



QUARTERLY STATEMENT

As of June 30, 2017
of the Condition and Affairs of the

EVERGREEN NATIONAL INDEMNITY COMPANY

NAIC Group Code.....4869, 4869 (Current Period) (Prior Period)	NAIC Company Code..... 12750	Employer's ID Number..... 36-2467238
Organized under the Laws of OH Incorporated/Organized..... December 30, 1939	State of Domicile or Port of Entry OH 6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 (Street and Number) (City or Town, State, County and Zip Code)	Country of Domicile US Commenced Business..... January 1, 1940
Statutory Home Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3420 (Street and Number) (City or Town, State, County and Zip Code)	(Area Code) (Telephone Number)
Main Administrative Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3403 (Street and Number or P. O. Box) (City or Town, State, County and Zip Code)	(Area Code) (Telephone Number)
Mail Address	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 (Street and Number or P. O. Box) (City or Town, State, County and Zip Code)	(Area Code) (Telephone Number)
Primary Location of Books and Records	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3403 (Street and Number) (City or Town, State, County and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	DAVID ALAN CANZONE (Name) dcanzone@evergreen-national.com (E-Mail Address)	
Statutory Statement Contact	440-229-3403 (Area Code) (Telephone Number) (Extension) 440-229-3421 (Fax Number)	

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES			
CHARLES KYLE SLATERY	MATTHEW TRACY TUCKER	ROBERT WILLARD SHEPARD	JAMES DONALD LACKIE
DAVID ALAN CANZONE	EMMEL BERNHARDT GOLDEN III		

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

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

(Signature) MATTHEW TRACY TUCKER 1. (Printed Name) PRESIDENT (Title)	(Signature) DAVID ALAN CANZONE 2. (Printed Name) CFO/TREASURER (Title)	(Signature) WAN CHEN COLLIER 3. (Printed Name) SECRETARY (Title)
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Subscribed and sworn to before me
This _____ day of _____

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

Yes [X] No []

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	23,397,821		23,397,821	22,015,973
2. Stocks:				
2.1 Preferred stocks.....	4,439,860		4,439,860	4,825,199
2.2 Common stocks.....	9,424,345		9,424,345	8,943,358
3. Mortgage loans on real estate:				
3.1 First liens.....	664,696		664,696	830,870
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....3,235,538), cash equivalents (\$.....0) and short-term investments (\$....1,426,489).....	4,662,027		4,662,027	5,237,316
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	2,766,278		2,766,278	3,240,059
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	45,355,027	0	45,355,027	45,092,775
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	322,478		322,478	287,668
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,424,741		2,424,741	1,590,276
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	202,790		202,790	140,297
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	228,445		228,445	
18.2 Net deferred tax asset.....	839,560	502,616	336,944	437,135
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	2,616		2,616	3,356
21. Furniture and equipment, including health care delivery assets (\$.....0).....	323	323	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	50,474	7,311	43,163	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	49,426,454	510,250	48,916,204	47,551,507
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	49,426,454	510,250	48,916,204	47,551,507

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Receivable.....	48,411	5,248	43,163	
2502. Prepaid Insurance.....	2,063	2,063	0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	50,474	7,311	43,163	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....1,407,545).....	..3,476,420	..3,338,356
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	..1,066,121	..950,697
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	..241,863	..266,051
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		..126,640
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		..109,522
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....9,847,729 and including warranty reserves of \$....120,460 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	..5,833,652	..5,392,890
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	..3,253,050	..2,686,913
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	..72,850	..120,078
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....	..205,524	
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	..1,177,159	..1,277,140
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	..15,326,639	..14,268,287
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	..15,326,639	..14,268,287
29. Aggregate write-ins for special surplus funds.....	..0	..0
30. Common capital stock.....	..3,018,004	..3,018,004
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	..0	..0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	..25,841,820	..25,841,820
35. Unassigned funds (surplus).....	..4,729,741	..4,423,396
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	..33,589,565	..33,283,220
38. Totals (Page 2, Line 28, Col. 3).....	..48,916,204	..47,551,507

DETAILS OF WRITE-INS

2501. Unrestricted Collateral.....	..831,479	..934,006
2502. Pledged as Collateral.....	..345,680	..343,134
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	..0	..0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	..1,177,159	..1,277,140
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	..0	..0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	..0	..0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	..0	..0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	..0	..0

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....15,138,386)	16,286,090	16,787,778	33,794,543
1.2 Assumed..... (written \$....1,879,375)	1,465,767	1,959,306	3,185,884
1.3 Ceded..... (written \$....10,755,679)	11,930,537	12,924,293	25,333,407
1.4 Net..... (written \$....6,262,082)	5,821,320	5,822,791	11,647,020
DEDUCTIONS:			
2. Losses incurred (current accident year \$....1,504,601):			
2.1 Direct.....	916,917	194,493	723,108
2.2 Assumed.....	82,714	256,020	150,781
2.3 Ceded.....	482,039	268,860	256,485
2.4 Net.....	517,592	181,653	617,404
3. Loss adjustment expenses incurred.....	114,644	204,179	37,173
4. Other underwriting expenses incurred.....	4,287,471	4,341,640	8,496,248
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	4,919,707	4,727,472	9,150,825
7. Net income of protected cells.....	901,613	1,095,319	2,496,195
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned.....	959,036	850,220	1,508,030
10. Net realized capital gains (losses) less capital gains tax of \$....0	(15,940)	(1,824,572)	(776,611)
11. Net investment gain (loss) (Lines 9 + 10)	943,096	(974,352)	731,419
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	8,984	1,112	1,137
15. Total other income (Lines 12 through 14)	8,984	1,112	1,137
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,853,693	122,079	3,228,751
17. Dividends to policyholders.....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,853,693	122,079	3,228,751
19. Federal and foreign income taxes incurred.....	612,033	638,042	1,223,153
20. Net income (Line 18 minus Line 19) (to Line 22)	1,241,660	(515,963)	2,005,598
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	33,283,220	30,545,711	30,545,711
22. Net income (from Line 20).....	1,241,660	(515,963)	2,005,598
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....123,092	285,404	2,226,805	2,687,014
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	60,742	(260,912)	272,859
27. Change in nonadmitted assets.....	(31,461)	65,002	222,038
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....	(1,250,000)	(1,250,000)	(2,450,000)
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	306,345	264,932	2,737,509
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	33,589,565	30,810,643	33,283,220

DETAILS OF WRITE-INS

0501.....			
0502.....			
0503.....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Miscellaneous Income.....	8,984	1,112	1,137
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	8,984	1,112	1,137
3701. Misc Surplus Change.....			
3702.....			
3703.....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	5,993,754	5,729,603	11,663,604
2. Net investment income.....	933,428	757,701	1,547,299
3. Miscellaneous income.....	8,984	1,112	1,137
4. Total (Lines 1 through 3).....	6,936,166	6,488,416	13,212,040
5. Benefit and loss related payments.....	442,021	(60,581)	(224,084)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,437,519	4,673,432	8,711,636
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	950,000	870,000	1,219,051
10. Total (Lines 5 through 9).....	5,829,540	5,482,851	9,706,603
11. Net cash from operations (Line 4 minus Line 10).....	1,106,626	1,005,565	3,505,437
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,781,225	795,539	2,621,292
12.2 Stocks.....	1,024,551	2,270,540	9,738,687
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....	961,678	598,981	584,332
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	205,524		19,770
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,972,977	3,665,059	12,964,081
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,026,085	2,306,856	5,918,449
13.2 Stocks.....	816,732	1,086,186	8,450,730
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....	378,637	159,972	572,324
13.6 Miscellaneous applications.....		502,229	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,221,454	4,055,243	14,941,503
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(248,476)	(390,184)	(1,977,422)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....	1,250,000	1,250,000	2,450,000
16.6 Other cash provided (applied).....	(183,438)	33,339	184,239
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(1,433,438)	(1,216,661)	(2,265,761)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(575,289)	(601,279)	(737,746)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,237,316	5,975,062	5,975,062
19.2 End of period (Line 18 plus Line 19.1).....	4,662,027	5,373,783	5,237,316

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

20.001
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NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

	SSAP #	F/S Page	F/S Line #	Current Period	2016
NET INCOME					
(1) EVERGREEN NATIONAL INDEMNITY COMPANY state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,241,660	\$ 2,005,598
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
N/A					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
N/A					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 1,241,660	\$ 2,005,598
SURPLUS					
(5) EVERGREEN NATIONAL INDEMNITY COMPANY state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 33,589,565	\$ 33,283,220
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
N/A					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
N/A					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 33,589,565	\$ 33,283,220

C. Accounting Policy -Not Applicable

(6) -Not Applicable

D. Going Concern -Not Applicable**Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments**D. Loan-Backed Securities**

(1)

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
OTTI Recognized 1st Quarter			
a. Intent to sell	\$	\$	\$
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c. Total 1st Quarter	\$ None	\$	\$
OTTI Recognized 2nd Quarter			
d. Intent to sell	\$	\$	\$
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f. Total 2nd Quarter	\$ None	\$	\$
OTTI Recognized 3rd Quarter			
g. Intent to sell	\$	\$	\$
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i. Total 3rd Quarter	\$	\$	\$
OTTI Recognized 4th Quarter			
j. Intent to sell	\$	\$	\$
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l. Total 4th Quarter		\$	
m. Annual aggregate total	XXX	\$	XXX

NOTES TO FINANCIAL STATEMENTS

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	\$	\$	\$	\$	\$	
Total			\$			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ 9,890
	2. 12 Months or Longer	35,769
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 797,549
	2. 12 Months or Longer	318,358

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$
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I. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
a. Up to 180 Days	\$
b. 181 to 365 Days	
c. Total	\$

(3)

J. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
(1) Assets	\$	\$	\$
(2) Liabilities	\$	\$	\$

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements -Not Applicable

(1)

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Period

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$	\$	\$
(b) Membership Stock – Class B			
(c) Activity Stock			

NOTES TO FINANCIAL STATEMENTS

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$	\$	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$	XXX	XXX

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$	\$	\$
(b) Membership Stock – Class B			
(c) Activity Stock			
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$	\$	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$	XXX	XXX

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Period Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	\$	\$	\$	\$	\$	\$
2. Class B	\$	\$	\$	\$	\$	\$

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Period Total General and Protected Cell Total Collateral Pledged (Lines 2+3)	\$	\$	\$
2. Current Period General Account Total Collateral Pledged	\$	\$	\$
3. Current Period Protected Cell Total Collateral Pledged	\$	\$	\$
4. Prior Year-End Total General and Protected Cell Total Collateral Pledged	\$	\$	\$

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Period Total General and Protected Cell Total Collateral Pledged (Lines 2+3)	\$	\$	\$
2. Current Period General Account Total Collateral Pledged	\$	\$	\$
3. Current Period Protected Cell Total Collateral Pledged	\$	\$	\$
4. Prior Year-End Total General and Protected Cell Total Collateral Pledged	\$	\$	\$

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Period

	1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

b. Maximum Amount During Reporting Period (Current Period)

	Total 2 + 3	General Account	Protected Cell Accounts
1. Debt	\$	\$	\$
2. Funding Agreements			
3. Other			
4. Aggregate Total (Lines 1+2+3)	\$	\$	\$

c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	
2. Funding Agreements	
3. Other	

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan -Not Applicable

(4) Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Benefits per SSAP No. 11	Contractual
	Current Period	Prior Year	Current Period	Prior Year		
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost						
c. Expected return on plan assets						
d. Transition asset or obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

On May 11, 2017, the Company declared an ordinary dividend of \$1,250,000. The cash dividend was paid May 24, 2017.

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

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

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

(2)

(4)

(a)

(b)

C. Wash Sales

(1)

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2017 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
		\$	\$	\$	\$

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

NOTES TO FINANCIAL STATEMENTS

No significant changes

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

No significant changes

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

		Level 1	Level 2	Level 3	Total
Assets at Fair Value					
Bonds	\$	\$	4,046,403	\$	\$ 4,046,403
Preferred Stocks	\$	\$	743,915	\$	\$ 743,915
Common Stocks	\$	4,906,767	\$ 4,328,084	\$ 189,494	\$ 9,424,345
Total	\$	4,906,767	\$ 9,118,402	\$ 189,494	\$ 14,214,663
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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

	Ending Balance as of Prior Quarter End	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlem-ents	Ending Balance for Current Quarter End
a. Assets										
Common Stocks	\$ 189,494	\$	\$	\$	\$	\$	\$	\$	\$	\$ 189,494
Total	\$ 189,494	\$	\$	\$	\$	\$	\$	\$	\$	\$ 189,494
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 23,739,828	\$ 23,397,821	\$ 3,591,265	\$ 20,148,563	\$	\$
Preferred Stocks	\$ 4,620,673	\$ 4,439,860	\$	\$ 4,620,673	\$	\$
Common Stocks	\$ 9,424,345	\$ 9,424,345	\$ 4,906,767	\$ 4,328,084	\$ 189,494	\$
Mortgage Loan	\$	\$ 664,696	\$	\$	\$	\$
Cash & Short Term Investments	\$ 4,662,027	\$ 4,662,027	\$ 4,662,027	\$	\$	\$
Other Invested Assets	\$ 2,766,278	\$ 2,766,278	\$	\$ 2,766,278	\$	\$

D.

Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Mortgage Loan	\$ 664,696	0.075%	01/29/2016	Not available for public sale therefore price not available.

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

F. Risk Sharing Provisions of the Affordable Care Act -Not Applicable

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions
Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$
3. Premium adjustments payable due to ACA Risk Adjustment	\$

NOTES TO FINANCIAL STATEMENTS

a. Permanent ACA Risk Adjustment Program		AMOUNT
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		\$
b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$
9. ACA Reinsurance contributions – not reported as ceded premium		\$
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued the Prior Year Written Before the Prior	During On Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec. 31 of Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date			
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)		
					1	2	3	4	5	6	7	
a.	Permanent ACA Risk Adjustment Program	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
	2. Premium adjustments (payable)									B		
	3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
	2. Amounts recoverable for claims unpaid (contra liability)									D		
	3. Amounts receivable relating to uninsured plans									E		
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
	5. Ceded reinsurance premiums payable									G		
	6. Liability for amounts held under uninsured plans									H		
	7. Subtotal ACA Transitional Reinsurance	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

NOTES TO FINANCIAL STATEMENTS

	Accrued the Prior Year Written Before the Prior	During On Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec. 31 of Year	Differences					Unsettled Balances Reporting	as of the Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
Program											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program year	Accrued the Prior Year Written Before the Prior	During On Business Dec. 31 of Year	Received or the Current Business Before the Prior	Paid as of Year on Written Dec. 31 of Year	Differences					Unsettled Balances Reporting	as of the Date
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Reserve for rate credits for policy experience rating refunds									B		
b. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Reserve for rate credits for policy experience rating refunds									D		
c. 2017											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$
2. Reserve for rate credits or policy experience rating refunds									F		
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

24F(4)d (Columns 1 through 10) should equal 24F(3)c3 (Columns 1 through 10 respectively)

Explanation of Adjustments

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	5
--	---	---	---	---	---	---

NOTES TO FINANCIAL STATEMENTS

Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance (Gross of Non-Admissions) (1-2-3)	Non-Admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2016	\$	\$	\$	\$	\$	\$
c. 2017	\$	\$	\$	\$	\$	\$
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

24F(5)d (Column 4) should equal 24F(3)c1 (Column 9)

24F(5)d (Column 6) should equal 24F(3)c1

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2016 were \$4.289 million. As of June 30, 2017, \$282 thousand has been paid for net incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3.012 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the landfill and contract lines of business. Therefore, there has been a \$995 thousand favorable prior year development since December 31, 2016 to June 30, 2017. The decrease is the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. None of the decrease the Company experienced was due to retrospectively rated policies.

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

No significant changes

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – High Deductibles

No significant changes

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant changes

Note 33 – Asbestos/Environmental Reserves

No significant changes

Note 34 – Subscriber Savings Accounts

No significant changes

Note 35 – Multiple Peril Crop Insurance

No significant changes

Note 36 – Financial Guaranty Insurance -Not Applicable**B. Schedule of Insured Financial Obligations at the End of the Period:**

	A	Surveillance Categories		D	Total
		B	C		
(1) Number of policies					
(2) Remaining weighted average contract period (in years)					XXX
(3) Insured contractual payments outstanding:					
a. Principal	\$	\$	\$	\$	\$
b. Interest					
c. Total	\$	\$	\$	\$	\$
(4) Gross claim liability					
Less					
(5) a. Gross potential recoveries	\$	\$	\$	\$	\$
b. Discount, net					
(6) Net claim liability					
(7) Unearned premium revenue					
(8) Reinsurance recoverables	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/19/2016

6.4 By what department or departments?
OHIO DEPARTMENT OF INSURANCE

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ _____ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ _____ 0

13. Amount of real estate and mortgages held in short-term investments:

\$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2 If yes, please complete the following:

14.21 Bonds
 14.22 Preferred Stock
 14.23 Common Stock
 14.24 Short-Term Investments
 14.25 Mortgage Loans on Real Estate
 14.26 All Other
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
1,497,110	1,568,683
\$ 1,497,110	\$ 1,568,683
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

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

\$ _____ 0

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

\$ _____ 0

16.3 Total payable for securities lending reported on the liability page:

\$ _____ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
Huntington Bank	7 Easton Oval, Columbus, OH 43219

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such "[...that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
NFC INVESTMENTS, LLC	A

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
132844	NFC INVESTMENTS, LLC			

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Total	XXX	XXX	0	0	0	0	0	0	0	

5.1 Operating Percentages:

5.1 A&H loss percent	0.000%
5.2 A&H cost containment percent	0.000%
5.3 A&H expense percent excluding cost containment expenses	0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....	.AL	176,399	154,712			104,150	80,886
2. Alaska.....	AK	L.....	351				39
3. Arizona.....	.AZ	L.....	51,003	49,989		36,099	31,464
4. Arkansas.....	AR	L.....	204,797	275,272	80,121	118,205	107,620
5. California.....	CA	L.....	277,839	730,632	3,628	190,957	351,584
6. Colorado.....	CO	L.....	91,839	123,588		62,659	94,172
7. Connecticut.....	CT	L.....	143,589	125,952	.866	174,733	146,948
8. Delaware.....	DE	L.....	10,218	12,287	12,888		4,869
9. District of Columbia.....	DC	L.....	8,492	.57,132			6,529
10. Florida.....	FL	L.....	254,241	201,606	1,500		146,028
11. Georgia.....	GA	L.....	118,364	.87,694	2,176		.67,672
12. Hawaii.....	HI	N.....					
13. Idaho.....	ID	L.....		.875			.411
14. Illinois.....	IL	L.....	705,966	659,457	59,291		415,002
15. Indiana.....	IN	L.....	147,575	.81,468	1,726		.92,688
16. Iowa.....	IA	L.....	109,503	151,600			.64,578
17. Kansas.....	KS	L.....	.31,186	.30,774			.18,420
18. Kentucky.....	KY	L.....	595,243	631,478	.138,597	.129,194	5,590,462
19. Louisiana.....	LA	L.....	.576,562	762,434	.34,821		340,383
20. Maine.....	ME	L.....	.76,681	.91,061			.45,292
21. Maryland.....	MD	L.....	.93,837	153,369			.60,235
22. Massachusetts.....	MA	L.....	.472,167	614,565			.279,212
23. Michigan.....	.MI	L.....	.750,229	805,885			.443,128
24. Minnesota.....	.MN	L.....	.86,584	.50,439			.72,446
25. Mississippi.....	MS	L.....	.110,022	.121,576	(8,441)		.64,312
26. Missouri.....	MO	L.....	.321,784	.347,122	.30,904	.35,991	1,007,443
27. Montana.....	MT	L.....	.22,024	.28,576			.12,445
28. Nebraska.....	NE	L.....	.83,858	.141,471			.51,299
29. Nevada.....	NV	L.....	.1,751	.5,113			.535
30. New Hampshire.....	NH	L.....	.490,586	.287,185			.289,888
31. New Jersey.....	NJ	L.....	.70,322	.293,378	.34,355		.40,924
32. New Mexico.....	NM	L.....	.38,241	.37,662			.22,587
33. New York.....	NY	L.....	.645,118	.536,319	.982		.486,439
34. North Carolina.....	NC	E.....	.38,347	.12,835	.7,730		.18,088
35. North Dakota.....	ND	L.....	.3,618	.3,503			.3,157
36. Ohio.....	OH	L.....	1,871,935	1,948,089	.2,250		.1,400,956
37. Oklahoma.....	OK	L.....	.312,143	.178,372	.39,031		.186,575
38. Oregon.....	OR	L.....	.246,212	.245,168	.1,901		.137,252
39. Pennsylvania.....	PA	L.....	2,600,508	2,742,111	.16,330		.1,564,917
40. Rhode Island.....	RI	L.....	.6,578	.10,960			.7,600
41. South Carolina.....	SC	L.....	.159,349	.152,349	.4,478		.94,120
42. South Dakota.....	SD	L.....	.3,631	.5,391			.2,145
43. Tennessee.....	TN	L.....	.326,623	.338,243	.9,563	.4,413	.313,101
44. Texas.....	TX	L.....	.498,638	.802,481	.79,532		.353,426
45. Utah.....	UT	L.....	.37,160	.36,895			.22,168
46. Vermont.....	VT	L.....	.573,823	.120,996			.625,399
47. Virginia.....	VA	L.....	.637,212	.584,808			.798,689
48. Washington.....	WA	L.....	.86,752	.98,004			.56,336
49. West Virginia.....	WV	E.....					.1,858
50. Wisconsin.....	.WI	L.....	.908,517	.840,496			.536,586
51. Wyoming.....	WY	L.....	.61,320	.61,470			.36,029
52. American Samoa.....	AS	N.....					
53. Guam.....	GU	N.....					
54. Puerto Rico.....	.PR	N.....					
55. US Virgin Islands.....	.VI	N.....					
56. Northern Mariana Islands.....	MP	N.....					
57. Canada.....	CAN	N.....					
58. Aggregate Other Alien.....	OT	XXX	.0	.0	.0	.0	.0
59. Totals.....		(a) 48	15,138,386	15,833,193	.554,229	.344,331	16,440,236
							.15,734,233

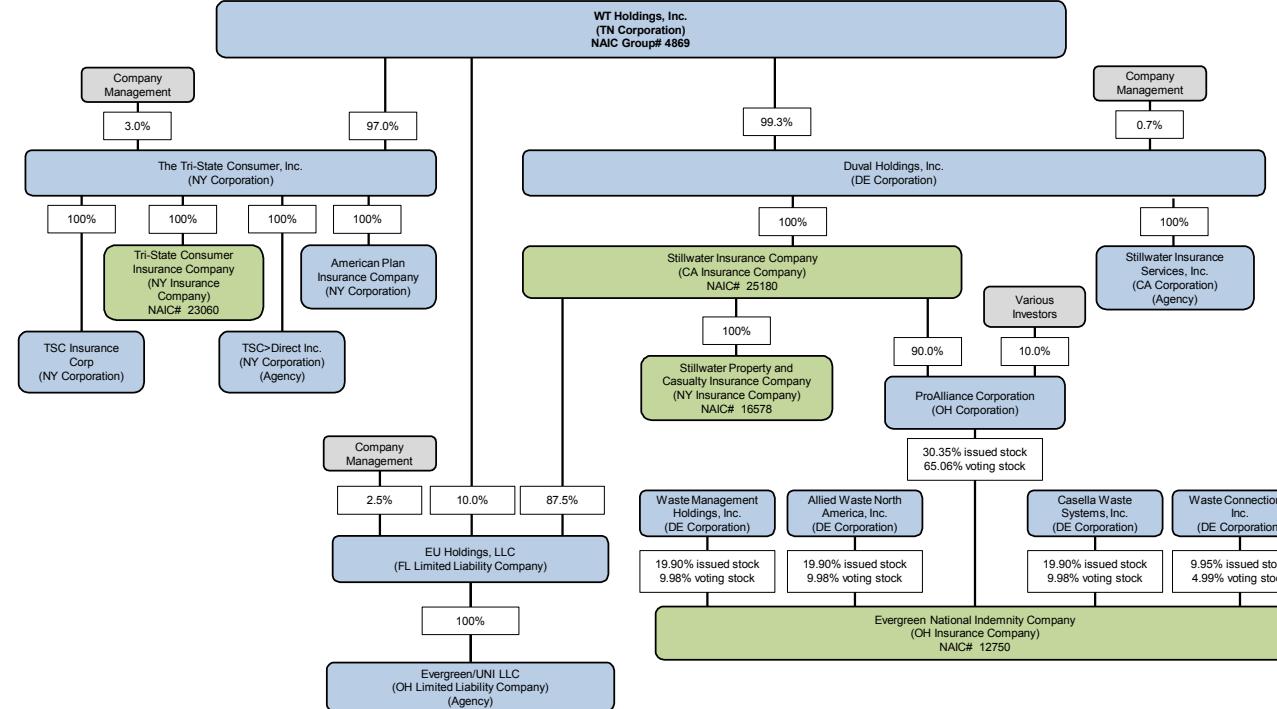
DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile see DSLI); (D) - DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) - None of the above - Not allowed to write business in the state.

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

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



Q11

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required?	16 *
Members															
4869	WT Holdings Group.....	00000...	26-2099042...		1546636	none.....	WT Holdings, Inc.....	TN.....	UIP.....	Various Investors.....	Ownership, Board, Mgmt	.....1.000			
4869	WT Holdings Group.....	00000...	38-3865632...				Duval Holdings, Inc.....	DE.....	UIP.....	WT Holdings, Inc.....	Ownership, Board, Mgmt	.....0.993	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	25180...	68-0266416...				Stillwater Insurance Company.....	CA.....	UIP.....	Duval Holdings, Inc.....	Ownership, Board, Mgmt	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	71-0900874...				Stillwater Insurance Services, Inc.....	CA.....	NIA.....	Duval Holdings, Inc.....	Ownership, Board, Mgmt	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	16578...	16-0986300...				Stillwater Property & Casualty Insurance Company.....	NY.....	IA.....	Stillwater Insurance Company.....	Ownership, Board, Mgmt	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	20-1048841...				Pro-Alliance Corporation.....	OH.....	UDP.....	Stillwater Insurance Company.....	Ownership.....	.....0.900	WT Holdings, Inc.....		N.....**
4869	WT Holdings Group.....	00000...	73-1039529...				Waste Management Holdings, Inc.....	DE.....	OTH.....	Waste Management, Inc.....	Ownership.....	.....1.000	N/A public entity.....		N.....**
4869	WT Holdings Group.....	00000...	86-0843596...				Allied Waste North America, Inc.....	DE.....	OTH.....	Republic Services, Inc.....	Ownership.....	.....1.000	N/A public entity.....		N.....
4869	WT Holdings Group.....	00000...	03-0338873...		911177	NASDAC.....	Cassella Waste Systems, Inc.....	DE.....	OTH.....	N/A public entity.....	N/A.....	N/A.....	N/A public entity.....		N.....
4869	WT Holdings Group.....	00000...	94-3283464...		1057058	NYSE.....	Waste Connections, Inc.....	DE.....	OTH.....	N/A public entity.....	N/A.....	N/A.....	N/A public entity.....		N.....
4869	WT Holdings Group.....	12750...	36-2467238...				Evergreen National Indemnity Company.....	OH.....	RE.....	Pro-Alliance Corporation.....	Ownership.....	.....0.304	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	12750...	36-2467238...				Evergreen National Indemnity Company.....	OH.....	RE.....	Waste Management Holdings, Inc.....	Ownership.....	.....0.199	Waste Management, Inc.....		N.....
4869	WT Holdings Group.....	12750...	36-2467238...				Evergreen National Indemnity Company.....	OH.....	RE.....	Allied Waste North America, Inc.....	Ownership.....	.....0.199	Republic Services, Inc.....		N.....
4869	WT Holdings Group.....	12750...	36-2467238...				Evergreen National Indemnity Company.....	OH.....	RE.....	Cassella Waste Systems, Inc.....	Ownership.....	.....0.199	N/A public entity.....		N.....
4869	WT Holdings Group.....	12750...	36-2467238...				Evergreen National Indemnity Company.....	OH.....	RE.....	Waste Connections, Inc.....	Ownership.....	.....0.100	N/A public entity.....		N.....
4869	WT Holdings Group.....	00000...	46-4581025...				EU Holdings, LLC.....	FL.....	NIA.....	Stillwater Insurance Company.....	Ownership.....	.....0.875	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	46-4581025...				EU Holdings, LLC.....	FL.....	NIA.....	WT Holdings, Inc.....	Ownership.....	.....0.100	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	46-4545990...				Evergreen/UNI, LLC.....	OH.....	NIA.....	EU Holdings, LLC.....	Ownership.....	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	11-2339905...				The Tri-State Consumer Inc.....	NY.....	NIA.....	WT Holdings, Inc.....	Ownership.....	.....0.970	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	23060...	11-2729262...				Tri-State Consumer Insurance Company.....	NY.....	IA.....	The Tri-State Consumer Inc.....	Ownership.....	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	26-4642498...				TSC Insurance Corp.....	NY.....	NIA.....	The Tri-State Consumer Inc.....	Ownership.....	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	26-4642462...				American Plan Insurance Company.....	NY.....	NIA.....	The Tri-State Consumer Inc.....	Ownership.....	.....1.000	WT Holdings, Inc.....		N.....
4869	WT Holdings Group.....	00000...	26-3464393...				TSC>Direct, Inc.....	NY.....	NIA.....	The Tri-State Consumer Inc.....	Ownership.....1.000	WT Holdings, Inc.....		N.....

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Aster Explanation

* No Securities Exchange listing as CIK # is for Reg D filing only

** Ultimate controlling entity is publicly held

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			.000	
2. Allied lines.....			.000	
3. Farmowners multiple peril.....			.000	
4. Homeowners multiple peril.....			.000	
5. Commercial multiple peril.....			.000	
6. Mortgage guaranty.....			.000	
8. Ocean marine.....			.000	
9. Inland marine.....			.000	
10. Financial guaranty.....			.000	
11.1 Medical professional liability - occurrence.....			.000	
11.2 Medical professional liability - claims-made.....			.000	
12. Earthquake.....			.000	
13. Group accident and health.....			.000	
14. Credit accident and health.....			.000	
15. Other accident and health.....			.000	
16. Workers' compensation.....		(24,745)	.000	
17.1 Other liability-occurrence.....		(480)	.000	
17.2 Other liability-claims made.....			.000	
17.3 Excess workers' compensation.....			.000	
18.1 Products liability-occurrence.....			.000	
18.2 Products liability-claims made.....			.000	
19.1, 19.2 Private passenger auto liability.....			.000	
19.3, 19.4 Commercial auto liability.....			.000	
21. Auto physical damage.....			.000	
22. Aircraft (all perils).....			.000	
23. Fidelity.....			.000	
24. Surety.....	16,257,448	942,142	5.795	1.874
26. Burglary and theft.....			.000	
27. Boiler and machinery.....			.000	
28. Credit.....			.000	
29. International.....			.000	
30. Warranty.....	28,642		.000	
31. Reinsurance-nonproportional assumed property.....	XXX.....	XXX.....	XXX.....	XXX.....
32. Reinsurance-nonproportional assumed liability.....	XXX.....	XXX.....	XXX.....	XXX.....
33. Reinsurance-nonproportional assumed financial lines.....	XXX.....	XXX.....	XXX.....	XXX.....
34. Aggregate write-ins for other lines of business.....	0	0	.000	
35. Totals.....	16,286,090	916,917	5.630	1.159

DETAILS OF WRITE-INS

3401. ....			.000	
3402. ....			.000	
3403. ....			.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.0	0	.000	XXX.....
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	.0	0	.000	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire.....				
2. Allied lines.....				
3. Farmowners multiple peril.....				
4. Homeowners multiple peril.....				
5. Commercial multiple peril.....				
6. Mortgage guaranty.....				
8. Ocean marine.....				
9. Inland marine.....				
10. Financial guaranty.....				
11.1 Medical professional liability - occurrence.....				
11.2 Medical professional liability - claims made.....				
12. Earthquake.....				
13. Group accident and health.....				
14. Credit accident and health.....				
15. Other accident and health.....				
16. Workers' compensation.....				
17.1 Other liability-occurrence.....				
17.2 Other liability-claims made.....				
17.3 Excess workers' compensation.....				
18.1 Products liability-occurrence.....				
18.2 Products liability-claims made.....				
19.1, 19.2 Private passenger auto liability.....				
19.3, 19.4 Commercial auto liability.....				
21. Auto physical damage.....				
22. Aircraft (all perils).....				
23. Fidelity.....				
24. Surety.....	8,509,369	15,100,211		15,804,593
26. Burglary and theft.....				
27. Boiler and machinery.....				
28. Credit.....				
29. International.....				
30. Warranty.....	19,875	38,175		28,600
31. Reinsurance-nonproportional assumed property.....	XXX.....	XXX.....	XXX.....	
32. Reinsurance-nonproportional assumed liability.....	XXX.....	XXX.....	XXX.....	
33. Reinsurance-nonproportional assumed financial lines.....	XXX.....	XXX.....	XXX.....	
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. Totals.....	8,529,244	15,138,386		15,833,193

DETAILS OF WRITE-INS

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

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO _____
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO _____
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO _____
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO _____

Explanation:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

Bar Code:

NONE

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	.....
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	.....
2.2 Additional investment made after acquisition.....	.....	.....
3. Current year change in encumbrances.....	.....	.....
4. Total gain (loss) on disposals.....	.....	.....
5. Deduct amounts received on disposals.....	.....	.....
6. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
7. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
8. Deduct current year's depreciation.....	.....	.....
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.....0	.....0
10. Deduct total nonadmitted amounts.....	.....	.....
11. Statement value at end of current period (Line 9 minus Line 10).....	.....0	.....0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.....830,870	.....830,870
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	.....
2.2 Additional investment made after acquisition.....	.....	.....
3. Capitalized deferred interest and other.....	.....	.....
4. Accrual of discount.....	.....	.....
5. Unrealized valuation increase (decrease).....	.....(166,174)	.....
6. Total gain (loss) on disposals.....	.....	.....
7. Deduct amounts received on disposals.....	.....	.....
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	.....	.....
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....664,696	.....830,870
12. Total valuation allowance.....	.....	.....
13. Subtotal (Line 11 plus Line 12).....	.....664,696	.....830,870
14. Deduct total nonadmitted amounts.....	.....	.....
15. Statement value at end of current period (Line 13 minus Line 14).....	.....664,696	.....830,870

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....3,240,059	.....2,857,205
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....225,000	.....523,421
2.2 Additional investment made after acquisition.....	.....153,637	.....48,903
3. Capitalized deferred interest and other.....	.....	.....
4. Accrual of discount.....	.....	.....
5. Unrealized valuation increase (decrease).....	.....155,885	.....394,862
6. Total gain (loss) on disposals.....	.....(46,626)	.....
7. Deduct amounts received on disposals.....	.....961,678	.....584,332
8. Deduct amortization of premium and depreciation.....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....2,766,278	.....3,240,059
12. Deduct total nonadmitted amounts.....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12).....	.....2,766,278	.....3,240,059

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	.....35,784,530	.....31,369,781
2. Cost of bonds and stocks acquired.....	.....3,842,817	.....14,369,179
3. Accrual of discount.....	.....43,718	.....78,801
4. Unrealized valuation increase (decrease).....	.....418,786	.....3,183,362
5. Total gain (loss) on disposals.....	.....30,872	.....(396,002)
6. Deduct consideration for bonds and stocks disposed of.....	.....2,805,776	.....12,359,979
7. Deduct amortization of premium.....	.....52,919	.....80,004
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....380,609
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....37,262,026	.....35,784,530
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....37,262,026	.....35,784,530

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	13,877,690	3,382,827	2,470,683	-(105,093)	13,877,690	14,684,741		13,725,119
2. NAIC 2 (a).....	5,060,154	299,850	10,427	-(606,554)	5,060,154	4,743,024		4,277,377
3. NAIC 3 (a).....	2,592,204			414,763	2,592,204	3,006,967		2,359,991
4. NAIC 4 (a).....	993,750		334,000	1,250	993,750	661,000		1,441,490
5. NAIC 5 (a).....	1,326,744			331,041	1,326,744	1,657,785		875,000
6. NAIC 6 (a).....	66,460			-(6,335)	66,460	60,125		72,538
7. Total Bonds.....	23,917,002	3,682,677	2,815,109	29,071	23,917,002	24,813,641	0	22,751,514
PREFERRED STOCK								
8. NAIC 1.....	564,304			1,520	564,304	565,824		559,355
9. NAIC 2.....	413,700			15,670	413,700	429,370		394,800
10. NAIC 3.....	3,090,628			338,937	3,090,628	3,429,565		3,524,744
11. NAIC 4.....						0		
12. NAIC 5.....	331,800			-(331,799)	331,800	1		331,200
13. NAIC 6.....	15,100				15,100	15,100		15,100
14. Total Preferred Stock.....	4,415,532	0	0	24,329	4,415,532	4,439,860	0	4,825,199
15. Total Bonds and Preferred Stock.....	28,332,534	3,682,677	2,815,109	53,400	28,332,534	29,253,501	0	27,576,713

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$....1,415,820; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	1,426,489	XXX.....	1,426,489	735	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	735,541	1,934,702
2. Cost of short-term investments acquired.....	4,373,917	9,510,910
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	3,682,970	10,710,070
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,426,489	735,541
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,426,489	735,541

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made after Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
Joint Venture or Partnership Interests That Have Underlying Characteristics of Other - Unaffiliated												
000000 00 0	VAL FUND STORAGE I, LLC.....			VAL FUND STORAGE I, LLC.....		04/17/2017			113,637			
000000 00 0	ESO Venture Fund III, LP.....			ESO Venture Fund III, LP.....		06/28/2017		12,500				
2199999.	Total - Joint Venture or Partnership Interests That Have Underlying Characteristics of Other - Unaffiliated.....							12,500	113,637	.0	0	XXX.....
4499999.	Subtotal - Unaffiliated.....							12,500	113,637	.0	0	XXX.....
4699999.	Totals.....							12,500	113,637	.0	0	XXX.....

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Changes in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Investment Income	20
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization) / Accretion	11 Current Year's Other-Than-Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B/A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B/A.C.V.						
Joint Venture or Partnership Interests That Have Underlying Characteristics of Common Stocks - Unaffiliated																			
000000 00 0	COMPOUND CAPITAL INVESTMENT FUND, LP.....			Compound Capital Investment Fund, LP..	11/01/2014	06/01/2017	.944,721	.55,199				.55,199		.999,920	.953,295		-(46,626)	(46,626)	
1599999.	Total - Joint Venture or Partnership Interests That Have Underlying Characteristics of Common Stocks - Unaffiliated.....						.944,721	.55,199	.0	.0	.0	.55,199	.0	.999,920	.953,295	.0	-(46,626)	(46,626)	.0
Joint Venture or Partnership Interests That Have Underlying Characteristics of Other - Affiliated																			
000000 00 0	NFC HOTEL INVESTORS, LLC.....			NFC Hotel Investors, LLC.....	09/05/2014	06/16/2017						.0		.8,383	.8,383				0
2299999.	Total - Joint Venture or Partnership Interests That Have Underlying Characteristics of Other - Affiliated.....						.0	.0	.0	.0	.0	.0	.0	.8,383	.8,383	.0	.0	.0	.0
4499999.	Subtotal - Unaffiliated.....						.944,721	.55,199	.0	.0	.0	.55,199	.0	.999,920	.953,295	.0	-(46,626)	(46,626)	.0
4599999.	Subtotal - Affiliated.....						.0	.0	.0	.0	.0	.0	.0	.8,383	.8,383	.0	.0	.0	.0
4699999.	Totals.....						.944,721	.55,199	.0	.0	.0	.55,199	.0	1,008,303	.961,678	.0	-(46,626)	(46,626)	.0

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment									
744396 CH 3	PUBLIC FIN AUTH WIS CHARTER SCH REV.....		06/23/2017.....	Searle & CO.....		.99,750	.....100,000		
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.....					.99,750	.....100,000	0	....XXX..
Bonds - Industrial and Miscellaneous									
00100V AJ 9	ACIS 144 D - CDO.....		06/21/2017.....	RAYMOND JAMES & ASSOCIATES.....		.294,900	.....300,000	1,992	1AM.....
67107K AG 1	OCP 147 C - CDO.....		05/17/2017.....	RAYMOND JAMES & ASSOCIATES.....		.299,850	.....300,000	1,268	2AM.....
70469X AC 8	PEAKS CLO 2 LTD / PEAKS CLO 2 LLC - CDO.....	C.....	05/01/2017.....	RAYMOND JAMES & ASSOCIATES.....		.507,655	.....500,000		1FE.....
3899999.	Total - Bonds - Industrial and Miscellaneous.....					1,102,405	.....1,100,000	3,261	....XXX..
8399997.	Total - Bonds - Part 3.....					1,202,155	.....1,200,000	3,261	....XXX..
8399999.	Total - Bonds.....					1,202,155	.....1,200,000	3,261	....XXX..
Common Stocks - Industrial and Miscellaneous									
053332 10 2	AUTOZONE ORD.....		06/22/2017.....	Sterne Agee & Leach Inc.....	.450,000	.....261,097	XXX		L.....
862121 10 0	STORE CAPITAL ORD.....		06/30/2017.....	Sterne Agee & Leach Inc.....	.9,000,000	.....205,524	XXX		L.....
G0684D 10 7	ATHENE HOLDING CL A ORD.....	D.....	06/07/2017.....	Not Available.....	.2,821,000	.....137,637	XXX		L.....
9099999.	Total - Common Stocks - Industrial and Miscellaneous.....					.....604,258	XXX	0	....XXX..
9799997.	Total - Common Stocks - Part 3.....					.....604,258	XXX	0	....XXX..
9799999.	Total - Common Stocks.....					.....604,258	XXX	0	....XXX..
9899999.	Total - Preferred and Common Stocks.....					.....604,258	XXX	0	....XXX..
9999999.	Total - Bonds, Preferred and Common Stocks.....					.....1,806,413	XXX	3,261	....XXX..

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1 CUSIP Identification	2 Description	3 For eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (
										11 Unrealized Valuation Increase (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B.I.A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B.A.C.V.									
Bonds - U.S. Government																							
38374B LQ 4	GNR 0360D MA - CMO/RMBS.....		06/01/2017.	Paydown.....			.752	.752	.727	.740		0		0		.740		.12	.12	.9	07/16/2033.	1.	
0599999.	Total - Bonds - U.S. Government.....						.752	.752	.727	.740	0	0	0	0		.740	0	.12	.12	.9	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment																							
3137BP D2 2	FHR 4583D IT - CMO/RMBS.....		06/01/2017.						.2,802	.2,802			0			.2,802		.(2,802)	.(2,802)		05/15/2031.	1.	
3137BP D4 8	FHR 4583C JI - CMO/RMBS.....		06/01/2017.						1,655	1,655			0			1,655		.(1,655)	.(1,655)		05/15/2031.	1.	
3137BT 3N 9	FHR 4633B MI - CMO/RMBS.....		06/01/2017.						2,692	2,678			0			2,548		.(2,548)	.(2,548)		12/15/2040.	1.	
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.....						0	0	7,149	7,135	0	0	0	0		7,005	0	(7,005)	(7,005)	0	XXX	XXX	
Bonds - Industrial and Miscellaneous																							
063847 AN 7	Bank of New England.....		04/17/2017.	National Financial Securities.....			.74,070	.75,000	.75,000	.75,000			0			.75,000		.(930)	.(930)	.271	04/18/2019.		
107265 AE 0	BRENT 1 B - CDO.....		05/17/2017.	RAYMOND JAMES & ASSOCIATES			.297,375	.300,000	.284,446	.286,871		1,793		1,793		.288,663		.8,712	.8,712	.3,031	02/01/2022.	1FE	
29266N 3G 0	EnerBank USA.....		05/31/2017.	National Financial Securities.....			.49,608	.50,000	.50,000	.50,000			0			.50,000		.(393)	.(393)	.233	08/17/2018.		
708160 CA 2	J. C. PENNEY CORPORATION INC.....		05/22/2017.	NO BROKER.....			.374,915	.334,000	.334,000	.334,000			0			.334,000		.40,915	.40,915	.17,413	10/01/2019.	4FE	
74043A AC 5	PRETSL 23 AFP - CDO.....		06/22/2017.	Paydown.....			.1,350	.1,350	.972	.992		.11		.11		.1,004		.346	.346	.4	12/22/2036.	2FE	
78444Y AD 7	SLMA 085 A4 - ABS.....		04/25/2017.	Paydown.....			.9,371	.9,371	.9,432	.9,426		.(3)		.(3)		.9,423		.(52)	.(52)	.65	07/25/2023.	2FE	
90390K AA 2	USCAP 2 A1 - ABS.....		05/01/2017.	Paydown.....			.135,769	.135,769	.111,398	.112,825		.441		.441		.113,266		.22,503	.22,503	.515	08/01/2034.	1FE	
G9300F AA 5	USCAP 2 A1 - CDO.....		06/01/2017.	Paydown.....			.98,556	.98,556	.85,346	.86,573		.202		.202		.86,775		.11,781	.11,781	.374	08/01/2034.	1FE	
3899999.	Total - Bonds - Industrial and Miscellaneous.....						1,041,013	1,004,045	.950,594	.955,686	0	2,445	0	2,445	0	.958,131	0	.82,882	.82,882	.21,906	XXX	XXX	
8399997.	Total - Bonds - Part 4.....						1,041,765	1,004,797	.958,470	.963,560	0	2,445	0	2,445	0	.965,876	0	.75,889	.75,889	.21,914	XXX	XXX	
8399999.	Total - Bonds.....						1,041,765	1,004,797	.958,470	.963,560	0	2,445	0	2,445	0	.965,876	0	.75,889	.75,889	.21,914	XXX	XXX	
Common Stocks - Industrial and Miscellaneous																							
14040H 10 5	CAPITAL ONE FINANCIAL ORD.....		05/01/2017.	Adjustment.....			XXX						0								(600)	XXX	L
67091N 10 8	OCI PARTNERS COM UNT.....	C	06/06/2017.	Sterne Agee & Leach Inc.....			5,000,000	.45,009	XXX	.41,750	.41,750		0		0		.41,750		.3,259	.3,259	.1,150	XXX	L
85571B 10 5	STARWOOD PROPERTY REIT.....		05/01/2017.	Adjustment.....			XXX						0								(3,360)	XXX	L
9099999.	Total - Common Stocks - Industrial and Miscellaneous.....						.45,009	XXX	.41,750	.41,750	0	0	0	0	0	.41,750	0	.3,259	.3,259	.2,810	XXX	XXX	
9799997.	Total - Common Stocks - Part 4.....						.45,009	XXX	.41,750	.41,750	0	0	0	0	0	.41,750	0	.3,259	.3,259	.2,810	XXX	XXX	
9799999.	Total - Common Stocks.....						.45,009	XXX	.41,750	.41,750	0	0	0	0	0	.41,750	0	.3,259	.3,259	.2,810	XXX	XXX	
9899999.	Total - Preferred and Common Stocks.....						.45,009	XXX	.41,750	.41,750	0	0	0	0	0	.41,750	0	.3,259	.3,259	.2,810	XXX	XXX	
9999999.	Total - Bonds, Preferred and Common Stocks.....						1,086,773	XXX	1,000,220	1,005,310	0	2,445	0	2,445	0	1,007,626	0	.79,147	.79,147	.19,104	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Statement for June 30, 2017 of the **EVERGREEN NATIONAL INDEMNITY COMPANY**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
HUNTINGTON OPERATING.....	COLUMBUS, OH.....				4,256,320	1,961,887	2,526,776	XXX
INDEPENDENCE BANK, US WARR.....	INDEPENDENCE, OH.....				345,680	345,680	345,680	XXX
0199998. Deposits in.....7 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			271,706	260,743	362,831	XXX
0199999. Total Open Depositories.....	XXX	XXX	.0	.0	4,873,707	2,568,310	3,235,288	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.0	.0	4,873,707	2,568,310	3,235,288	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	250	250	.250	XXX
0599999. Total Cash.....	XXX	XXX	.0	.0	4,873,957	2,568,560	3,235,538	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE