



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

PROGRESSIVE CHOICE INSURANCE COMPANY

NAIC Group Code.....155, 155
(Current Period) (Prior Period)

NAIC Company Code..... 44288

Employer's ID Number..... 62-1444848

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... September 17, 1990

Commenced Business..... November 30, 1990

Statutory Home Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US 44143-2182
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US..... 44143-2182 440-461-5000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address

P.O. BOX 89490..... CLEVELAND OH US 44101-6490
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US 44143-2182 440-395-4460
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address

PROGRESSIVE.COM

Statutory Statement Contact

MARY BETH ANDREANO
(Name) 440-395-4460
(Area Code) (Telephone Number) (Extension)

FINANCIAL_REPORTING@PROGRESSIVE.COM
(E-Mail Address) 440-603-5500
(Fax Number)

POLICYHOLDER SERVICES AND CLAIMS REPORTING -- 1-800-PROGRESSIVE (1-800-776-4737)

OFFICERS

Name	Title	Name	Title
BRIAN JACOB GURA	PRESIDENT	MICHAEL ROBERT UTH	SECRETARY
DANIEL JOSEPH WITALEC	TREASURER		

OTHER

SCOTT EDWARD COLEMAN	(ASST. TREASURER)	JOHN ALLEN CURTISS JR.	(VICE PRESIDENT)
KAREN ANN KOSUDA	(ASST. SECRETARY)	MARIANN WOJTKUN MARSHALL	(VICE PRESIDENT)

DIRECTORS OR TRUSTEES

JOHN ALLEN CURTISS JR.	BRIAN JACOB GURA	CHRISTINE ANN JOHNSON	SANJAY MAHESH VYAS
DANIEL JOSEPH WITALEC			

State of..... OHIO
County of..... CUYAHOGA

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
BRIAN JACOB GURA	KAREN ANN KOSUDA	SCOTT EDWARD COLEMAN
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	ASSISTANT SECRETARY	ASSISTANT TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 14TH day of FEBRUARY, 2017

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)



NAIC Group Code.....155 NAIC Company Code...44288 BUSINESS IN THE STATE OF 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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....1,550
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....	.....	.....
3402. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3403. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3499. TOTALS (Lines 3401 through 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.

19.DC

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF GEORGIA DURING THE YEAR

19.GA

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....838
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....838

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

19.GT

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....21,825
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....21,825

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

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

19.IL

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....	.....	.....
3402. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3403. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3499. TOTALS (Lines 3401 through 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)



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF KANSAS DURING THE YEAR

19.KS

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....660
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....660

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF LOUISIANA DURING THE YEAR

19.LA

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	4,185
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	4,185

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288 BUSINESS IN THE STATE OF THE STATE OF NORTH DAKOTA DURING THE YEAR

19.ND

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....832
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....832

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF OHIO DURING THE YEAR

19.OH

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	9,960
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	9,960

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288 BUSINESS IN THE STATE OF THE STATE OF PENNSYLVANIA DURING THE YEAR

19.PA

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....850
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....850

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF TENNESSEE DURING THE YEAR

19.TN

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....665
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....665

DETAILS OF WRITE-INS

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



NAIC Group Code.....155 NAIC Company Code....44288

BUSINESS IN THE STATE OF THE STATE OF TEXAS DURING THE YEAR

19.TX

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....700
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....	.....	.....
3402. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3403. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3499. TOTALS (Lines 3401 through 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)



NAIC Group Code.....155 NAIC Company Code...44288 BUSINESS IN THE STATE OF THE STATE OF WEST VIRGINIA DURING THE YEAR

19.WV

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	.....	.....	.....
2.1 Allied lines.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.2 Multiple peril crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.3 Federal flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.4 Private crop.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
2.5 Private flood.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3. Farmowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
4. Homeowners multiple peril.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.1 Commercial multiple peril (non-liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
5.2 Commercial multiple peril (liability portion).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
6. Mortgage guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
8. Ocean marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
9. Inland marine.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
10. Financial guaranty.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
11. Medical professional liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
12. Earthquake.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
13. Group accident and health (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
14. Credit A & H (group and individual).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.1 Collectively renewable A&H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.2 Non-cancelable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.3 Guaranteed renewable A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.4 Non-renewable for stated reasons only (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.5 Other accident only.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.6 Medicare Title XVIII exempt from state taxes or fees.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.7 All other A & H (b).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
15.8 Federal employees health benefits plan premium.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
16. Workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.1 Other liability-occurrence.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.2 Other liability-claims-made.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
17.3 Excess workers' compensation.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
18. Products liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.1 Private passenger auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.2 Other private passenger auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....1,585
19.3 Commercial auto no-fault (personal injury protection).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
19.4 Other commercial auto liability.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.1 Private passenger auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
21.2 Commercial auto physical damage.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
22. Aircraft (all perils).....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
23. Fidelity.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
24. Surety.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
26. Burglary and theft.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
27. Boiler and machinery.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
28. Credit.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
30. Warranty.....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	.....	.....	.....
3402. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3403. ....	.....	.....0	.....	.....	.....	.....0	.....	.....	.....0	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3499. TOTALS (Lines 3401 through 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.

Sch. F - Pt. 1
NONE

Sch. F - Pt. 2
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4
NONE

Sch. F - Pt. 5
NONE

Sch. F - Pt. 6 - Sn. 1
NONE

Sch. F - Pt. 6 - Sn. 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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	6,811,712		6,811,712
2. Premiums and considerations (Line 15).....			0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	35,541		35,541
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	6,847,253	0	6,847,253
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			0
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	61,366		61,366
11. Unearned premiums (Line 9).....			0
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	1,207,961		1,207,961
19. Total liabilities excluding protected cell business (Line 26).....	1,269,327	0	1,269,327
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	5,577,926	XXX	5,577,926
22. Totals (Line 38).....	6,847,253	0	6,847,253

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

If yes, give full explanation:

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....								.....0	.....XXX.....
2. 2007.....			.....0								.....0	
3. 2008.....			.....0								.....0	
4. 2009.....			.....0								.....0	
5. 2010.....			.....0								.....0	
6. 2011.....			.....0								.....0	
7. 2012.....			.....0								.....0	
8. 2013.....			.....0								.....0	
9. 2014.....			.....0								.....0	
10. 2015.....			.....0								.....0	
11. 2016.....			.....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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....0	.....
2. 2007.....0	.....
3. 2008.....0	.....
4. 2009.....0	.....
5. 2010.....0	.....
6. 2011.....0	.....
7. 2012.....0	.....
8. 2013.....0	.....
9. 2014.....0	.....
10. 2015.....0	.....
11. 2016.....0	.....
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2007.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
3. 2008.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
4. 2009.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
5. 2010.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
6. 2011.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
7. 2012.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
8. 2013.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
9. 2014.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
10. 2015.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
11. 2016.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	.....XXX.....
2. 2007.....	.....233,317	.....209,985	.....23,332	.....122,041	.....109,837	.....5,916	.....5,325	.....27,534	.....24,780	.....791	.....15,549	.....51,518
3. 2008.....	.....243,148	.....218,834	.....24,314	.....125,564	.....113,007	.....5,395	.....4,856	.....30,120	.....27,108	.....227	.....16,108	.....57,420
4. 2009.....	.....248,240	.....223,416	.....24,824	.....136,688	.....123,020	.....5,617	.....5,055	.....31,966	.....28,770	.....250	.....17,427	.....60,940
5. 2010.....	.....266,591	.....239,932	.....26,659	.....146,708	.....132,037	.....5,723	.....5,151	.....32,214	.....28,993	.....241	.....18,465	.....65,938
6. 2011.....	.....262,066	.....235,860	.....26,206	.....148,364	.....133,528	.....5,634	.....5,071	.....30,171	.....27,154	.....233	.....18,417	.....63,264
7. 2012.....	.....238,183	.....214,364	.....23,819	.....144,585	.....130,127	.....5,557	.....5,001	.....27,788	.....25,009	.....170	.....17,793	.....53,371
8. 2013.....	.....9,752	.....8,777	.....975	.....5,024	.....4,521	.....185	.....166	.....1,002	.....902	.....3	.....621	.....1,470
9. 2014.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2016.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....828,974	.....746,076	.....34,027	.....30,625	.....180,796	.....162,716	.....1,914	.....104,380	.....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	.....
2. 2007.....0	.....
3. 2008.....0	.....
4. 2009.....0	.....
5. 2010.....0	.....
6. 2011.....0	.....
7. 2012.....0	.....
8. 2013.....0	.....
9. 2014.....0	.....
10. 2015.....0	.....
11. 2016.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2007.	.....155,491	.....139,942	.....15,549	.....66.6	.....66.6	.....66.6	.....	.....	.....	.....0	.....0
3. 2008.	.....161,079	.....144,971	.....16,108	.....66.2	.....66.2	.....66.2	.....	.....	.....	.....0	.....0
4. 2009.	.....174,272	.....156,845	.....17,427	.....70.2	.....70.2	.....70.2	.....	.....	.....	.....0	.....0
5. 2010.	.....184,645	.....166,181	.....18,465	.....69.3	.....69.3	.....69.3	.....	.....	.....	.....0	.....0
6. 2011.	.....184,170	.....165,753	.....18,417	.....70.3	.....70.3	.....70.3	.....	.....	.....	.....0	.....0
7. 2012.	.....177,929	.....160,137	.....17,793	.....74.7	.....74.7	.....74.7	.....	.....	.....	.....0	.....0
8. 2013.	.....6,211	.....5,590	.....621	.....63.7	.....63.7	.....63.7	.....	.....	.....	.....0	.....0
9. 2014.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
10. 2015.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
11. 2016.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

Sch. P - Pt. 1C
NONE

Sch. P - Pt. 1D
NONE

Sch. P - Pt. 1E
NONE

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

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

Sch. P - Pt. 1G
NONE

Sch. P - Pt. 1H - Sn. 1
NONE

Sch. P - Pt. 1H - Sn. 2
NONE

Sch. P - Pt. 1I
NONE

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 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)	Number of Claims Reported- Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....
2. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2016.....	.....	.....	.....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	.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 2015.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....0	.....0
3. 2016.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....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

Sch. P - Pt. 1R - Sn. 1
NONE

Sch. P - Pt. 1R - Sn. 2
NONE

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	2	3	4	5	6	7	8	9	10	11	12
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.....3,111	.....3,115	.....3,177	.....3,126	.....3,076	.....3,093	.....3,094	.....3,094	.....3,094	.....3,094	.....0	.....0
2. 2007.....	.....12,762	.....13,131	.....12,927	.....12,792	.....12,690	.....12,792	.....12,796	.....12,796	.....12,796	.....12,796	.....0	.....0
3. 2008.....	XXX	.....14,306	.....13,893	.....13,439	.....13,134	.....13,097	.....13,096	.....13,096	.....13,096	.....13,096	.....0	.....0
4. 2009.....	XXX	XXX	.....15,672	.....14,680	.....14,336	.....14,250	.....14,231	.....14,231	.....14,231	.....14,231	.....0	.....0
5. 2010.....	XXX	XXX	XXX	.....15,816	.....15,416	.....15,250	.....15,243	.....15,243	.....15,243	.....15,243	.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX	.....15,024	.....15,267	.....15,400	.....15,400	.....15,400	.....15,400	.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	.....14,953	.....15,014	.....15,014	.....15,014	.....15,014	.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	.....521	.....521	.....521	.....521	.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

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

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

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	2	3	4	5	6	7	8	9	10	11	12
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

NONE

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

NONE

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

NONE

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

1. Prior.....										00
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

NONE

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

1. Prior.....											.....0	.....0
2. 2007.....											.....0	.....0
3. 2008.....	XXX										.....0	.....0
4. 2009.....	XXX	XXX									.....0	.....0
5. 2010.....	XXX	XXX	XXX								.....0	.....0
6. 2011.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											.....0	.....0

NONE

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....0	.....0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....(0)	.....(0)	.....(0)
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....(0)	.....(0)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....0	.....0

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

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....0	.....0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
3. 2008.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
4. 2009.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
5. 2010.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
6. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....0	.....0
7. 2012.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....0	.....0
8. 2013.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....0	.....0
9. 2014.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
10. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
11. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
12. Totals											.....0	.....0

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

Sch. P - Pt. 2R - Sn. 1
NONE

Sch. P - Pt. 2R - Sn. 2
NONE

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

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	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior.....	.....000.....											
2. 2007.....												
3. 2008.....	....XXX.....											
4. 2009.....	....XXX.....	....XXX.....										
5. 2010.....	....XXX.....	....XXX.....	....XXX.....									
6. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.....000.....	.....1,984.....	.....2,834.....	.....2,995.....	.....3,027.....	.....3,070.....	.....3,094.....	.....3,094.....	.....3,094.....	.....3,094.....	.....27,170.....	.....14,977.....
2. 2007.....	.....6,079.....	.....10,025.....	.....11,649.....	.....12,456.....	.....12,631.....	.....12,769.....	.....12,796.....	.....12,796.....	.....12,796.....	.....12,796.....	.....32,328.....	.....19,190.....
3. 2008.....	....XXX.....	.....6,519.....	.....10,632.....	.....12,153.....	.....12,779.....	.....12,978.....	.....13,096.....	.....13,096.....	.....13,096.....	.....13,096.....	.....34,330.....	.....23,090.....
4. 2009.....	....XXX.....	....XXX.....	.....6,892.....	.....11,124.....	.....12,880.....	.....13,901.....	.....14,231.....	.....14,231.....	.....14,231.....	.....14,231.....	.....34,975.....	.....25,965.....
5. 2010.....	....XXX.....	....XXX.....	....XXX.....	.....7,558.....	.....11,996.....	.....13,968.....	.....15,243.....	.....15,243.....	.....15,243.....	.....15,243.....	.....37,971.....	.....27,967.....
6. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....7,702.....	.....12,094.....	.....15,400.....	.....15,400.....	.....15,400.....	.....15,400.....	.....37,202.....	.....26,062.....
7. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....7,917.....	.....15,014.....	.....15,014.....	.....15,014.....	.....15,014.....	.....31,848.....	.....21,523.....
8. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....521.....	.....521.....	.....521.....	.....521.....	.....828.....	.....642.....
9. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	.....000.....											
2. 2007.....												
3. 2008.....	....XXX.....											
4. 2009.....	....XXX.....	....XXX.....										
5. 2010.....	....XXX.....	....XXX.....	....XXX.....									
6. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

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

1. Prior.....	.....000.....											
2. 2007.....												
3. 2008.....	....XXX.....											
4. 2009.....	....XXX.....	....XXX.....										
5. 2010.....	....XXX.....	....XXX.....	....XXX.....									
6. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.....000.....											
2. 2007.....												
3. 2008.....	....XXX.....											
4. 2009.....	....XXX.....	....XXX.....										
5. 2010.....	....XXX.....	....XXX.....	....XXX.....									
6. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2012.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

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	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000.....										.XXX.....	.XXX.....
2. 2007.....											.XXX.....	.XXX.....
3. 2008.....	.XXX.....										.XXX.....	.XXX.....
4. 2009.....	.XXX.....	.XXX.....									.XXX.....	.XXX.....
5. 2010.....	.XXX.....	.XXX.....	.XXX.....								.XXX.....	.XXX.....
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							.XXX.....	.XXX.....
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						.XXX.....	.XXX.....
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					.XXX.....	.XXX.....
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				.XXX.....	.XXX.....
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			.XXX.....	.XXX.....
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....		.XXX.....	.XXX.....

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

1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			

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

1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			

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	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...XXX.....	...XXX.....
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	...XXX.....	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....(0)	.....	.....
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...XXX.....	...XXX.....
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	...XXX.....	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....

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

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...XXX.....	...XXX.....
2. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	...XXX.....	...XXX.....
3. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	...000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
3. 2008.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
4. 2009.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
5. 2010.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
6. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
7. 2012.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	...XXX.....	...XXX.....
8. 2013.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	...XXX.....	...XXX.....
9. 2014.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	...XXX.....	...XXX.....
10. 2015.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	...XXX.....	...XXX.....
11. 2016.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....

Sch. P - Pt. 3N
NONE

Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

Sch. P - Pt. 3R - Sn. 1
NONE

Sch. P - Pt. 3R - Sn. 2
NONE

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

PROGRESSIVE CHOICE INSURANCE COMPANY

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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....	526	156	26							
2. 2007.....	1,856	503	157	65						
3. 2008.....	XXX	2,303	570	227	69					
4. 2009.....	XXX	XXX	2,395	596	211	59				
5. 2010.....	XXX	XXX	XXX	2,054	525	193				
6. 2011.....	XXX	XXX	XXX	XXX	1,999	540				
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,879				
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE,
AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 Defence and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
2. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
2. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
2. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
2. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2009.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2010.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

Sch. P - Pt. 4N
NONE

Sch. P - Pt. 4O
NONE

Sch. P - Pt. 4P
NONE

Sch. P - Pt. 4R - Sn. 1
NONE

Sch. P - Pt. 4R - Sn. 2
NONE

Sch. P - Pt. 4S
NONE

Sch. P - Pt. 4T
NONE

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

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

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

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	.....6,999	.....1,313	.....339	.....50	.....15	.....17	.....(1)			
2. 2007.....	.....23,203	.....30,657	.....31,886	.....32,232	.....32,305	.....32,328	.....32,328	.....32,328	.....32,328	.....32,328
3. 2008.....	.....XXX	.....25,489	.....32,725	.....33,921	.....34,250	.....34,320	.....34,330	.....34,330	.....34,330	.....34,330
4. 2009.....	.....XXX	.....XXX	.....26,186	.....33,198	.....34,538	.....34,940	.....34,975	.....34,975	.....34,975	.....34,975
5. 2010.....	.....XXX	.....XXX	.....XXX	.....28,723	.....36,263	.....37,799	.....37,971	.....37,971	.....37,971	.....37,971
6. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....29,189	.....36,662	.....37,202	.....37,202	.....37,202	.....37,202
7. 2012.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....28,725	.....31,848	.....31,848	.....31,848	.....31,848
8. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....828	.....828	.....828	.....828
9. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			
10. 2015.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		
11. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	.....1,661	.....471	.....125	.....43	.....20	.....5				
2. 2007.....	.....8,082	.....1,582	.....453	.....101	.....29	.....8				
3. 2008.....	.....XXX	.....8,184	.....1,493	.....430	.....109	.....40				
4. 2009.....	.....XXX	.....XXX	.....8,667	.....1,663	.....501	.....112				
5. 2010.....	.....XXX	.....XXX	.....XXX	.....8,847	.....1,917	.....537				
6. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....8,128	.....1,810				
7. 2012.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....6,989				
8. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX				
9. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			
10. 2015.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		
11. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	.....2,172	.....245	.....48	.....10	.....3	.....1	.....(4)			
2. 2007.....	.....48,574	.....51,245	.....51,469	.....51,517	.....51,524	.....51,525	.....51,518	.....51,518	.....51,518	.....51,518
3. 2008.....	.....XXX	.....54,694	.....57,227	.....57,416	.....57,440	.....57,448	.....57,420	.....57,420	.....57,420	.....57,420
4. 2009.....	.....XXX	.....XXX	.....58,930	.....60,759	.....60,965	.....61,007	.....60,940	.....60,940	.....60,940	.....60,940
5. 2010.....	.....XXX	.....XXX	.....XXX	.....63,991	.....66,093	.....66,295	.....65,938	.....65,938	.....65,938	.....65,938
6. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....62,127	.....64,553	.....63,264	.....63,264	.....63,264	.....63,264
7. 2012.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....56,608	.....53,371	.....53,371	.....53,371	.....53,371
8. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....1,470	.....1,470	.....1,470	.....1,470
9. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			
10. 2015.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		
11. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	

Sch. P - Pt. 5C - Sn. 1
NONE

Sch. P - Pt. 5C - Sn. 2
NONE

Sch. P - Pt. 5C - Sn. 3
NONE

Sch. P - Pt. 5D - Sn. 1
NONE

Sch. P - Pt. 5D - Sn. 2
NONE

Sch. P - Pt. 5D - Sn. 3
NONE

Sch. P - Pt. 5E - Sn. 1
NONE

Sch. P - Pt. 5E - Sn. 2
NONE

Sch. P - Pt. 5E - Sn. 3
NONE

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

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

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

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

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

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

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

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

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

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

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

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

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

Sch. P - Pt. 5T - Sn. 1
NONE

Sch. P - Pt. 5T - Sn. 2
NONE

Sch. P - Pt. 5T - Sn. 3
NONE

Sch. P - Pt. 6C - Sn. 1
NONE

Sch. P - Pt. 6C - Sn. 2
NONE

Sch. P - Pt. 6D - Sn. 1
NONE

Sch. P - Pt. 6D - Sn. 2
NONE

Sch. P - Pt. 6E - Sn. 1
NONE

Sch. P - Pt. 6E - Sn. 2
NONE

Sch. P - Pt. 6H - Sn. 1A
NONE

Sch. P - Pt. 6H - Sn. 2A
NONE

Sch. P - Pt. 6H - Sn. 1B
NONE

Sch. P - Pt. 6H - Sn. 2B
NONE

Sch. P - Pt. 6M - Sn. 1
NONE

Sch. P - Pt. 6M - Sn. 2
NONE

Sch. P - Pt. 6N - Sn. 1
NONE

Sch. P - Pt. 6N - Sn. 2
NONE

Sch. P - Pt. 6O - Sn. 1
NONE

Sch. P - Pt. 6O - Sn. 2
NONE

Sch. P - Pt. 6R - Sn. 1A
NONE

Sch. P - Pt. 6R - Sn. 2A
NONE

Sch. P - Pt. 6R - Sn. 1B
NONE

Sch. P - Pt. 6R - Sn. 2B
NONE

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

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

PROGRESSIVE CHOICE 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?

Yes []No [X]

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)?

.....
- 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 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior.....	.....	.....
1.602	2007.....	.....	.....
1.603	2008.....	.....	.....
1.604	2009.....	.....	.....
1.605	2010.....	.....	.....
1.606	2011.....	.....	.....
1.607	2012.....	.....	.....
1.608	2013.....	.....	.....
1.609	2014.....	.....	.....
1.610	2015.....	.....	.....
1.611	2016.....	.....	.....
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

.....

5.2 Surety

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

PER CLAIMANT

If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes []No [X]
- 7.2 An extended statement may be attached.

.....

.....

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

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	16
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)	Is an SCA Filing Required? (Y/N)	*
Members															
		00000	34-0963169		.80661	NYSE	The Progressive Corporation	OH	UIP	Board, Management	Board		The Progressive Corporation	.....N	1, 3
		00000	83-0371533				Drive Insurance Holdings, Inc.	DE	NIA	The Progressive Corporation	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	11410	68-0004572				Drive New Jersey Insurance Company	NJ	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	24252	34-1094197				Progressive American Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	17350	31-1193845				Progressive Bayside Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	24260	34-6513736				Progressive Casualty Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000	34-1576555				PC Investment Company	DE	NIA	Progressive Casualty Insurance Company	Ownership	100.000	The Progressive Corporation	.....Y	1, 3
0155	Progressive Insurance Group	29203	74-1082840				Progressive County Mutual Insurance Company	TX	IA	Progressive Casualty Insurance Company	Management		The Progressive Corporation	.....N	2, 3
0155	Progressive Insurance Group	42412	34-1374634				Progressive Gulf Insurance Company	OH	IA	Progressive Casualty Insurance Company	Ownership	100.000	The Progressive Corporation	.....Y	1, 3
0155	Progressive Insurance Group	32786	34-1172685				Progressive Specialty Insurance Company	OH	IA	Progressive Casualty Insurance Company	Ownership	100.000	The Progressive Corporation	.....Y	1, 3
		00000					Trussville/Cahaba, AL , LLC	OH	NIA	Progressive Specialty Insurance Company	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	42994	39-1453002				Progressive Classic Insurance Company	WI	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10067	99-0311930				Progressive Hawaii Insurance Corp	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10187	34-1787734				Progressive Michigan Insurance Company	MI	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	35190	93-0935623				Progressive Mountain Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	38628	34-1318335				Progressive Northern Insurance Company	WI	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	42919	91-1187829				Progressive Northwestern Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	37834	34-1287020				Progressive Preferred Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10050	72-1269745				Progressive Security Insurance Company	LA	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	38784	59-1951700				Progressive Southeastern Insurance Company	IN	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	27804	95-2676519				Progressive West Insurance Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000	27-2393886				Progressive Commercial Advantage Agency, Inc.	OH	NIA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000	20-1583033				Progressive Commercial Holdings, Inc.	DE	NIA	The Progressive Corporation	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10194	59-3213819				Artisan and Truckers Casualty Company	WI	IA	Progressive Commercial Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10243	06-0281045				National Continental Insurance Company	NY	IA	Progressive Commercial Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	12879	20-4093467				Progressive Commercial Casualty Company	OH	IA	Drive Insurance Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	10193	59-3213719				Progressive Express Insurance Company	OH	IA	Progressive Commercial Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	11770	36-3298008				United Financial Casualty Company	OH	IA	Progressive Commercial Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000	83-0371538				Progressive Direct Holdings, Inc.	DE	UDP	The Progressive Corporation	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	44180	23-2599971				Mountain Laurel Assurance Company	OH	IA	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	11851	62-0484104				Progressive Advanced Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000	58-1772717				Progressive Auto Pro Insurance Agency, Inc.	FL	NIA	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	44288	62-1444848				Progressive Choice Insurance Company	OH	RE	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	16322	34-1524319				Progressive Direct Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3
		00000					Gadsden, AL, LLC	OH	NIA	Progressive Direct Insurance Company	Ownership	100.000	The Progressive Corporation	.....N	1, 3
0155	Progressive Insurance Group	12302	20-3187886				Progressive Freedom Insurance Company	NJ	IA	Progressive Direct Holdings, Inc.	Ownership	100.000	The Progressive Corporation	.....N	1, 3

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	16
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)	Is an SCA Filing Required? (Y/N)	*
0155.....	Progressive Insurance Group...	14800.....	22-2404709..	.....	.....	.....	Progressive Garden State Insurance Company.....	NJ.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
0155.....	Progressive Insurance Group...	37605.....	33-0350911..	.....	.....	.....	Progressive Marathon Insurance Company.....	MI.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
0155.....	Progressive Insurance Group...	24279.....	34-0472535..	.....	.....	.....	Progressive Max Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
0155.....	Progressive Insurance Group...	44695.....	86-0686869..	.....	.....	.....	Progressive Paloverde Insurance Company.....	IN.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
0155.....	Progressive Insurance Group...	21735.....	36-3789786..	.....	.....	.....	Progressive Premier Insurance Company of Illinois.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
0155.....	Progressive Insurance Group...	10192.....	59-3213815..	.....	.....	.....	Progressive Select Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
97.1	Progressive Insurance Group...	00000.....	34-1804869..	.....	.....	.....	Progressive Specialty Insurance Agency, Inc.....	OH.....	NIA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		21727.....	36-3789787..	.....	.....	.....	Progressive Universal Insurance Company.....	WI.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	99-0311966..	.....	.....	.....	Garden Sun Insurance Services, LLC.....	HI.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	95-2706008..	.....	.....	.....	Pacific Motor Club.....	CA.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	11-3203413..	.....	.....	.....	PROGNY Agency, Inc.....	NY.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	34-1574447..	.....	.....	.....	Progressive Adjusting Company, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	13-3673368..	.....	.....	.....	Progressive Capital Management Corp.....	NY.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	34-1378861..	.....	.....	.....	Progressive Investment Company, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	34-6530101..	.....	.....	.....	Progressive Premium Budget, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	34-1574448..	.....	.....	.....	Progressive RSC, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	20-2702408..	.....	.....	.....	Progressive Vehicle Service Company.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	51-0295493..	.....	.....	.....	Village Transport Corp.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	34-1324270..	.....	.....	.....	Wilson Mills Land Co.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3.....
		00000.....	80-0832526..	.....	.....	.....	Makaira Indica, LP.....	CA.....	NIA.....	Progressive Casualty Insurance Company.....	Other.....	.....	The Progressive Corporation...	.....N.....	1, 3, 4.....
		00000.....	59-3491541..	.....	.....	.....	ARX Holding Corp.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	...69.160	The Progressive Corporation...	.....N.....	1, 3, 5.....
0155.....	Progressive Insurance Group...	11072.....	56-2512990..	.....	.....	ASI Home Insurance Corp.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
00000.....	45-4364999..	.....	.....	.....	ASI RE, LLC.....	FL.....	NIA.....	American Strategic Insurance Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
0155.....	Progressive Insurance Group...	13142.....	26-1996532..	.....	.....	ASI Preferred Insurance Corp.....	FL.....	IA.....	American Strategic Insurance Corp.....	Ownership.....	...40.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
0155.....	Progressive Insurance Group...	13142.....	26-1996532..	.....	.....	ASI Preferred Insurance Corp.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	...60.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
0155.....	Progressive Insurance Group...	10872.....	59-3459912..	.....	.....	American Strategic Insurance Corp.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
0155.....	Progressive Insurance Group...	11059.....	75-2904629..	.....	.....	ASI Lloyds.....	TX.....	IA.....	ASI Lloyds, Inc.....	Management.....	.....	The Progressive Corporation...	.....N.....	1, 3, 5, 6.....	
0155.....	Progressive Insurance Group...	12196.....	20-1284676..	.....	.....	ASI Assurance Corp.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
0155.....	Progressive Insurance Group...	14042.....	27-3421622..	.....	.....	ASI Select Insurance Corp.....	DE.....	IA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....	
00000.....	59-3538810..	.....	.....	.....	ASI Services Inc.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	59-3621835..	.....	.....	.....	ASI Lloyds, Inc.....	TX.....	NIA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	59-3720125..	.....	.....	.....	ASI Underwriters of Texas, Inc.....	TX.....	NIA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	11-3644072..	.....	.....	.....	Sunshine Security Insurance Agency, Inc.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	59-3602626..	.....	.....	.....	ASI Underwriters Corp.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	...100.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	01-0765428..	.....	.....	.....	e-Ins, LLC.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	...90.000	The Progressive Corporation...	.....N.....	1, 3, 5.....		
00000.....	01-0765428..	.....	.....	.....	e-Ins, LLC.....	FL.....	NIA.....	ASI Underwriters Corp.....	Ownership.....	...10.000	The Progressive Corporation...	.....N.....	1, 3, 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	16
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)	Is an SCA Filing Required? (Y/N)	*
0155.....	Progressive Insurance Group...	13038.....	26-1142659..	.....	.....	.....	Ark Royal Insurance Company.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation...	.....N.....	1, 3, 5....
.....	.....	00000.....	26-0325360..	.....	.....	.....	Ark Royal Underwriters, LLC.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation...	.....N.....	1, 3, 5....
.....	.....	00000.....	47-4504370..	.....	.....	.....	PropertyPlus Insurance Agency, Inc.....	DE.....	NIA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation...	.....N.....	1, 3, 5....
.....	.....	.....	81-1112584..	.....	.....	.....	ASI Select Automobile Insurance Corp.....	CA.....	OTH.....	ARX Holding Corp.....	Other.....	.....	The Progressive Corporation...	.....N.....	1,3,5,7....

Asterisk	Explanation
1	Schedule Y Part 1A is a common schedule for all companies of The Progressive Corporation, however column 10 requires specific relationship information relative to the reporting entity.
2	Progressive County Mutual Insurance Company is a Texas county mutual insurance company that is managed, but not owned by Progressive Casualty Insurance Company.
3	None of the companies that are part of The Progressive Corporation are Federally chartered or insured institutions and therefore, do not have Federal RSSD numbers.
4	Makaira Indica, LP is a limited partnership in which Progressive Casualty Insurance Company is the sole limited partner.
5	Effective April 1, 2015, The Progressive Corporation purchased a majority ownership share in the ARX Holding Corp.
6	ASI Lloyds is a Texas Lloyds insurance company that is managed, but not owned by ASI Lloyds, Inc.
7	ASI Select Automobile Insurance Corp. is awaiting approval of its certificate of authority from the California Department of Insurance. No ownership shares have been issued at this time.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	34-0963169.....	The Progressive Corporation.....					474,762,417			N/A.....	474,762,417	
	83-0371533.....	Drive Insurance Holdings, Inc.....	305,862,500	(19,000,000)						N/A.....	286,862,500	
24260.....	34-6513736.....	Progressive Casualty Insurance Company.....	(129,700,000)		462,730,454		2,503,127,382	151,474,755	*	N/A.....	2,987,632,591	(2,095,223,000)
24252.....	34-1094197.....	Progressive American Insurance Company.....		19,000,000			(4,622,515)		*	N/A.....	14,377,485	
32786.....	34-1172685.....	Progressive Specialty Insurance Company.....	(81,000,000)		(25,063,986)		(20,262,479)		*	N/A.....	(126,326,465)	
38784.....	59-1951700.....	Progressive Southeastern Insurance Company.....					(3,617,980)		*	N/A.....	(3,617,980)	
38628.....	34-1318335.....	Progressive Northern Insurance Company.....	(28,200,000)		(89,933,349)		(36,822,526)		*	N/A.....	(154,955,875)	
37834.....	34-1287020.....	Progressive Preferred Insurance Company.....	(6,700,000)		(49,959,556)		(18,308,742)		*	N/A.....	(74,968,298)	
42412.....	34-1374634.....	Progressive Gulf Insurance Company.....	(9,800,000)		(19,983,822)		(6,685,766)		*	N/A.....	(36,469,588)	
42919.....	91-1187829.....	Progressive Northwestern Insurance Company.....	(25,000,000)		(99,923,552)		(34,267,868)		*	N/A.....	(159,191,420)	
42994.....	39-1453002.....	Progressive Classic Insurance Company.....	(1,400,000)				(7,967,242)		*	N/A.....	(9,367,242)	
17350.....	31-1193845.....	Progressive Bayside Insurance Company.....	(2,600,000)				(2,855,736)		*	N/A.....	(5,455,736)	
35190.....	93-0935623.....	Progressive Mountain Insurance Company.....			16,400,000		(3,296,250)		*	N/A.....	13,103,750	
10187.....	34-1787734.....	Progressive Michigan Insurance Company.....	(10,362,500)		(59,955,566)		(11,399,535)		*	N/A.....	(81,717,601)	
29203.....	74-1082840.....	Progressive County Mutual Insurance Company.....					(21,373,033)	(169,313,373)		N/A.....	(190,686,406)	1,319,026,000
27804.....	95-2676519.....	Progressive West Insurance Company.....	(4,500,000)				(54,589,427)	(6,937,846)		N/A.....	(66,027,273)	189,135,000
10050.....	72-1269745.....	Progressive Security Insurance Company.....					(63,454,657)	53,663,084		N/A.....	(9,791,573)	260,384,000
11410.....	68-0004572.....	Drive New Jersey Insurance Company.....	(600,000)				(48,186,792)	(28,918,250)		N/A.....	(77,705,042)	315,941,000
10067.....	99-0311930.....	Progressive Hawaii Insurance Corp.....	(6,000,000)		597,869		(37,728,404)			N/A.....	(43,130,535)	
	83-0371538.....	Progressive Direct Holdings, Inc.....	45,500,000	(76,871,031)	(246,729,093)					N/A.....	(278,100,124)	
16322.....	34-1524319.....	Progressive Direct Insurance Company.....	(35,000,000)	5,771,031		(1,496,691,026)	78,456,173		*	N/A.....	(1,447,463,822)	(1,646,268,000)
24279.....	34-0472535.....	Progressive Max Insurance Company.....		4,500,000	(24,979,778)		(11,418,816)	(75,218)	*	N/A.....	(31,973,812)	2,846,000
44695.....	86-0686869.....	Progressive Paloverde Insurance Company.....		5,500,000			(882,554)		*	N/A.....	4,617,446	
21735.....	36-3789786.....	Progressive Premier Insurance Company of Illinois.....		7,500,000			(2,490,237)		*	N/A.....	5,009,763	
21727.....	36-3789787.....	Progressive Universal Insurance Company.....			(24,979,778)		(8,867,107)		*	N/A.....	(33,846,885)	
37605.....	33-0350911.....	Progressive Marathon Insurance Company.....	(4,000,000)				(12,663,005)		*	N/A.....	(16,663,005)	
10192.....	59-3213815.....	Progressive Select Insurance Company.....		24,500,000	(29,975,734)		(375,490,006)	(52,497,344)		N/A.....	(433,463,084)	1,152,503,000
44288.....	62-1444848.....	Progressive Choice Insurance Company.....			1,054,498		(31,173)			N/A.....	1,023,325	
11851.....	62-0484104.....	Progressive Advanced Insurance Company.....		23,000,000	41,279,117		(5,964,039)		*	N/A.....	58,315,078	
12302.....	20-3187886.....	Progressive Freedom Insurance Company.....		2,600,000			(490,821)	(1,112,129)		N/A.....	997,050	2,472,000
14800.....	22-2404709.....	Progressive Garden State Insurance Company.....		3,500,000			(128,430,179)	(24,846,700)		N/A.....	(149,776,879)	491,293,000
44180.....	23-2599971.....	Mountain Laurel Assurance Company.....	(6,500,000)				(53,590,881)			N/A.....	(60,090,881)	
	20-1583033.....	Progressive Commercial Holdings, Inc.....	24,100,000	(17,000,000)						N/A.....	7,100,000	
11770.....	36-3298008.....	United Financial Casualty Company.....	(22,100,000)		(95,928,496)		(285,542,279)	68,017,673		N/A.....	(335,553,102)	(1,037,456,000)
12879.....	20-4093467.....	Progressive Commercial Casualty Company.....					(73,895)	70,559		N/A.....	(3,336)	
10243.....	06-0281045.....	National Continental Insurance Company.....					(27,475,613)	36,289		N/A.....	(27,439,324)	7,891,000
10194.....	59-3213819.....	Artisan and Truckers Casualty Company.....	(2,000,000)				(73,223,590)	(48,740,598)		N/A.....	(123,964,188)	506,011,000
10193.....	59-3213719.....	Progressive Express Insurance Company.....		17,000,000	1,400,448		(63,988,449)	(19,277,075)		N/A.....	(64,865,076)	531,445,000
	34-1576555.....	PC Investment Company.....			243,950,324		(13,489,838)			N/A.....	230,460,486	
	34-1378861.....	Progressive Investment Company, Inc.....					(1,767,264)			N/A.....	(1,767,264)	
	13-3673368.....	Progressive Capital Management Corp.....					12,449,089			N/A.....	12,449,089	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
98.1	58-1772717.....	Progressive Auto Pro Insurance Agency, Inc.....					4,268,423			N/A.....	4,268,423	
	11-3203413.....	ProgNY Agency, Inc.....					62			N/A.....	62	
	34-1574448.....	Progressive RSC, Inc.....					11,662,342			N/A.....	11,662,342	
	34-1804869.....	Progressive Specialty Insurance Agency, Inc.....					(65,157,663)			N/A.....	(65,157,663)	
	27-2393886.....	Progressive Commercial Advantage Agency, Inc.....					(5,959)			N/A.....	(5,959)	
	34-1574447.....	Progressive Adjusting Company, Inc.....					(113,345)			N/A.....	(113,345)	
	51-0295493.....	Village Transport Corp.....					241,023			N/A.....	241,023	
	59-3491541.....	ARX Holding Corp.....	(14,000,000)	(31,200,000)							(45,200,000)	
	10872.....	American Strategic Insurance Corp.....		14,350,000			(60,031,972)	(25,047,838)			(70,729,810)	(186,182,633)
	11059.....	ASI Lloyds.....		7,000,000			(64,674,465)	25,319,754			(32,354,711)	126,633,822
	13038.....	Ark Royal Insurance Company.....					(16,954,792)	4,482,561			(12,472,231)	24,508,061
	12196.....	ASI Assurance Corp.....	14,000,000				(10,104,229)	(4,410,270)			(514,499)	(24,382,874)
	11072.....	ASI Home Insurance Corp.....					(367,258)				(367,258)	
	13142.....	ASI Preferred Insurance Corp.....		7,000,000			(21,808,050)	(1,361,580)			(16,169,630)	55,072,536
	14042.....	ASI Select Insurance Corp.....					(416,705)	1,017,373			600,668	4,351,088
		ASI Underwriters Corp.....					104,824,648				104,824,648	
		ASI Underwriters of Texas Inc.....					48,470,619				48,470,619	
		Ark Royal Underwriters, LLC.....					10,018,871				10,018,871	
		Sunshine Security Insurance Agency Inc.....					2,202,232				2,202,232	
		PropertyPlus Insurance Agency, Inc.....					155				155	
		e-INS, LLC.....					5,616,899				5,616,899	
		ASI Re, LLC.....		2,850,000							2,850,000	
	9999999.....	Control Totals.....	0	0	0	0	0	0	XXX	0	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
24260	Progressive Casualty Insurance Company	49.00%	16322	Progressive Direct Insurance Company	77.50%
24252	Progressive American Insurance Company	2.00%	24279	Progressive Max Insurance Company	6.00%
32786	Progressive Specialty Insurance Company	7.00%	21735	Progressive Premier Insurance Company	2.00%
38784	Progressive Southeastern Insurance Company	1.00%	21727	Progressive Universal Insurance Company	4.00%
38628	Progressive Northern Insurance Company	12.00%	37605	Progressive Marathon Insurance Company	6.00%
37834	Progressive Preferred Insurance Company	6.00%	44695	Progressive Paloverde Insurance Company	0.50%
42412	Progressive Gulf Insurance Company	2.00%	11851	Progressive Advanced Insurance Company	4.00%
42919	Progressive Northwestern Insurance Company	12.00%			
42994	Progressive Classic Insurance Company	3.00%			
17350	Progressive Bayside Insurance Company	1.00%			
35190	Progressive Mountain Insurance Company	1.00%			
10187	Progressive Michigan Insurance Company	4.00%			

Detailed Explanation

For the above listed companies, see Annual Statement Footnote 26 for further information.

PROGRESSIVE CHOICE 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.

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

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?		NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?		NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?		NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?		NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?		NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?		NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?		SEE EXPLANATION
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?		YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?		NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?		NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
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?		NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?		NO
APRIL FILING		
29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?		NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		NO
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?		NO
AUGUST FILING		
35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO

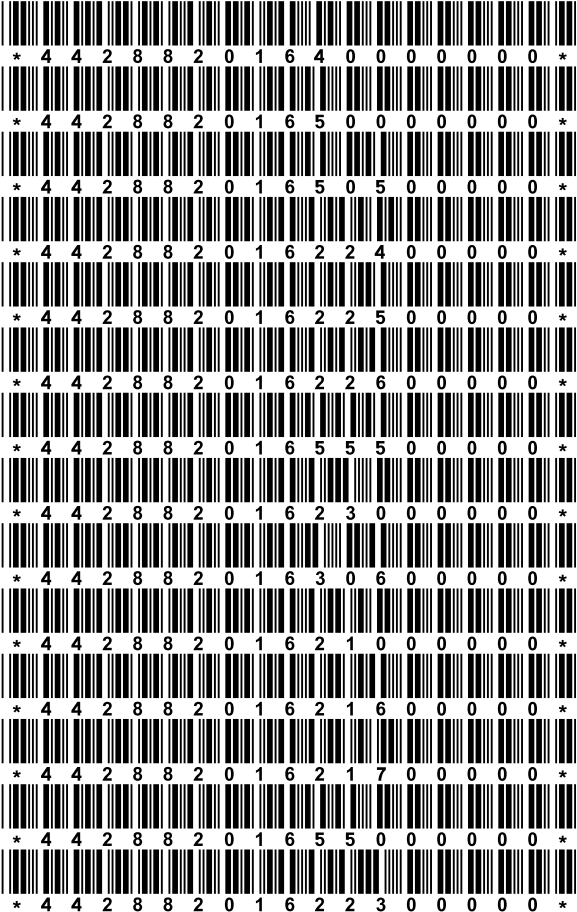
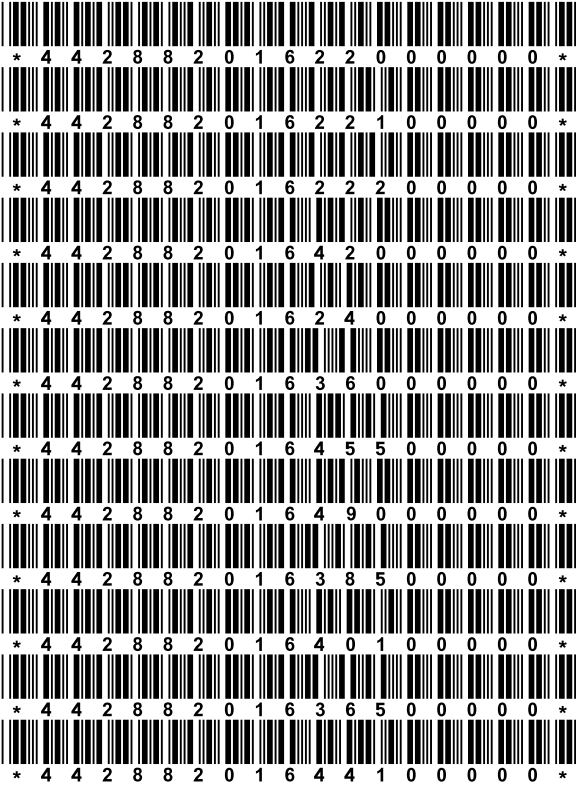
PROGRESSIVE CHOICE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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:

1. THE COMPANY MEETS THE REQUIREMENTS FOR AND HAS RECEIVED AN EXEMPTION FROM THE OHIO DEPARTMENT OF INSURANCE ("DOI").
2.
3.
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8.
9. THE COMPANY MEETS THE REQUIREMENTS FOR AND HAS RECEIVED AN EXEMPTION FROM THE OHIO DEPARTMENT OF INSURANCE ("DOI").
10. THE COMPANY MEETS THE REQUIREMENTS FOR AND HAS RECEIVED AN EXEMPTION FROM THE OHIO DEPARTMENT OF INSURANCE ("DOI").
11. THE COMPANY MEETS THE REQUIREMENTS FOR AND HAS RECEIVED AN EXEMPTION FROM THE OHIO DEPARTMENT OF INSURANCE ("DOI").
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. THE COMPANY MEETS THE REQUIREMENTS FOR AND HAS RECEIVED AN EXEMPTION FROM THE OHIO DEPARTMENT OF INSURANCE ("DOI").
21.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
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31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
35. The data for this supplement is not required to be filed.

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