9,077,000
23418	73-0556513	Mid-Continent Casualty Company	(6,200,000)	0	0	0	0	0	0	0	(6,200,000)	(3,828,000)
15380	73-1406844	Mid-Continent Assurance Company	(2,100,000)	0	0	0	0	0	0	0	(2,100,000)	0
23426	73-0773259	Oklahoma Surety Company	(1,700,000)	0	0	0	0	0	0	0	(1,700,000)	0
22179	95-2801326	Republic Indemnity Company of America	0	208,000,000	0	0	0	0	0	0	208,000,000	(45,787,138)
43753	31-1054123	Republic Indemnity Company of California	0	12,000,000	0	0	0	0	0	0	12,000,000	0
00000	59-3409855	Summit Holding Southeast, Inc.	0	40,000,000	0	0	0	0	0	0	40,000,000	0
10701	59-1835212	Bridgefield Employers Insurance Company	0	(15,000,000)	0	0	0	0	0	0	(15,000,000)	0
10335	59-3269531	Bridgefield Casualty Insurance Company	0	(25,000,000)	0	0	0	0	0	0	(25,000,000)	0
16691	31-0501234	Great American Insurance Company	(236,340,351)	3,862,901	0	0	(108,094,755)	0	0	0	(340,572,205)	7,705,983
00000	13-3628555	FCIA Management Company, Inc.	(47,400)	0	0	0	0	0	0	0	(47,400)	0
00000	31-1765544	GAI Warranty Company of Florida	0	0	0	0	0	0	0	0	0	8,487,000
00000	61-1329718	Global Premier Finance Company	(600,000)	0	0	0	0	0	0	0	(600,000)	0
26832	95-1542353	Great American Alliance Insurance Company	(3,000,000)	0	0	0	0	0	0	0	(3,000,000)	0
39896	61-0983091	Great American Casualty Insurance Company	(1,300,000)	0	0	0	0	0	0	0	(1,300,000)	0
10646	36-4079497	Great American Contemporary Insurance Company	(1,100,000)	0	0	0	0	0	0	0	(1,100,000)	0
37532	31-0954439	Great American E & S Insurance Company	(2,000,000)	0	0	0	0	0	0	0	(2,000,000)	0
41858	31-1036473	Great American Fidelity Insurance Company	(2,000,000)	0	0	0	0	0	0	0	(2,000,000)	0
00000	31-1652643	Great American Insurance Agency, Inc.	(500,000)	0	0	0	0	0	0	0	(500,000)	0
38024	31-0974853	Great American Lloyd's Insurance Company	0	0	0	0	0	0	0	0	0	1,532,000
38580	31-1288778	Great American Protection Insurance Company	(2,800,000)	0	0	0	0	0	0	0	(2,800,000)	0
31135	31-1209419	Great American Security Insurance Company	(1,900,000)	0	0	0	0	0	0	0	(1,900,000)	0
33723	31-1237970	Great American Spirit Insurance Company	(2,100,000)	0	0	0	0	0	0	0	(2,100,000)	0
00000	59-1263251	Key Largo Group, Inc.	(150,000)	0	0	0	0	0	0	0	(150,000)	0
00000	34-1607394	National Interstate Corporation	5,104,000	0	0	0	0	0	0	0	5,104,000	0
00000	98-0191335	Hudson Indemnity, Ltd (Cayman Islands)	0	0	0	0	0	0	0	0	0	(259,040,000)
32620	34-1607395	National Interstate Insurance Company	(10,000,000)	0	0	0	0	0	0	0	(10,000,000)	227,876,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	0	0	0	0	0	0	0	0	0	12,638,000

**SCHEDULE Y****PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
41106.....	95-3623282.....	Triumph Casualty Company.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1,824,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....13,247,000
00000.....	27-2226948.....	Pinecrest Place LLC.....	.....(1,766,249)	.....(2,806,197)	.....0	.....0	.....0	.....0	.....0	.....0	.....(4,572,446)	.....0
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	.....(4,500,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(4,500,000)	.....0
9999999.	Control Totals.....		.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....5,128,862

**Pooling Information**

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
35351	American Empire Surplus Lines Insurance Company	90.00%	16691	Great American Insurance Company	100.00%
37990	American Empire Insurance Company	10.00%	26832	Great American Alliance Insurance Company	0.00%
			26344	Great American Assurance Company	0.00%
23418	Mid-Continent Casualty Company	94.00%	39896	Great American Casualty Insurance Company	0.00%
15380	Mid-Continent Assurance Company	3.00%	10646	Great American Contemporary Insurance Company	0.00%
23426	Oklahoma Surety Company	3.00%	37532	Great American E & S Insurance Company	0.00%
13794	Mid-Continent Excess and Surplus Insurance Company	0.00%	41858	Great American Fidelity Insurance Company	0.00%
			22136	Great American Insurance Company of New York	0.00%
22179	Republic Indemnity Company of America	100.00%	38580	Great American Protection Insurance Company	0.00%
43753	Republic Indemnity Company of California	0.00%	31135	Great American Security Insurance Company	0.00%
10701	Bridgefield Employers Insurance Company	0.00%	33723	Great American Spirit Insurance Company	0.00%
10335	Bridgefield Casualty Insurance Company	0.00%			0.00%
0		0.00%			0.00%
32620	National Interstate Insurance Company	70.00%			
21172	Vanliner Insurance Company	26.00%			
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%			
41106	Triumph Casualty Company	2.00%			

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

## MARCH FILING

1. Will an actuarial opinion be filed by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

## APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?
6. Will the Management's Discussion and Analysis be filed by April 1?
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

**MAY FILING**

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

## AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

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

## MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

**APRIL FILING**

28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

## AUGUST FILING

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Annual Statement for the year 2014 of the **AMERICAN EMPIRE INSURANCE COMPANY**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

**EXPLANATIONS:**

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**NONE**

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**NONE**



## DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For the Year Ended December 31, 2014

NAIC Group Code.....0084

(To be File by March 1)

NAIC Company Code.....37990

Company Name: AMERICAN EMPIRE INSURANCE COMPANY

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

1. Monoline Policies	Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
	1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
	.....0	.....0	.....0	.....0	.....0	.....0	.....0.000	.....0.000

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? .....  Yes  No [X]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? .....  Yes  No [X]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for the D&O liability coverage in CMP packaged policies:

2.31 Amount quantified: ..... \$.....0

2.32 Amount estimated using reasonable assumptions: ..... \$.....0

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
.....0	.....0	.....0	.....0	.....0.000	.....0.000

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