



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

HARLEYSVILLE PREFERRED INSURANCE COMPANY

NAIC Group Code..... 0140, 0140 (Current Period) (Prior Period) NAIC Company Code..... 35696 Employer's ID Number..... 23-2384978
Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US
Incorporated/Organized..... October 30, 1985 Commenced Business..... October 30, 1985
Statutory Home Office ONE WEST NATIONWIDE BLVD..... COLUMBUS OH US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 355 MAPLE AVENUE..... HARLEYSVILLE PA US..... 19438-2297 215-256-5000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH US 43215-2220
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH ... US 43215-2220 614-249-1545
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Web Site Address WWW.HARLEYSVILLEGROUP.COM
Statutory Statement Contact CHERYL M. DENNIS 614-249-1545
(Name) (Area Code) (Telephone Number) (Extension)
FINRPT@NATIONWIDE.COM 866-315-1430
(E-Mail Address) (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|-------------------------|-----------------|------------------------------|----------------|
| 1. MARK ALLEN BERVEN | PRESIDENT & COO | 2. ROBERT WILLIAM HORNER III | VP & SECRETARY |
| 3. WENDELL PAUL CROSSER | VP & TREASURER | | |

OTHER

| | | | |
|------------------------|----------------------------|-----------------------|--------------------------|
| DAVID GERARD ARANGO | SVP-P&C PERS LINES | PAMELA ANN BIESECKER | SVP-HEAD OF TAXATION |
| MICHAEL ALOYSIUS BOYD | SVP-ENTERPRISE BRAND MARKT | MARTHA LOVETTE FRYE # | SR REG VP-SOUTHEAST DIST |
| HARRY HANSEN HALLOWELL | SVP-CIO | ERIC EUGENE SMITH | SVP-P&C COMM LINES |

DIRECTORS OR TRUSTEES

| | | | |
|-----------------------|---------------------|-------------------|------------------|
| CATHY A. ALLOCCO | DAVID GERARD ARANGO | MARK ALLEN BERVEN | LISA EDEN GOBBER |
| MICHAEL PATRICK LEACH | AMY TAYLOR SHORE | ERIC EUGENE SMITH | |

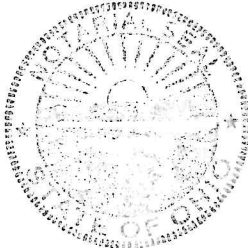
State of..... OHIO
County of..... FRANKLIN

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) |
| MARK ALLEN BERVEN | ROBERT WILLIAM HORNER III | WENDELL PAUL CROSSER |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| PRESIDENT & COO | VP & SECRETARY | VP & TREASURER |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This 1 day of February 2018
Norma J Perkins

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



Norma J. Perkins
Notary Public, State of Ohio
My Commission Expires
April 22, 2020

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

19.AK

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 7,035 | 7,143 | | 269 | | (5) | 391 | | (4) | 47 | 393 | 13 |
| 2.1 Allied lines..... | 10,384 | 10,317 | | 390 | | 63 | 560 | | (1) | 65 | 575 | 40 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 594,442 | 688,932 | | 301,968 | 1,389,246 | 476,059 | 198,063 | 49,566 | 46,587 | 15,891 | 91,341 | (8,543) |
| 5.2 Commercial multiple peril (liability portion)..... | 461,138 | 565,340 | | 218,538 | 1,145,429 | 134,055 | 1,212,842 | 120,573 | 13,260 | 557,201 | 60,894 | (8,760) |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 1,950 | 1,919 | | 1,570 | | 23 | 106 | | 8 | 30 | 403 | 71 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 256 | 327 | | 169 | | | | | | | 44 | 7 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 82,996 | 71,452 | 14 | 42,369 | 38,463 | 26,503 | 17,709 | 1,180 | 33 | 10,208 | 4,611 | 2,614 |
| 17.1 Other liability-occurrence..... | 220,360 | 222,241 | | 40,358 | 1,011 | 81,629 | 165,727 | 1,732 | 15,714 | 95,244 | 41,422 | 3,613 |
| 17.2 Other liability-claims-made..... | 3,896 | 2,946 | | 950 | | 939 | 939 | | 357 | 357 | 697 | 114 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 58,843 | 61,712 | | 11,022 | | 12,935 | 40,884 | | 2,759 | 29,075 | 6,291 | 1,002 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 157,562 | 205,540 | | 71,105 | 304,075 | 44,693 | 399,824 | 19,404 | (22,112) | 52,518 | 16,917 | (4,834) |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 39,863 | 59,434 | | 21,460 | 21,460 | 16,386 | (2,265) | | (241) | 832 | 4,398 | (1,449) |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 1,638,725 | 1,897,303 | 14 | 710,168 | 2,899,684 | 793,280 | 2,034,780 | 192,455 | 56,360 | 761,468 | 227,986 | (16,112) |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....2,127.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

19.AR

| 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..... | 16,176 | 15,104 | | 2,305 | | (490) | 931 | | (15) | 110 | 751 | 551 |
| 2.1 Allied lines..... | 61,192 | 34,280 | | 28,238 | 4,563 | 5,596 | 2,481 | | (2) | 245 | 6,581 | 1,925 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 551,938 | 603,623 | | 215,421 | 122,153 | 134,126 | 83,978 | 2,536 | 4,310 | 13,426 | 73,641 | 29,815 |
| 5.2 Commercial multiple peril (liability portion)..... | 323,817 | 370,632 | | 112,730 | 143,540 | 87,879 | 491,647 | 10,497 | (752) | 179,101 | 39,032 | 15,335 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 1,480 | 2,540 | | 978 | | | | | | | 260 | 78 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 32,845 | 23,667 | (94) | 14,507 | 3,017 | 4,104 | 34,667 | 413 | (2,148) | 9,062 | 2,902 | 942 |
| 17.1 Other liability-occurrence..... | | | | | | (51) | 1,483 | | (390) | 1,819 | | 1 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | (150) | 1,512 | | (156) | 1,424 | 1 | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 65,858 | 75,688 | | 32,084 | 9,016 | 8,512 | 62,963 | 333 | (8,875) | 13,521 | 10,201 | 1,981 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 17,955 | 22,487 | | 8,518 | 14,599 | 14,687 | (499) | | (52) | 248 | 2,896 | 682 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 1,071,261 | 1,148,021 | (94) | 414,781 | 296,888 | 254,213 | 679,163 | 13,779 | (8,080) | 218,956 | 136,265 | 51,310 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....1,964.
(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.....0140 NAIC Company Code....35696

BUSINESS IN AMERICAN SAMOA DURING THE YEAR

19.A.5

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

19.AZ

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

19.CA

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN CANADA DURING THE YEAR

19.CN

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

19.CO

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

19.CT

| 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..... | 77,486 | 81,204 | | 38,837 | 44,254 | 46,824 | 19,549 | | 829 | 2,495 | 9,519 | 1,644 |
| 2.1 Allied lines..... | 107,398 | 112,561 | | 53,591 | 90,610 | 119,063 | 43,733 | | 1,202 | 3,181 | 13,413 | 2,210 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 8,710,825 | 8,688,580 | | 4,648,938 | 5,030,120 | 6,031,474 | 3,457,540 | 37,594 | 37,822 | 132,908 | 1,058,682 | 177,196 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 2,394,586 | 2,500,205 | | 1,027,376 | 4,165,611 | 5,991,171 | 2,329,454 | 48,208 | 53,457 | 62,625 | 423,521 | 48,998 |
| 5.2 Commercial multiple peril (liability portion)..... | 2,495,603 | 2,919,888 | | 1,077,276 | 3,415,234 | 2,572,589 | 7,149,708 | 386,498 | 290,671 | 1,247,779 | 444,668 | 50,171 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 159,233 | 162,430 | | 81,705 | 4,500 | 20,793 | 44,877 | | 1,475 | 4,969 | 19,355 | 3,295 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 30,376 | 35,726 | | 13,218 | | 566 | 1,405 | | 65 | 230 | 5,114 | 615 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 357,380 | 545,023 | 8,934 | 100,465 | 221,614 | 92,210 | 2,294,889 | 57,109 | (29,152) | 248,653 | 37,527 | 30,041 |
| 17.1 Other liability-occurrence..... | 413,199 | 403,357 | | 223,505 | 7,051 | 836,851 | 1,129,594 | 2,876 | 6,865 | 25,029 | 49,042 | 8,571 |
| 17.2 Other liability-claims-made..... | | | | | | 11 | 28 | | (41) | 75 | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 4,794 | 5,169 | | 12,655 | | 1,475 | 8,615 | | 551 | 6,482 | 888 | 85 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 7,858,200 | 7,088,005 | | 4,140,279 | 2,998,316 | 6,761,629 | 7,488,022 | 99,129 | 192,412 | 230,787 | 1,036,623 | 160,455 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 726,793 | 737,530 | | 328,286 | 2,717,471 | 1,110,458 | 2,123,244 | 128,275 | (2,012) | 146,806 | 134,042 | 14,577 |
| 21.1 Private passenger auto physical damage..... | 5,168,367 | 4,551,333 | | 2,746,345 | 2,945,006 | 3,068,883 | 202,196 | 2,922 | 3,734 | 3,342 | 679,072 | 104,451 |
| 21.2 Commercial auto physical damage..... | 189,298 | 169,463 | | 88,476 | 181,889 | 181,074 | 8,337 | 156 | 43 | 1,439 | 34,969 | 3,871 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 28,693,538 | 28,000,474 | 8,934 | 14,580,952 | 21,821,676 | 26,835,071 | 26,301,191 | 762,767 | 557,921 | 2,116,800 | 3,946,435 | 606,180 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....163,846.

(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.....0140 NAIC Company Code....35696 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

19.DC

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 107,074 | 113,751 | | 61,154 | 8,926 | 24,658 | 36,201 | | (204) | 2,078 | 13,436 | 4,104 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 6,661 | 49,741 | | 29,304 | 13,046 | 8,892 | 10,802 | | 216 | 1,420 | 7,991 | 1,281 |
| 5.2 Commercial multiple peril (liability portion)..... | 165,043 | 125,947 | | 85,226 | | 100,624 | 186,848 | 4,388 | (2,011) | 71,505 | 13,311 | 3,431 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 2,394 | 2,516 | | 942 | | 117 | 540 | | 3 | 112 | 305 | 100 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 836 | 888 | | | | (2) | 5 | | | 1 | 11 | 18 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 2,812 | 27,044 | (1,531) | 4 | 160 | (18,489) | 10,688 | 273 | (2,120) | 7,440 | 208 | 4,606 |
| 17.1 Other liability-occurrence..... | 672 | 504 | | 168 | | 286 | 2,418 | | (915) | 2,939 | 119 | 14 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | 97 | 1,273 | | (542) | 1,608 | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 1,782 | 2,301 | | 839 | 19 | 43,877 | 45,412 | | (42) | 206 | 9 | 89 |
| 19.2 Other private passenger auto liability..... | 47,674 | 67,030 | | 24,377 | 38,699 | (25,889) | 45,586 | | (1,717) | 6,899 | 6,055 | 2,469 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 2,503 | 2,418 | | 977 | | 545 | 1,741 | | (112) | 312 | 71 | 48 |
| 19.4 Other commercial auto liability..... | 44,983 | 42,108 | | 19,916 | 14,500 | 5,413 | 24,302 | 1,217 | (1,477) | 5,842 | 8,442 | 945 |
| 21.1 Private passenger auto physical damage..... | 54,291 | 74,266 | | 26,492 | 38,495 | 36,003 | (229) | | (54) | 146 | 6,669 | 3,374 |
| 21.2 Commercial auto physical damage..... | 8,339 | 7,874 | | 3,548 | 33,012 | 33,017 | 4,951 | | (2) | 62 | 1,503 | 177 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 445,064 | 516,388 | (1,531) | 252,947 | 146,857 | 209,149 | 370,538 | 5,878 | (8,977) | 100,570 | 58,130 | 20,656 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....2,170.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

19.DE

| 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..... | 23,337 | 23,564 | | 12,557 | | 1,341 | 3,465 | | 145 | 544 | 3,209 | 540 |
| 2.1 Allied lines..... | 36,246 | 37,081 | | 20,066 | 10,142 | 12,865 | 16,125 | 39 | 270 | 723 | 5,232 | 831 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 2,061,063 | 2,080,734 | | 1,050,177 | 538,182 | 588,767 | 461,083 | 4,363 | 1,092 | 37,901 | 234,454 | 49,759 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 616,583 | 672,196 | | 154,922 | 493,328 | 1,019,934 | 585,593 | 12,485 | 13,132 | 10,210 | 106,955 | 13,169 |
| 5.2 Commercial multiple peril (liability portion)..... | 491,593 | 545,393 | | 194,357 | 78,295 | 483,659 | 1,143,291 | 52,362 | 54,824 | 237,212 | 82,326 | 10,961 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 35,963 | 37,886 | | 19,201 | 2,640 | 5,234 | 7,409 | | 261 | 1,289 | 4,039 | 880 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 2,936 | 3,117 | | 964 | | 198 | 521 | | 21 | 88 | 298 | 71 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 211,846 | 226,037 | 538 | 66,116 | 93,367 | (17,335) | 927,410 | 12,673 | (31,340) | 144,273 | 18,187 | 7,636 |
| 17.1 Other liability-occurrence..... | 80,073 | 78,167 | | 34,460 | | 8,503 | 30,360 | | 677 | 4,617 | 9,801 | 1,846 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 109 | 109 | | 37 | | (3) | 488 | | (203) | 678 | 19 | 3 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 151,289 | 164,950 | | 75,863 | 136,262 | 73,870 | 78,449 | 4,716 | 2,494 | 12,881 | 1,272 | 3,679 |
| 19.2 Other private passenger auto liability..... | 513,485 | 559,245 | | 257,004 | 845,978 | 672,347 | 837,911 | 33,844 | 27,849 | 41,575 | 72,151 | 12,609 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 34,631 | 36,268 | | 12,670 | 56,769 | 54,046 | 35,818 | 1,807 | 206 | 4,312 | 953 | 771 |
| 19.4 Other commercial auto liability..... | 355,748 | 371,894 | | 133,434 | 110,247 | 148,827 | 366,159 | 11,979 | (6,876) | 45,633 | 65,506 | 7,951 |
| 21.1 Private passenger auto physical damage..... | 323,471 | 350,449 | | 155,979 | 134,538 | 135,926 | 2,347 | 382 | 289 | 474 | 35,719 | 7,881 |
| 21.2 Commercial auto physical damage..... | 86,674 | 90,185 | | 32,183 | 78,573 | 80,457 | 3,805 | 228 | 265 | 617 | 14,536 | 1,938 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 5,025,047 | 5,277,275 | 538 | 2,219,990 | 2,578,321 | 3,268,636 | 4,500,234 | 134,878 | 63,106 | 543,027 | 654,657 | 120,525 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....28,399.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

19.FL

| 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..... | | | | | | | | | | | 189 | |
| 2.1 Allied lines..... | | | | | | | | | | | 214 | 3 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | 907 | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | (582) | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | (2) | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | 29 | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | 456,377 | 343,042 | | 207,310 | 338,662 | 230,524 | 529,896 | 17,177 | 46,455 | 101,800 | 84,086 | 26,916 |
| 17.2 Other liability-claims-made..... | 7,272 | 7,806 | | 2,305 | | 1,431 | 4,423 | | 762 | 2,512 | 1,219 | 260 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 54,752 | 46,891 | | 22,614 | | 12,048 | 23,496 | | 3,948 | 14,590 | 9,748 | 5,043 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | (88) | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 6,198 | 6,109 | | 3,798 | | 589 | 5,620 | | (247) | 812 | 130 | 191 |
| 19.4 Other commercial auto liability..... | 343,778 | 335,118 | | 176,642 | 219,197 | 661,249 | 845,383 | 131 | (9,467) | 39,785 | 67,494 | 11,574 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | (12) | |
| 21.2 Commercial auto physical damage..... | 47,865 | 44,632 | | 24,581 | 19,824 | 36,391 | 18,853 | 49 | 37 | 357 | 9,171 | 1,799 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 916,242 | 783,598 | 0 | 437,250 | 577,683 | 942,232 | 1,427,671 | 17,357 | 41,486 | 159,856 | 172,505 | 45,786 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....234.

(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | 1,312 | 2,554 | | 755 | | 55 | 664 | | (38) | 127 | 3,182 | 427 |
| 2.1 Allied lines..... | 1,012 | 2,305 | | 582 | | (2,047) | 515 | | (36) | 102 | 5,450 | 309 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | (1,565) | 39,233 | | | 12,928 | 25,810 | 135,032 | 39 | (1,069) | 2,472 | (37) | 3,475 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 762,766 | 840,770 | | 296,412 | 953,633 | 1,028,418 | 395,482 | 30,659 | 25,461 | 13,445 | 136,899 | 46,462 |
| 5.2 Commercial multiple peril (liability portion)..... | 529,294 | 675,666 | | 198,781 | 460,192 | 515,579 | 1,530,985 | 132,774 | (38,473) | 770,515 | 113,768 | 25,295 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | 400 | | | | (58) | 139 | | (15) | 46 | 2 | (2) |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 918 | 1,239 | | 351 | | (19) | 64 | | | 18 | 173 | 47 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 165,475 | 164,998 | (1,729) | 37,997 | 478,319 | (269,049) | 163,328 | 23,410 | 4,824 | 64,437 | 13,062 | 6,909 |
| 17.1 Other liability-occurrence..... | 35,483 | 141,657 | | 25,077 | 683,288 | 103,902 | 242,735 | 42,573 | 42,545 | 102,778 | 2,562 | 3,548 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 292 | 1,139 | | 62 | | 4,233 | 30,265 | | (5,197) | 21,045 | 60 | 14 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | (1,501) | 34,278 | | | 42 | 454 | 114,721 | 11,826 | 9,613 | 6,156 | (58) | 3,193 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 234,932 | 323,023 | | 63,583 | 464,426 | 472,974 | 533,059 | 466 | (62,713) | 72,678 | 36,036 | 12,582 |
| 21.1 Private passenger auto physical damage..... | (417) | 28,958 | | | 393 | 6,123 | 3,130 | 1,845 | 1,794 | 95 | 48 | 1,619 |
| 21.2 Commercial auto physical damage..... | 43,623 | 62,232 | | 12,687 | 79,832 | 53,939 | (2,713) | 3,301 | 3,032 | 871 | 6,172 | 2,415 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 51 | 51 | | 32 | | 21 | 3 | | (8) | 7 | 1 | 2 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 1,771,675 | 2,318,503 | (1,729) | 636,319 | 3,133,053 | 1,940,335 | 3,147,409 | 246,893 | (20,280) | 1,054,792 | 317,320 | 106,295 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....2,939.
(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | 2,726,786 | 2,980,307 | | 1,353,659 | 190,361 | 625,107 | 1,031,317 | 21,630 | 40,681 | 95,182 | 367,965 | 63,470 |
| 2.1 Allied lines..... | 2,756,616 | 2,907,344 | | 1,365,065 | 888,545 | 1,027,142 | 602,610 | 22,915 | 37,040 | 79,717 | 372,183 | 62,786 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 21,420,828 | 22,058,986 | | 11,287,489 | 11,057,742 | 11,842,707 | 7,331,699 | 125,213 | 86,316 | 406,165 | 2,568,099 | 533,523 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 41,221,669 | 44,786,700 | | 18,204,981 | 38,427,905 | 36,114,688 | 18,678,617 | 895,457 | 861,653 | 845,492 | 7,596,780 | 1,131,939 |
| 5.2 Commercial multiple peril (liability portion)..... | 54,744,879 | 58,137,986 | | 23,429,259 | 41,726,729 | 46,374,677 | 175,693,265 | 9,884,722 | 9,021,224 | 33,613,777 | 10,130,494 | 1,354,271 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 687,447 | 711,920 | | 336,376 | 1,049,008 | (2,678,606) | 105,793 | 109,315 | 112,565 | 20,196 | 110,106 | 14,677 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 447,025 | 525,599 | | 206,963 | | 2,375 | 8,592 | | 185 | 1,634 | 79,438 | 14,229 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 9,205,099 | 10,799,464 | 247,647 | 3,866,462 | 6,373,981 | 6,485,018 | 43,653,796 | 722,047 | (306,122) | 3,503,626 | 888,691 | 415,660 |
| 17.1 Other liability-occurrence..... | 5,733,207 | 5,675,642 | | 2,646,330 | 4,215,584 | 6,106,898 | 15,545,958 | 587,660 | 775,286 | 1,948,116 | 974,743 | 155,829 |
| 17.2 Other liability-claims-made..... | 16,154 | 15,720 | | 6,238 | | 3,310 | 10,327 | | 1,448 | 5,599 | 2,560 | 463 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 597,178 | 658,002 | | 220,392 | 58,043 | 113,934 | 647,788 | 49,327 | 77,812 | 361,532 | 113,781 | 17,020 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 2,135,867 | 2,375,335 | | 1,093,687 | 2,277,783 | 2,569,600 | 2,886,501 | 125,926 | 115,367 | 151,840 | 21,055 | 53,033 |
| 19.2 Other private passenger auto liability..... | 18,818,479 | 19,460,565 | | 9,644,177 | 12,895,086 | 16,998,871 | 24,458,041 | 559,987 | 522,911 | 1,131,415 | 2,550,686 | 451,476 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 994,353 | 1,003,157 | | 481,548 | 632,497 | 469,957 | 1,309,635 | 31,564 | (21,592) | 133,864 | 26,874 | 28,702 |
| 19.4 Other commercial auto liability..... | 24,405,039 | 26,956,393 | | 11,223,372 | 23,797,181 | 33,379,365 | 62,207,443 | 1,816,255 | (155,221) | 3,939,932 | 4,459,294 | 616,140 |
| 21.1 Private passenger auto physical damage..... | 13,171,173 | 13,632,711 | | 6,769,275 | 7,469,766 | 7,579,231 | 271,145 | 8,941 | 7,098 | 15,786 | 1,621,430 | 316,745 |
| 21.2 Commercial auto physical damage..... | 6,492,406 | 6,999,557 | | 2,988,209 | 10,897,866 | 10,551,938 | 191,259 | 44,986 | 40,241 | 60,297 | 1,146,850 | 150,003 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | 2 |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 26,855 | 34,285 | | 12,612 | (1,000) | (1,039) | 1,571 | 8 | 153 | 519 | 4,833 | 797 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 205,601,060 | 219,719,673 | 247,647 | 95,136,094 | 161,957,077 | 177,565,173 | 354,635,357 | 15,005,953 | 11,217,045 | 46,314,689 | 33,035,862 | 5,380,765 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....749,293.

(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.....0140 NAIC Company Code....35696

BUSINESS IN GUAM DURING THE YEAR

19.GU

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

19.HI

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF IOWA DURING THE YEAR

19.1A

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
|--|---|------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | Direct Premiums Written | Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 35,674 | 44,769 | | 22,769 | 6,254 | 5,635 | 2,559 | | (550) | 558 | 8,267 | 2,150 |
| 5.2 Commercial multiple peril (liability portion)..... | 25,872 | 33,717 | | 13,333 | | 7,658 | 21,508 | | (1,803) | 19,872 | 4,422 | 1,017 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 541 | 2,644 | | 570 | | (9,551) | 47,219 | | (5,679) | 15,330 | 7 | 3,811 |
| 17.1 Other liability-occurrence..... | 8,151 | 7,636 | | 2,992 | 47 | 1,574 | 4,868 | | 341 | 3,493 | 1,140 | 784 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 411 | 409 | | 131 | | (687) | 1,333 | | (603) | 347 | 46 | (192) |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 249 | 256 | | 75 | | 19 | (25) | | (4) | 8 | 40 | (162) |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 70,898 | 89,431 | 0 | 39,870 | 6,301 | 4,648 | 77,462 | 0 | (8,298) | 39,608 | 13,922 | 7,408 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....90.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

19.ID

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 111,475 | 120,258 | | 55,870 | | 6,336 | 22,706 | | 522 | 4,235 | 13,854 | 3,371 |
| 2.1 Allied lines..... | 108,054 | 118,128 | | 52,933 | 81,470 | 93,525 | 28,550 | 360 | 1,070 | 3,788 | 13,847 | 3,375 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 1,628,147 | 1,671,630 | | 674,909 | 1,176,394 | 1,344,002 | 622,145 | 56,227 | 51,007 | 26,478 | 292,937 | 39,500 |
| 5.2 Commercial multiple peril (liability portion)..... | 1,504,906 | 1,539,421 | | 650,175 | 425,101 | 1,993,144 | 4,145,437 | 315,868 | 314,344 | 728,524 | 268,370 | 37,112 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 15,660 | 14,103 | | 6,374 | | 21 | 86 | | 2 | 17 | 2,837 | 472 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 765,509 | 977,811 | 371 | 449,600 | 209,993 | 510,844 | 1,234,236 | 48,475 | 24,989 | 162,483 | 73,904 | 22,877 |
| 17.1 Other liability-occurrence..... | 434,695 | 335,330 | | 202,478 | 550,970 | 347,224 | 845,397 | 40,202 | 48,466 | 76,019 | 68,956 | 15,485 |
| 17.2 Other liability-claims-made..... | 583 | 345 | | 238 | | 123 | 123 | | 42 | 42 | 14 | (10) |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 21,201 | 20,130 | | 4,977 | (5,989) | 33,865 | | | (2,532) | 25,508 | 3,770 | 81 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 1,050,932 | 1,169,229 | | 610,124 | 415,376 | 790,845 | 1,062,194 | 4,017 | (8,869) | 118,031 | 150,758 | 28,272 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 355,966 | 362,851 | | 222,278 | 261,342 | 237,002 | 13,834 | 3,231 | 3,520 | 2,303 | 48,969 | 7,732 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 94 | 198 | | 51 | (6) | 8 | | | (1) | 5 | 3 | (2) |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 5,997,222 | 6,329,434 | 371 | 2,930,007 | 3,120,646 | 5,317,071 | 8,008,581 | 468,380 | 432,560 | 1,147,433 | 938,219 | 158,265 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....7,249.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

19'IN

| 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..... | 60,377 | 82,844 | | 25,693 | | 1,596 | 13,633 | | 10 | 2,760 | 7,871 | 1,253 |
| 2.1 Allied lines..... | 75,870 | 94,032 | | 30,127 | 25,639 | 33,454 | 26,003 | 1,688 | 1,958 | 2,473 | 10,110 | 1,542 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 739,700 | 754,848 | | 335,324 | 2,705,976 | 2,589,957 | 408,871 | 88,760 | 85,682 | 12,129 | 129,775 | 15,067 |
| 5.2 Commercial multiple peril (liability portion)..... | 877,421 | 833,781 | | 371,844 | 270,222 | 427,768 | 972,032 | 66,034 | 76,668 | 366,400 | 150,000 | 18,018 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 16,858 | 14,736 | | 9,668 | | 11 | 59 | | | 12 | 2,954 | 340 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 249,617 | 256,196 | (735) | 129,240 | 80,440 | (43,445) | 171,725 | 3,218 | (13,874) | 67,734 | 27,600 | 8,482 |
| 17.1 Other liability-occurrence..... | 61,882 | 66,467 | | 28,052 | 63,000 | 33,330 | 34,850 | 250 | 163 | 13,928 | 9,318 | 1,407 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 11,504 | 4,126 | | 9,260 | | 584 | 5,453 | | (666) | 5,236 | 1,946 | 230 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 362,379 | 427,468 | | 109,776 | 157,711 | 80,982 | 771,420 | 11,898 | (15,017) | 59,984 | 62,285 | 4,754 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 90,183 | 126,189 | | 35,202 | 143,467 | 137,852 | 2,534 | 3,236 | 3,039 | 1,255 | 14,757 | 1,792 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | 4 | | | (2) | 1 | (1) | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 2,545,791 | 2,660,687 | (735) | 1,084,186 | 3,446,455 | 3,262,093 | 2,406,580 | 175,084 | 137,961 | 531,912 | 416,615 | 52,885 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$....4,319.
(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.....0140 NAIC Company Code....35696 BUSINESS IN 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..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | (75) | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | (22) | 3 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | (109) |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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 | (97) | (106) |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

19.KY

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 31,810 | 29,692 | | 16,248 | | 350 | 1,972 | | (32) | 203 | 6,105 | 862 |
| 2.1 Allied lines..... | 55,852 | 48,532 | | 31,546 | | 729 | 3,356 | | (38) | 326 | 11,183 | 1,608 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 806,168 | 940,493 | | 417,629 | 84,479 | 135,202 | 193,220 | 153 | (3,159) | 20,339 | 94,086 | 28,982 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 3,108,432 | 3,717,350 | | 1,468,528 | 2,431,687 | 1,126,900 | 618,114 | 47,723 | 45,845 | 74,963 | 564,353 | 158,202 |
| 5.2 Commercial multiple peril (liability portion)..... | 3,334,909 | 3,674,573 | | 1,450,105 | 1,650,015 | 3,129,828 | 8,022,189 | 426,803 | 397,657 | 1,668,507 | 622,494 | 138,396 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 13,849 | 14,847 | | 7,176 | 16,894 | 17,374 | 2,207 | | 49 | 460 | 2,031 | 482 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 49,881 | 122,440 | | 22,312 | | 116 | 467 | | 8 | 91 | 9,226 | 3,160 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 168,180 | 193,620 | (651) | 69,640 | 453,356 | 344,375 | 1,518,036 | 11,773 | (22,481) | 92,300 | 17,083 | 12,858 |
| 17.1 Other liability-occurrence..... | 430,763 | 591,945 | | 239,129 | 299,000 | 541,023 | 899,923 | 24,920 | 66,755 | 211,188 | 82,045 | 14,489 |
| 17.2 Other liability-claims-made..... | 209 | 376 | | | | 99 | 154 | | 45 | 63 | 6 | 5 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 81,595 | 157,198 | | 34,215 | | 33,588 | 83,431 | | 12,314 | 54,697 | 19,300 | 3,824 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | 96 | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 10,538 | 18,298 | | 4,841 | 29,502 | 14,648 | 41,718 | 40 | (4,182) | 4,758 | 315 | 395 |
| 19.4 Other commercial auto liability..... | 913,883 | 1,344,047 | | 339,201 | 904,573 | 613,110 | 2,561,446 | 31,641 | (173,303) | 282,003 | 150,860 | 32,694 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | 120 | |
| 21.2 Commercial auto physical damage..... | 299,639 | 401,858 | | 123,007 | 222,101 | 186,116 | (5,921) | 4,207 | 3,234 | 4,655 | 49,047 | 7,938 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 5,932 | 5,774 | | 4,342 | | 125 | 321 | | 23 | 103 | 1,069 | 283 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 9,311,640 | 11,261,043 | (651) | 4,227,919 | 6,091,607 | 6,143,583 | 13,940,633 | 547,260 | 322,735 | 2,414,656 | 1,629,419 | 404,178 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....19,963.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
|--|---|------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | Direct Premiums Written | Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 2,769 | 3,400 | | 817 | | (82) | 183 | | (37) | 37 | 511 | 56 |
| 2.1 Allied lines..... | 25,977 | 19,204 | | 10,899 | 10,707 | 11,350 | 1,218 | | 13 | 118 | 5,337 | 527 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 1,015,988 | 1,078,337 | | 549,979 | 316,585 | 376,507 | 257,602 | 686 | (2,574) | 22,248 | 109,860 | 24,737 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 931,613 | 955,036 | | 442,001 | 193,025 | 24,204 | 71,833 | 1,640 | 1,201 | 15,375 | 165,457 | 22,258 |
| 5.2 Commercial multiple peril (liability portion)..... | 1,112,798 | 1,036,140 | | 481,704 | 831,506 | 616,907 | 1,304,843 | 149,548 | 99,794 | 563,679 | 192,506 | 24,595 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 24,277 | 25,904 | | 12,358 | | 1,215 | 4,503 | | 106 | 867 | 3,116 | 589 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 3,710 | 3,316 | | 2,257 | | 132 | 382 | | 13 | 67 | 556 | 78 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 892,366 | 867,481 | (577) | 163,962 | 553,417 | 1,099,495 | 3,970,595 | 38,265 | (2,386) | 197,551 | 80,180 | 22,849 |
| 17.1 Other liability-occurrence..... | 196,773 | 192,473 | | 75,970 | 1,307 | (24,372) | 73,327 | | (337) | 19,188 | 31,049 | 4,441 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 6,466 | 7,168 | | 3,099 | | 1,658 | 4,903 | | (20) | 4,120 | 1,234 | 192 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 147,749 | 154,059 | | 74,434 | 117,081 | 50,803 | 56,127 | 175 | 531 | 8,342 | 1,666 | 3,571 |
| 19.2 Other private passenger auto liability..... | 1,467,489 | 1,533,519 | | 743,683 | 1,511,573 | 1,257,146 | 1,205,874 | 29,909 | 33,156 | 83,601 | 194,283 | 35,670 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 24,559 | 23,251 | | 10,750 | 14,872 | 19,376 | 30,739 | | (1,422) | 3,478 | 659 | 565 |
| 19.4 Other commercial auto liability..... | 1,400,544 | 1,338,771 | | 615,182 | 1,776,327 | 987,188 | 1,364,700 | 17,955 | (48,367) | 165,713 | 258,168 | 34,326 |
| 21.1 Private passenger auto physical damage..... | 1,070,578 | 1,098,339 | | 541,982 | 767,117 | 776,682 | 41,506 | (327) | (393) | 1,177 | 129,763 | 25,848 |
| 21.2 Commercial auto physical damage..... | 463,789 | 446,966 | | 191,650 | 339,550 | 353,030 | 18,608 | | (37) | 3,424 | 83,423 | 10,948 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 2,807 | 2,466 | | 1,328 | | 34 | 142 | | 18 | 29 | 528 | 56 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 8,790,252 | 8,785,830 | (577) | 3,922,055 | 6,433,067 | 5,551,273 | 8,407,085 | 237,851 | 79,259 | 1,089,014 | 1,258,296 | 211,306 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....28,903.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MAINE DURING THE YEAR

19.ME

| 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..... | | | | | | (1) | 1 | | (1) | | | |
| 2.1 Allied lines..... | | | | | | (15) | 9 | | (6) | 3 | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 75,801 | 81,446 | | 38,751 | 18,961 | (10,706) | 8,356 | | (180) | 1,648 | 8,022 | 8,655 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 66,841 | 121,727 | | 26,514 | 14,463 | 13,209 | 8,558 | 1,020 | 1,267 | 1,819 | 9,244 | 4,940 |
| 5.2 Commercial multiple peril (liability portion)..... | 75,233 | 81,174 | | 23,430 | 2,179 | 8,420 | 50,914 | 226 | (564) | 31,924 | 8,665 | 3,486 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 96 | 110 | | 48 | | (35) | 32 | | (3) | 10 | 11 | 20 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 888 | 796 | | 220 | | 6 | 16 | | 1 | 3 | 154 | 32 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | (375) | 1,543 | | | (525) | (1,476) | 758 | | (324) | 801 | 249 | (17) |
| 17.1 Other liability-occurrence..... | | | | | | (118) | 213 | | (263) | 477 | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | (243) | 445 | | (551) | 1,001 | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 697 | 1,715 | | 350 | | (312) | 725 | | (34) | 143 | 77 | 685 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 4,209 | 6,808 | | 1,809 | | (4,000) | 85,854 | | (3,549) | 2,943 | 1,687 | 1,620 |
| 21.1 Private passenger auto physical damage..... | 1,659 | 2,720 | | 791 | | (13) | (79) | | (1) | 3 | 188 | 1,301 |
| 21.2 Commercial auto physical damage..... | 3,660 | 3,622 | | 1,133 | | 150 | (117) | | (23) | 57 | 1,462 | 789 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | (1) | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 228,709 | 301,661 | 0 | 93,046 | 35,078 | 4,866 | 155,685 | 1,246 | (4,232) | 40,832 | 29,759 | 21,511 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....1,674.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

19 MI

| 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..... | 29,154 | 31,275 | | 9,145 | | 1,154 | 5,098 | | 28 | 991 | 3,993 | 200 |
| 2.1 Allied lines..... | 20,483 | 24,667 | | 6,792 | 1,110 | 1,641 | 4,404 | | 40 | 609 | 2,869 | 24 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 934,995 | 1,029,174 | | 326,699 | 747,591 | 584,643 | 230,254 | 23,209 | 22,217 | 22,155 | 163,710 | (2,348) |
| 5.2 Commercial multiple peril (liability portion)..... | 788,523 | 835,821 | | 264,200 | 607,590 | 1,199,572 | 1,809,814 | 63,464 | 28,639 | 430,897 | 133,144 | 1,062 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 123 | 127 | | 10 | | | | | | | 22 | 2 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 400,129 | 439,788 | 12,126 | 166,455 | 166,609 | (242,887) | 441,975 | 16,723 | (4,993) | 88,997 | 39,061 | (871) |
| 17.1 Other liability-occurrence..... | 10,582 | 10,904 | | 1,596 | | 1,049 | 5,465 | | (610) | 3,016 | 1,718 | 109 |
| 17.2 Other liability-claims-made..... | | 66 | | | | 7 | 58 | | (7) | 56 | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 241 | 420 | | 36 | | (512) | 4,335 | | (1,517) | 5,433 | 34 | 5 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | (18) | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 208,206 | 239,798 | | 106,489 | 7,697 | 45,019 | 219,468 | | (8,372) | 29,519 | 4,760 | 10,065 |
| 19.4 Other commercial auto liability..... | 492,667 | 516,736 | | 233,243 | 122,210 | 135,379 | 390,114 | 27,345 | 13,180 | 59,299 | 94,124 | 24,023 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | (13) | |
| 21.2 Commercial auto physical damage..... | 377,291 | 392,683 | | 186,255 | 457,318 | 298,072 | 7,288 | 2,901 | 2,920 | 3,288 | 66,047 | 1,565 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 3,262,394 | 3,521,459 | 12,126 | 1,300,920 | 2,110,125 | 2,023,137 | 3,118,273 | 133,642 | 51,525 | 644,260 | 509,451 | 33,836 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....5,161.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MINNESOTA 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..... | 31,951 | 33,923 | | 15,564 | | 1,263 | 6,488 | | (36) | 1,288 | 4,265 | 702 |
| 2.1 Allied lines..... | 48,573 | 52,584 | | 22,570 | 53,865 | 57,844 | 18,523 | 789 | 849 | 1,449 | 7,025 | 1,055 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | 25 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 726,558 | 717,616 | | 317,657 | 1,452,975 | 1,634,212 | 249,978 | 21,813 | 20,572 | 12,150 | 143,313 | 15,357 |
| 5.2 Commercial multiple peril (liability portion)..... | 472,795 | 476,607 | | 213,089 | 54,505 | 337,489 | 622,148 | 34,436 | 42,260 | 195,525 | 97,118 | 10,118 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | 64 | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 366,587 | 367,861 | (692) | 159,665 | 119,996 | 133,876 | 405,465 | 8,538 | 7,189 | 42,471 | 33,073 | 27,612 |
| 17.1 Other liability-occurrence..... | 14,678 | 19,380 | | 14,417 | 1,000 | 90,442 | 98,979 | | 1,120 | 7,005 | 6,045 | 321 |
| 17.2 Other liability-claims-made..... | | | | | | (6) | 21 | | (5) | 21 | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 3,948 | 3,217 | | 1,543 | 492 | 2,325 | | | 65 | 1,768 | 688 | 80 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 85,624 | 103,810 | | 43,994 | 106,651 | 95,067 | 125,535 | 4,513 | 2,140 | 9,648 | 1,262 | 1,894 |
| 19.2 Other private passenger auto liability..... | 254,347 | 308,055 | | 131,441 | 561,374 | 458,833 | 1,099,025 | 3,554 | (3,974) | 29,310 | 39,111 | 5,717 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 4,891 | 5,588 | | 2,331 | 5,000 | 370 | 5,085 | | (264) | 733 | 105 | 102 |
| 19.4 Other commercial auto liability..... | 116,864 | 135,060 | | 56,741 | 316,244 | 61,711 | 92,962 | | (8,511) | 19,469 | 19,452 | 2,460 |
| 21.1 Private passenger auto physical damage..... | 274,058 | 320,296 | | 133,246 | 191,370 | 190,986 | (4,149) | | (162) | 532 | 32,534 | 6,067 |
| 21.2 Commercial auto physical damage..... | 48,192 | 52,168 | | 21,971 | 47,028 | 47,360 | (28) | 72 | 39 | 443 | 10,648 | 1,000 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 2,449,066 | 2,596,229 | (692) | 1,134,229 | 2,910,008 | 3,109,939 | 2,722,357 | 73,715 | 61,282 | 321,812 | 394,639 | 72,510 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....7,908.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

19.MO

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | .31 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | .28 |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | .3 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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 | .62 | 0 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

19.MP

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

19.MS

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | .51 |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | 144 | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | 22 | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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 | 166 | 51 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

19.MT

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

19.NC

| 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..... | 4,064 | 10,206 | | 1,797 | | (283) | 587 | | (37) | 100 | 760 | 104 |
| 2.1 Allied lines..... | 21,685 | 16,767 | | 16,313 | 2,710 | 2,813 | 1,076 | | (11) | 141 | 3,938 | 532 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 1,905,689 | 2,123,695 | | 990,102 | 870,235 | 665,602 | 837,572 | 40,401 | 34,297 | 42,920 | 220,928 | 53,493 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 462,760 | 547,628 | | 189,677 | 230,574 | 201,416 | 52,538 | 214 | (1,361) | 14,059 | 74,706 | 16,597 |
| 5.2 Commercial multiple peril (liability portion)..... | 396,362 | 468,180 | | 149,362 | 31,395 | 137,096 | 524,162 | 4,724 | (24,274) | 305,606 | 63,194 | 14,185 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 48,868 | 57,262 | | 22,918 | 9,420 | 12,470 | 12,018 | | 335 | 2,280 | 5,591 | 1,393 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 5,030 | 8,475 | | 2,449 | | 222 | 881 | | 18 | 171 | 640 | 161 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 230,492 | 326,194 | (2,321) | 23,781 | 407,023 | 258,286 | 1,257,591 | 43,760 | 8,016 | 108,694 | 12,153 | 12,598 |
| 17.1 Other liability-occurrence..... | 8,180 | 7,689 | | 3,200 | | 1,123 | 7,757 | | (196) | 4,757 | 1,838 | 323 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 1,435 | 1,459 | | 616 | | 420 | 1,625 | | (540) | 2,052 | 264 | 49 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 627,088 | 734,973 | | 318,643 | 398,387 | 204,742 | 518,099 | 19,258 | 13,912 | 54,440 | 68,718 | 18,353 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 313,247 | 317,717 | | 106,080 | 160,054 | 228,798 | 637,859 | 2,069 | (21,451) | 45,860 | 36,457 | 11,544 |
| 21.1 Private passenger auto physical damage..... | 544,691 | 645,429 | | 268,659 | 254,868 | 250,514 | (913) | | (194) | 921 | 60,705 | 15,677 |
| 21.2 Commercial auto physical damage..... | 110,401 | 120,864 | | 34,736 | 207,805 | 199,984 | (491) | 34 | (15) | 943 | 13,284 | 4,019 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 1,735 | 1,782 | | 1,089 | | 17 | 95 | | 8 | 28 | 325 | 41 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 4,681,727 | 5,388,320 | (2,321) | 2,129,422 | 2,572,471 | 2,163,220 | 3,850,456 | 110,460 | 8,507 | 582,972 | 563,501 | 149,069 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....19,503.
(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | 1,466 | 1,359 | | 314 | | 11 | 78 | | (1) | 9 | 170 | (829) |
| 2.1 Allied lines..... | 4,642 | 4,597 | | 1,128 | | 10 | 255 | | (4) | 31 | 479 | (1,473) |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 63,369 | 125,187 | | 15,780 | 14,154 | (5,881) | 15,412 | 4,921 | 3,343 | 2,227 | 10,627 | (6,743) |
| 5.2 Commercial multiple peril (liability portion)..... | 20,841 | 37,719 | | 8,070 | 97,388 | (15,712) | 94,806 | 13,358 | (12,152) | 80,945 | 2,999 | 15,494 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | 1 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 356 | 356 | (8) | 215 | | 6 | 45 | | 12 | 20 | 7 | 7 |
| 17.1 Other liability-occurrence..... | | | | | | 93 | 310 | | (305) | 716 | | 1 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | 32 | 84 | | (157) | 287 | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 238 | 238 | | 121 | (130) | | 478 | | (100) | 95 | 5 | 7 |
| 19.4 Other commercial auto liability..... | 5,702 | 5,613 | | 2,858 | (1,746) | | 7,034 | | (2,187) | 2,094 | 101 | 163 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 23,304 | 22,729 | | 11,544 | | 193 | (229) | | (42) | 227 | 461 | 473 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 119,918 | 197,798 | (8) | 40,030 | 111,542 | (23,124) | 118,273 | 18,279 | (11,593) | 86,651 | 14,849 | 7,101 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$....309.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

19.NE

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | (1,432) | .967 | | (588) | 1,028 | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | .86,541 | .68,297 | | .29,692 | 412,212 | 524,039 | 117,665 | 26,907 | 26,531 | 1,426 | 13,940 | 3,539 |
| 5.2 Commercial multiple peril (liability portion)..... | .27,613 | .21,067 | | .8,983 | | 5,016 | 49,599 | | (13,293) | 38,370 | 4,449 | 2,178 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | (32) | 15 | | (11) | 12 | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 9,380 | 9,061 | 18 | 319 | (3,405) | 29,257 | .87 | (2,938) | 9,981 | 1,020 | 359 | |
| 17.1 Other liability-occurrence..... | 1,390 | 1,382 | | 290 | 307 | .615 | | 175 | 294 | 103 | 33 | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | (1,934) | .622 | | (212) | .337 | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 15,389 | 15,793 | | 4,677 | 19,703 | 28,821 | 19,021 | (2,554) | 3,061 | 3,262 | 903 | |
| 21.1 Private passenger auto physical damage..... | | | | | | .109 | (89) | (6) | 8 | | | |
| 21.2 Commercial auto physical damage..... | 5,708 | 5,641 | | 1,993 | 37,627 | 37,660 | (95) | (4) | .50 | 1,264 | 539 | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 35. TOTALS (a)..... | 146,021 | 121,241 | 18 | 45,954 | 469,542 | 589,149 | 217,577 | 26,994 | 7,100 | 54,567 | 24,038 | 7,551 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....126.

(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

19.NH

| 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..... | 1,425 | 1,336 | | 89 | | 20 | 75 | | | 8 | 265 | 30 |
| 2.1 Allied lines..... | 3,728 | 3,339 | | 389 | | 87 | 187 | | 4 | 19 | 691 | 79 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 209,408 | 184,012 | | 106,268 | 27,813 | 31,616 | 15,994 | | 125 | 2,749 | 26,937 | 13,925 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 349,954 | 378,478 | | 179,002 | 65,682 | 56,459 | 25,920 | 1,961 | 1,291 | 4,922 | 56,268 | 8,779 |
| 5.2 Commercial multiple peril (liability portion)..... | 328,556 | 377,285 | | 138,546 | 127,782 | 73,410 | 383,848 | 16,157 | 29,574 | 147,978 | 54,192 | 7,533 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 5,687 | 4,926 | | 3,144 | | 415 | 932 | | 41 | 147 | 718 | 734 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 746 | 1,013 | | 193 | | (1) | | | (1) | | 130 | 16 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 92,483 | 118,469 | (598) | 5,595 | 211,705 | 883,872 | 921,400 | 6,987 | 5,094 | 15,837 | 9,493 | 3,467 |
| 17.1 Other liability-occurrence..... | 1,909 | 1,909 | | | | (871) | 5,691 | | (1,193) | 5,537 | 452 | 41 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 4,253 | 4,253 | | | | (762) | 7,899 | | (161) | 6,060 | 817 | 92 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 23,395 | 27,082 | | 10,401 | 18,648 | 82,017 | 77,891 | | (96) | 1,775 | 3,228 | 2,361 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 65,621 | 73,890 | | 9,517 | 32,133 | 85,619 | 160,377 | 3,479 | (12,862) | 17,701 | 12,415 | 1,142 |
| 21.1 Private passenger auto physical damage..... | 23,314 | 26,379 | | 9,981 | 22,146 | 23,136 | 763 | | (5) | 32 | 3,129 | 1,617 |
| 21.2 Commercial auto physical damage..... | 23,251 | 25,185 | | 4,254 | 34,043 | 34,545 | (1,212) | 447 | 267 | 473 | 4,345 | 489 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 1,133,730 | 1,227,556 | (598) | 467,379 | 539,952 | 1,269,562 | 1,599,765 | 29,031 | 22,078 | 203,238 | 173,080 | 40,305 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....3,070.
(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.....0140 NAIC Company Code....35696 BUSINESS IN THE STATE OF NEW JERSEY 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..... | 205,486 | 214,589 | | 108,614 | (113) | 11,076 | 37,960 | | 966 | 6,816 | 27,809 | 5,380 |
| 2.1 Allied lines..... | 183,043 | 185,683 | | 97,331 | 80,799 | 87,176 | 31,435 | | 955 | 5,477 | 25,966 | 4,580 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | 172 | 6 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 6,231,359 | 6,650,271 | | 2,930,972 | 2,750,859 | 2,568,866 | 1,858,226 | 121,554 | 129,884 | 148,113 | 1,176,936 | 153,808 |
| 5.2 Commercial multiple peril (liability portion)..... | 13,001,121 | 13,321,163 | | 5,816,928 | 7,489,734 | 13,548,710 | 30,764,280 | 2,294,940 | 3,099,861 | 5,756,492 | 2,394,228 | 310,609 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 867 | 867 | | 114 | | 31 | 48 | | (1) | 17 | 25 | 23 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 19,102 | 18,964 | | 7,915 | | | | | | | 3,011 | 478 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 1,074,925 | 1,166,325 | 1,563 | 464,930 | 597,155 | 971,245 | 6,058,901 | 93,112 | (52,067) | 392,451 | 93,795 | 45,612 |
| 17.1 Other liability-occurrence..... | 994,946 | 974,551 | | 432,733 | 159,900 | 1,229,884 | 2,061,836 | 63,040 | 128,621 | 253,354 | 159,263 | 25,906 |
| 17.2 Other liability-claims-made..... | 365 | 445 | | 128 | | 408 | 925 | | (84) | 986 | 10 | 3 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 170,002 | 175,937 | | 49,018 | 57,472 | 54,704 | 123,348 | 36,548 | 60,598 | 62,183 | 34,453 | 4,500 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 951,952 | 1,062,580 | | 488,668 | 925,552 | 1,341,389 | 1,361,475 | 98,445 | 110,118 | 43,132 | 8,595 | 25,272 |
| 19.2 Other private passenger auto liability..... | 2,148,819 | 2,383,059 | | 1,093,843 | 946,924 | 2,427,434 | 3,458,909 | 41,170 | 68,170 | 91,522 | 382,592 | 56,748 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 282,189 | 272,448 | | 122,289 | 387,920 | 365,440 | 392,874 | 8,846 | 1,933 | 30,575 | 7,915 | 6,926 |
| 19.4 Other commercial auto liability..... | 8,588,717 | 8,829,500 | | 4,088,601 | 9,852,645 | 12,045,651 | 20,130,028 | 923,879 | 410,657 | 1,201,811 | 1,550,800 | 228,638 |
| 21.1 Private passenger auto physical damage..... | 1,220,647 | 1,343,123 | | 617,912 | 1,024,351 | 982,361 | 11,097 | 1,546 | 1,658 | 1,111 | 154,063 | 31,692 |
| 21.2 Commercial auto physical damage..... | 1,894,548 | 1,916,847 | | 898,578 | 1,643,528 | 1,614,278 | 57,250 | 10,044 | 9,488 | 15,226 | 337,167 | 48,461 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | 1 |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 5,946 | 5,672 | | 1,155 | | 32 | 315 | | 37 | 74 | 1,038 | 167 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 36,974,034 | 38,522,024 | 1,563 | 17,219,729 | 25,916,726 | 37,248,685 | 66,348,907 | 3,693,124 | 3,970,794 | 8,009,340 | 6,357,838 | 948,810 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....124,896.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

19.NM

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

19.NV

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

19.NY

| 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..... | 1,679,005 | 1,831,224 | | 854,634 | 59,203 | 374,903 | 630,692 | 8,587 | 23,788 | 60,580 | 227,229 | 38,631 |
| 2.1 Allied lines..... | 1,394,507 | 1,508,653 | | 700,668 | 92,094 | 157,883 | 267,364 | 17,372 | 24,801 | 43,239 | 181,247 | 31,417 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 2,377,111 | 2,108,206 | | 1,264,312 | 1,161,643 | 1,223,001 | 395,457 | 5,641 | 11,766 | 21,762 | 304,273 | 55,462 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 9,703,680 | 10,889,129 | | 4,278,280 | 8,260,638 | 5,703,510 | 2,828,827 | 210,378 | 183,097 | 171,273 | 1,897,426 | 217,222 |
| 5.2 Commercial multiple peril (liability portion)..... | 17,481,321 | 18,488,487 | | 7,326,598 | 17,741,334 | 9,566,781 | 87,621,827 | 4,367,492 | 3,319,704 | 14,547,167 | 3,321,258 | 390,833 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 336,957 | 333,838 | | 157,473 | 1,013,817 | (2,740,570) | 18,824 | 109,315 | 110,312 | 7,066 | 67,354 | 5,343 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 185,084 | 179,121 | | 89,443 | | 41 | 92 | | 6 | 14 | 34,625 | 4,864 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 408,362 | 843,834 | 36,854 | 211,620 | 496,187 | 2,219,263 | 4,260,375 | 44,864 | 22,037 | 143,852 | 43,033 | 37,427 |
| 17.1 Other liability-occurrence..... | 731,759 | 794,182 | | 375,799 | 1,851,699 | 1,429,577 | 7,047,587 | 347,458 | 263,474 | 642,230 | 124,735 | 19,337 |
| 17.2 Other liability-claims-made..... | 3,125 | 3,028 | | 2,337 | | 126 | 3,236 | | 308 | 1,255 | 595 | 77 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 43,604 | 50,977 | | 9,233 | | (28,719) | 185,589 | 2,709 | (1,545) | 55,690 | 12,078 | 679 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 235,397 | 250,073 | | 112,581 | 151,353 | 152,415 | 124,688 | 6,503 | 5,740 | 15,523 | 2,515 | 5,216 |
| 19.2 Other private passenger auto liability..... | 587,533 | 624,890 | | 280,342 | 650,112 | 1,183,103 | 1,486,602 | 41,916 | 39,875 | 38,938 | 91,093 | 13,219 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 169,167 | 204,883 | | 78,509 | 124,028 | (60,946) | 408,409 | 20,871 | 103 | 34,783 | 5,095 | 3,913 |
| 19.4 Other commercial auto liability..... | 2,937,747 | 3,914,099 | | 1,379,331 | 3,615,034 | 9,413,042 | 18,870,573 | 477,305 | 58,197 | 681,245 | 598,722 | 67,888 |
| 21.1 Private passenger auto physical damage..... | 326,395 | 343,223 | | 155,512 | 97,451 | 108,343 | 7,272 | (56) | 413 | 36,849 | 7,350 | 7,350 |
| 21.2 Commercial auto physical damage..... | 635,564 | 753,056 | | 280,960 | 623,161 | 612,302 | (627) | 11,873 | 10,296 | 8,068 | 125,370 | 14,567 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 3,099 | 3,383 | | 1,378 | | (27) | 169 | | 15 | 52 | 590 | 79 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 39,239,417 | 43,124,286 | 36,854 | 17,559,010 | 35,937,754 | 29,314,028 | 124,156,956 | 5,672,284 | 4,071,918 | 16,473,150 | 7,074,087 | 913,524 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....83,215.

(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | 1,285 | 1,560 | | 254 | | (75) | 91 | | (7) | 14 | 238 | 28 |
| 2.1 Allied lines..... | 1,549 | 1,472 | | 307 | | 8 | 85 | | | 10 | 282 | 34 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 209,914 | 246,275 | | 45,449 | 468,783 | 543,296 | 96,953 | 6,848 | 6,636 | 2,880 | 44,384 | 33,198 |
| 5.2 Commercial multiple peril (liability portion)..... | 214,692 | 246,653 | | 48,498 | 2,020 | 75,306 | 189,790 | 5,024 | 11,389 | 113,989 | 32,651 | 17,303 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 2 | 40 | | 1 | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 541 | 1,612 | | | | (1,777) | 4,162 | | (784) | 1,990 | (83) | 403 |
| 17.1 Other liability-occurrence..... | 11,576 | 8,517 | | 4,930 | | (2,996) | 15,212 | | (3,830) | 12,979 | 2,303 | (16,690) |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 13,398 | 6,754 | | 6,644 | | (1,944) | 9,651 | | (1,962) | 6,888 | 2,123 | (2,520) |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 20,705 | 24,084 | | 2,327 | 8,940 | 42,789 | 52,556 | 885 | (2,211) | 4,072 | 11,240 | 6,195 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 4,245 | 6,217 | | 373 | 6,258 | 4,882 | (158) | | (17) | 70 | 1,095 | 3,584 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 477,907 | 543,184 | 0 | 108,783 | 486,001 | 659,489 | 368,342 | 12,757 | 9,214 | 142,892 | 94,233 | 41,535 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....618.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

19.OK

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

19. OR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 308,657 | 327,921 | | 155,423 | 11,244 | 116,749 | 171,779 | 4,915 | 6,406 | 10,401 | 38,860 | 7,233 |
| 2.1 Allied lines..... | 289,404 | 305,543 | | 146,275 | 181,829 | 183,197 | 63,964 | 429 | 1,552 | 8,516 | 38,907 | 6,725 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 1,088,093 | 1,193,311 | | 584,970 | 243,021 | 344,020 | 258,848 | 2,609 | (1,791) | 25,577 | 122,029 | 25,775 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 6,480,152 | 6,605,753 | | 2,761,516 | 6,573,546 | 9,812,764 | 6,624,699 | 78,244 | 79,470 | 121,217 | 1,178,521 | 155,293 |
| 5.2 Commercial multiple peril (liability portion)..... | 6,819,890 | 7,175,542 | | 2,780,061 | 3,686,210 | 5,644,523 | 18,406,788 | 988,436 | 949,877 | 3,550,760 | 1,269,353 | 162,969 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 15,874 | 22,537 | | 9,005 | | 896 | 4,089 | | 84 | 826 | 1,755 | 362 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 23,356 | 26,048 | | 9,343 | | 84 | 307 | | 9 | 58 | 4,177 | 564 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 1,738,245 | 2,072,126 | 196,131 | 821,504 | 1,369,248 | 289,093 | 15,599,328 | 196,624 | (218,957) | 1,208,546 | 189,888 | 71,343 |
| 17.1 Other liability-occurrence..... | 939,652 | 797,772 | | 410,428 | 52,704 | 464,683 | 908,926 | 29,927 | 113,358 | 163,451 | 183,141 | 21,582 |
| 17.2 Other liability-claims-made..... | 704 | 708 | | 280 | | 172 | 420 | | 71 | 232 | 19 | 14 |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 39,121 | 33,431 | | 18,046 | | 9,038 | 23,217 | | 1,025 | 16,694 | 6,330 | 1,001 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 562,074 | 637,562 | | 297,308 | 840,865 | 812,179 | 1,094,815 | 11,574 | (5,614) | 62,108 | 5,736 | 13,312 |
| 19.2 Other private passenger auto liability..... | 2,915,022 | 3,366,601 | | 1,541,810 | 2,180,511 | 2,033,791 | 4,726,261 | 143,888 | 67,486 | 309,940 | 383,146 | 70,414 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 251,233 | 193,858 | | 138,773 | 6,709 | 31,000 | 167,685 | | (9,135) | 24,487 | 6,866 | 5,719 |
| 19.4 Other commercial auto liability..... | 4,251,754 | 4,478,393 | | 1,969,159 | 1,228,291 | 2,990,298 | 5,900,085 | 95,997 | (133,318) | 583,915 | 805,681 | 103,155 |
| 21.1 Private passenger auto physical damage..... | 2,313,971 | 2,699,495 | | 1,220,570 | 1,058,212 | 1,043,301 | 18,674 | 673 | (363) | 4,078 | 260,187 | 55,000 |
| 21.2 Commercial auto physical damage..... | 1,196,380 | 1,133,690 | | 549,886 | 839,815 | 839,103 | 64,452 | 1,839 | 1,705 | 8,735 | 214,316 | 27,592 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | 4 | | | (1) | 1 | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 29,233,582 | 31,070,291 | 196,131 | 13,414,357 | 18,272,205 | 24,614,895 | 54,034,337 | 1,555,155 | 851,864 | 6,099,542 | 4,708,912 | 728,053 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....141,267. Extraordinary medical benefit premiums of \$71,572.
(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.....0140 NAIC Company Code....35696

BUSINESS IN PUERTO RICO DURING THE YEAR

19.PR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

19.RI

| 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..... | 98,678 | 106,374 | | 48,674 | 58,578 | 47,654 | 109,383 | 6,897 | 7,883 | 3,689 | 11,694 | 2,393 |
| 2.1 Allied lines..... | 255,469 | 272,096 | | 124,667 | 138,087 | 147,719 | 86,219 | 1,003 | 3,815 | 8,625 | 30,266 | 6,025 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | 70 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 978,864 | 1,039,095 | | 480,590 | 424,601 | 292,501 | 177,254 | 3,851 | 4,890 | 26,541 | 173,861 | 21,674 |
| 5.2 Commercial multiple peril (liability portion)..... | 1,049,073 | 1,179,907 | | 535,082 | 329,069 | 1,359,404 | 2,418,791 | 55,746 | 80,092 | 372,168 | 182,186 | 23,742 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 2,440 | 1,535 | | 905 | | 71 | 71 | | 14 | 14 | 478 | 49 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 5,500 | 5,791 | | 2,357 | | (3) | 2 | | (1) | 1 | 1,038 | 114 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 51,672 | 56,066 | (1,106) | 11,126 | 12,126 | 82,878 | 81,466 | 1,239 | 1,860 | 5,083 | 5,325 | 4,898 |
| 17.1 Other liability-occurrence..... | 341,805 | 350,860 | | 163,839 | 108,759 | 274,458 | 723,849 | 2,148 | 20,816 | 67,921 | 52,899 | 8,376 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 62,397 | 56,064 | | 29,372 | | 13,406 | 25,663 | | 5,852 | 14,803 | 6,434 | 1,702 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 653,338 | 732,480 | | 318,410 | 750,018 | 561,894 | 1,255,467 | 13,248 | 5,743 | 53,711 | 78,218 | 16,092 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 301,966 | 373,026 | | 137,436 | 168,748 | 98,697 | 433,676 | 5,756 | (21,726) | 56,737 | 55,055 | 6,919 |
| 21.1 Private passenger auto physical damage..... | 562,481 | 610,393 | | 276,001 | 372,322 | 379,922 | 2,301 | (600) | (743) | 792 | 67,417 | 13,368 |
| 21.2 Commercial auto physical damage..... | 96,192 | 125,021 | | 43,324 | 137,057 | 134,961 | (1,987) | 1,998 | 1,842 | 1,206 | 17,524 | 2,162 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | 1 |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 764 | 599 | | 726 | | 18 | 38 | | 2 | 11 | 136 | 15 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 4,460,639 | 4,909,307 | (1,106) | 2,172,509 | 2,499,365 | 3,393,580 | 5,312,193 | 91,286 | 110,339 | 611,302 | 682,531 | 107,600 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....22,033.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 1,939 | 1,647 | | 292 | | (999) | 621 | | (396) | 409 | 320 | 92 |
| 2.1 Allied lines..... | 2,841 | 2,309 | | 532 | | (790) | 3,759 | | (338) | 368 | 465 | 123 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | 48,116 | (82,736) | 46,973 | 24,513 | 11,127 | 22,823 | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 651,687 | 702,064 | | 267,031 | 262,508 | 297,429 | 129,638 | 623 | (1,043) | 10,804 | 110,037 | (6,591) |
| 5.2 Commercial multiple peril (liability portion)..... | 481,789 | 556,427 | | 226,305 | 1,089,798 | 1,046,570 | 1,468,846 | 126,799 | 78,094 | 383,852 | 87,503 | 223 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | (804) | 282 | | (317) | 302 | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 13,301 | 9,189 | | 6,518 | | (182) | 53 | | (66) | 65 | 2,391 | 508 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 611,584 | 644,315 | 1,800 | 264,595 | 197,920 | 358,833 | 1,338,714 | 29,827 | 20,465 | 98,928 | 58,109 | 28,001 |
| 17.1 Other liability-occurrence..... | 124,656 | 118,039 | | 85,392 | 11,484 | 92,388 | 256,988 | | (658) | 67,271 | 26,228 | 7,253 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 3,829 | 3,923 | | 1,880 | 571 | 5,540 | 11,509 | 10,070 | 7,811 | 8,253 | 707 | 265 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 102,117 | 102,117 | | | 894,067 | 557,149 | 536,015 | 75,494 | 36,801 | 52,310 | 1,025 | 510 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 508,926 | 461,151 | | 269,195 | 513,274 | 1,231,780 | 1,483,487 | 12,750 | 5,505 | 44,184 | 90,699 | (22,993) |
| 21.1 Private passenger auto physical damage..... | (174) | (174) | | | (23) | 6,193 | (7,865) | | (468) | 573 | (26) | 1 |
| 21.2 Commercial auto physical damage..... | 107,430 | 103,869 | | 50,301 | 146,296 | 152,191 | 6,856 | 95 | 156 | 662 | 18,470 | (5,114) |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 110 | 110 | | 69 | | 12 | 6 | | (3) | 5 | 2 | 4 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 2,610,035 | 2,704,986 | 1,800 | 1,172,110 | 3,164,011 | 3,662,574 | 5,275,882 | 280,171 | 156,670 | 690,809 | 395,930 | 2,282 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....2,173.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

19.SD

| 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..... | | | | | | (5) | 3 | | (3) | 1 | | |
| 2.1 Allied lines..... | | | | | | (10) | 5 | | (5) | 3 | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 9,815 | 6,068 | | 6,018 | 10,672 | 10,576 | 738 | | (155) | 188 | 1,685 | 261 |
| 5.2 Commercial multiple peril (liability portion)..... | 8,247 | 4,868 | | 4,801 | | (29,682) | 107,856 | 5,441 | 1,635 | 10,290 | 1,422 | 220 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | 341 | 205 | 89,281 | 5,560 | 4,691 | 2,735 | | 20,574 |
| 17.1 Other liability-occurrence..... | 1,899 | 916 | | 983 | | 197 | 197 | | | | 321 | 47 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 1,266 | 610 | | 656 | | (850) | 1,810 | | (1,192) | 755 | 214 | 32 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | 20 | (46) | | (4) | 7 | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 21,227 | 12,462 | 0 | 12,458 | 11,013 | (19,549) | 199,844 | 11,001 | 4,967 | 13,979 | 3,642 | 21,134 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$....48.
(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | 11,372 | 8,553 | | 4,898 | 3,245 | 3,553 | 611 | | 17 | 50 | 2,153 | 289 |
| 2.1 Allied lines..... | 24,039 | 17,455 | | 10,374 | 109,661 | 110,365 | 1,235 | | 45 | 95 | 4,532 | 614 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 911,939 | 970,206 | | 456,693 | 2,236,995 | (592,202) | 537,855 | 40,333 | 42,554 | 15,484 | 157,585 | 27,029 |
| 5.2 Commercial multiple peril (liability portion)..... | 708,202 | 779,818 | | 365,951 | 497,221 | 1,128,720 | 1,959,504 | 147,981 | 165,577 | 318,546 | 138,645 | 21,845 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | (4) | | | 2 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 46,253 | 48,177 | | 20,928 | | | | | | | 8,074 | 1,285 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 319,219 | 330,664 | 611 | 134,870 | 324,848 | 339,109 | 1,351,575 | 27,688 | (7,707) | 122,014 | 31,813 | 9,100 |
| 17.1 Other liability-occurrence..... | 40,341 | 38,525 | | 6,136 | | 24,831 | 33,484 | | 3,080 | 10,692 | 9,415 | 1,041 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 1,889 | 4,185 | | | | 489 | 4,183 | | 61 | 3,307 | 5,324 | 49 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 220,233 | 231,998 | | 103,383 | 87,326 | 148,795 | 494,583 | 16,635 | 6,535 | 27,688 | 47,774 | 8,769 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | 60,248 | 70,984 | | 28,749 | 78,479 | 80,603 | 7,315 | 19 | (7) | 566 | 14,379 | 2,460 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 430 | 428 | | 309 | | 4 | 24 | | 2 | 7 | 75 | 11 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 2,344,165 | 2,500,993 | 611 | 1,132,291 | 3,337,775 | 1,244,267 | 4,390,369 | 232,656 | 210,153 | 498,449 | 419,769 | 72,494 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....2,634.
(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.....0140 NAIC Company Code....35696

BUSINESS IN 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..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

19.UT

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

19.VA

| 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..... | 19,086 | 43,163 | | (459) | 13,950 | 14,138 | 4,286 | 1,231 | 704 | 258 | 4,271 | 467 |
| 2.1 Allied lines..... | 24,235 | 35,322 | | 9,021 | 5,259 | 4,608 | 1,528 | 1,235 | 911 | 108 | 3,345 | 671 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 3,022,678 | 3,367,602 | | 1,550,680 | 2,645,397 | 2,459,751 | 1,217,023 | 6,968 | (2,372) | 68,429 | 370,732 | 94,728 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 1,765,104 | 1,976,752 | | 775,355 | 578,643 | 491,118 | 267,533 | 15,777 | 16,593 | 41,354 | 353,417 | 64,879 |
| 5.2 Commercial multiple peril (liability portion)..... | 1,407,423 | 1,644,105 | | 583,006 | 1,550,527 | 2,091,908 | 2,847,066 | 92,101 | 63,546 | 852,077 | 327,435 | 53,149 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 38,928 | 44,717 | | 19,771 | 1,737 | 4,269 | 9,221 | | 231 | 1,730 | 4,922 | 1,332 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 23,536 | 28,218 | | 10,584 | | 1,209 | 4,218 | | 112 | 788 | 3,521 | 805 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 684,516 | 829,064 | (1,262) | 314,676 | 314,589 | (591,126) | 1,353,427 | 49,034 | (18,025) | 227,421 | 74,045 | 24,760 |
| 17.1 Other liability-occurrence..... | 85,943 | 84,646 | | 35,562 | 32,742 | 56,440 | 61,057 | 3,823 | 7,725 | 17,778 | 14,637 | 3,363 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 10,813 | 11,547 | | 5,564 | | 775 | 11,805 | | (877) | 10,132 | 638 | 379 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 1,619,701 | 1,894,395 | | 783,013 | 1,100,437 | 827,168 | 1,604,875 | 46,751 | 33,948 | 129,740 | 194,498 | 52,852 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 869,272 | 1,170,156 | | 340,878 | 579,660 | 1,899,524 | 3,219,804 | 19,519 | (78,912) | 180,128 | 164,251 | 30,545 |
| 21.1 Private passenger auto physical damage..... | 1,285,177 | 1,533,983 | | 614,314 | 563,445 | 570,693 | (4,667) | 2,500 | 2,069 | 2,083 | 154,914 | 41,332 |
| 21.2 Commercial auto physical damage..... | 255,545 | 465,879 | | 106,867 | 5,243,611 | 5,165,197 | (6,133) | 1,256 | 853 | 4,086 | 49,833 | 9,409 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | 5,887 | 13,822 | | 2,133 | (1,000) | (1,277) | 450 | 8 | 65 | 196 | 1,067 | 141 |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 11,117,844 | 13,143,371 | (1,262) | 5,150,965 | 12,628,997 | 12,994,395 | 10,591,493 | 240,203 | 26,571 | 1,536,308 | 1,721,526 | 378,812 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....70,911.
(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.....0140 NAIC Company Code....35696

BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

19.VI

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696 BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 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..... | 1,165 | 1,131 | | 970 | | 22 | 56 | | (10) | 9 | 208 | 23 |
| 2.1 Allied lines..... | 359 | 350 | | 299 | | 7 | 17 | | (4) | 3 | 64 | 7 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | 42,495 | 59,586 | | 24,529 | 51,336 | 31,173 | 9,831 | 2,246 | 2,024 | 1,283 | 4,525 | (6,869) |
| 5.1 Commercial multiple peril (non-liability portion)..... | 34,757 | 49,773 | | 37,677 | 221,521 | 177,922 | 119,031 | | (196) | 589 | 5,175 | 34,078 |
| 5.2 Commercial multiple peril (liability portion)..... | 13,163 | 15,729 | | 6,437 | | 1,831 | 12,073 | | (1,946) | 11,157 | 2,097 | (6,549) |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | 64 | 226 | | 46 | | (15) | 480 | | (1) | 19 | 1 | 3 |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | (24) | 34 | | (2) | 10 | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 8,275 | 7,216 | | 5,841 | | 511 | 1,213 | | 294 | 485 | 1,028 | 540 |
| 17.1 Other liability-occurrence..... | 2,079 | 1,743 | | 336 | | 548 | 550 | | 215 | 220 | 485 | 88 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | 3,085 | 2,586 | | 499 | | 814 | 814 | | 321 | 321 | 721 | 130 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | 1,075 | 3,121 | | 581 | | (701) | 1,436 | | (21) | 231 | 108 | 129 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 16,934 | 16,878 | | 8,404 | | 38,169 | 55,690 | 3,320 | 354 | 3,778 | 3,251 | 233 |
| 21.1 Private passenger auto physical damage..... | 2,664 | 4,499 | | 1,491 | 75 | 69 | (150) | | (1) | 6 | 273 | 167 |
| 21.2 Commercial auto physical damage..... | 3,597 | 3,167 | | 1,790 | 191 | 539 | (174) | | (37) | 76 | 690 | 23 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | (1) | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 129,712 | 166,005 | 0 | 88,900 | 273,123 | 250,865 | 200,901 | 5,566 | 989 | 18,187 | 18,626 | 22,003 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$.....1,083.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

19.WA

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

19'61

| 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..... | 276 | 283 | | 99 | | 2 | 14 | | | 1 | 115 | 10 |
| 2.1 Allied lines..... | 74 | 67 | | 27 | | 1 | 4 | | | | 137 | 3 |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | 182,838 | 164,107 | | 111,445 | 51,135 | 51,513 | 10,644 | | (285) | 1,771 | 23,976 | 22,608 |
| 5.2 Commercial multiple peril (liability portion)..... | 127,641 | 106,936 | | 75,843 | 443 | 125,611 | 179,789 | 3,052 | (934) | 55,659 | 18,768 | 10,295 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | 1,193 | 1,144 | | 711 | | | | | | | 153 | 514 |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | 279,141 | 228,997 | (9) | 206,800 | 24,613 | 68,850 | 68,361 | 1,215 | 9,349 | 13,849 | 21,411 | 6,280 |
| 17.1 Other liability-occurrence..... | 83,384 | 81,808 | | 31,190 | 52,960 | 284,440 | 356,664 | 11,534 | 17,418 | 32,376 | 11,617 | 3,583 |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | (393) | (393) | | | | (72) | 1,111 | | (867) | 2,197 | (87) | 135 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | 16,017 | 14,056 | | 9,613 | | 13,324 | 55,903 | | (1,485) | 2,331 | 3,210 | 274 |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | 16 | |
| 21.2 Commercial auto physical damage..... | 3,407 | 3,508 | | 1,830 | | (72) | (104) | | (10) | 43 | 592 | 304 |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 693,578 | 600,513 | (9) | 437,558 | 129,151 | 543,597 | 672,386 | 15,801 | 23,186 | 108,227 | 79,908 | 44,006 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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 \$....461.
(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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | 14 | 34 | | (40) | 80 | | 2 |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | (172) | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | (185) | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 0 | 0 | 0 | 0 | 0 | 14 | 34 | 0 | (40) | 80 | (357) | 2 |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.....0140 NAIC Company Code....35696

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

19.WY

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | | | | | | | | | | | | |
| 2.1 Allied lines..... | | | | | | | | | | | | |
| 2.2 Multiple peril crop..... | | | | | | | | | | | | |
| 2.3 Federal flood..... | | | | | | | | | | | | |
| 2.4 Private crop..... | | | | | | | | | | | | |
| 2.5 Private flood..... | | | | | | | | | | | | |
| 3. Farmowners multiple peril..... | | | | | | | | | | | | |
| 4. Homeowners multiple peril..... | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion)..... | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion)..... | | | | | | | | | | | | |
| 6. Mortgage guaranty..... | | | | | | | | | | | | |
| 8. Ocean marine..... | | | | | | | | | | | | |
| 9. Inland marine..... | | | | | | | | | | | | |
| 10. Financial guaranty..... | | | | | | | | | | | | |
| 11. Medical professional liability..... | | | | | | | | | | | | |
| 12. Earthquake..... | | | | | | | | | | | | |
| 13. Group accident and health (b)..... | | | | | | | | | | | | |
| 14. Credit A&H (group and individual)..... | | | | | | | | | | | | |
| 15.1 Collectively renewable A&H (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable A&H (b)..... | | | | | | | | | | | | |
| 15.3 Guaranteed renewable A&H (b)..... | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b)..... | | | | | | | | | | | | |
| 15.5 Other accident only..... | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other A&H (b)..... | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 17.1 Other liability-occurrence..... | | | | | | | | | | | | |
| 17.2 Other liability-claims-made..... | | | | | | | | | | | | |
| 17.3 Excess workers' compensation..... | | | | | | | | | | | | |
| 18. Products liability..... | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability..... | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection)..... | | | | | | | | | | | | |
| 19.4 Other commercial auto liability..... | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage..... | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage..... | | | | | | | | | | | | |
| 22. Aircraft (all perils)..... | | | | | | | | | | | | |
| 23. Fidelity..... | | | | | | | | | | | | |
| 24. Surety..... | | | | | | | | | | | | |
| 26. Burglary and theft..... | | | | | | | | | | | | |
| 27. Boiler and machinery..... | | | | | | | | | | | | |
| 28. Credit..... | | | | | | | | | | | | |
| 30. Warranty..... | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business..... | 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. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 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.

SCHEDULE F - PART 1

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsured | 4 Domiciliary Jurisdiction | 5 Assumed Premium | Reinsurance On | | | 9 Contingent Commissions Payable | 10 Assumed Premiums Receivable | 11 Unearned Premium | 12 Funds Held by or Deposited With Reinsured Companies | 13 Letters of Credit Posted | 14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit | 15 Amount of Assets Pledged or Collateral Held in Trust |
|--|--|---|--------------------------------------|-----------------------------|---|--|-------------------------|---|---|-------------------------------|--|--|---|--|
| | | | | | 6 Paid Losses and Loss Adjustment Expenses | 7 Known Case Losses and LAE | 8 Cols. 6 + 7 | | | | | | | |
| Pools and Associations - Mandatory Pools | | | | | | | | | | | | | | |
| AA-9992118. | 00000..... | National Workers Comp Reins Pool..... | NY..... |1 | |52 |52 | | | | | | | |
| AA-9991139. | 00000..... | North Carolina Reinsurance Facility..... | NC..... |238 | |156 |156 | | |114 | | | | |
| 23-7024436.. | 32573..... | Ohio Fair Plan Underwriting Assoc..... | OH..... |1 | | |0 | | |1 | | | | |
| AA-9991146. | 00000..... | Rhode Island Commercial Auto Ins Procedure..... | RI..... |148 | |13 |13 | | |42 | | | | |
| 1099998. | Pools and Associations for which the total of column 8 is less than \$100,000-Mandatory..... | | |2 | | |0 |(1) | | | | | | |
| 1099999. | Pools and Associations - Mandatory Pools..... | | |390 |0 |221 |221 |(1) |0 |157 |0 |0 |0 |0 |
| 1299999. | Total Pools and Associations..... | | |390 |0 |221 |221 |(1) |0 |157 |0 |0 |0 |0 |
| 9999999. | Totals..... | | |390 |0 |221 |221 |(1) |0 |157 |0 |0 |0 |0 |

Annual Statement for the year 2017 of the

HARLEYSVILLE PREFERRED INSURANCE COMPANY

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

| 1 | 2 | 3 | 4 | 5 | 6 |
|--------------|-------------------------|-----------------|------------------|------------------|---------------------|
| ID Number | NAIC Company Code | Name of Company | Date of Contract | Original Premium | Reinsurance Premium |

NONE

SCHEDULE F - PART 3

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Special Code | 6 Reinsurance Premiums Ceded | Reinsurance Recoverable on | | | | | | | | | | Reinsurance Payable | | 18 Net Amount Recoverable From Reinsurers Col. 15-[16+17] | 19 Funds Held By Company Under Reinsurance Treaties |
|-----------------------|----------------------------------|--------------------------------|--------------------------------------|--------------------------|---|----------------------------|----------------------|--|--|------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|---|--|--|--|--|--|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commissions | 15 Cols. 7 through 14 Totals | 16 Ceded Balances Payable | 17 Other Amounts Due to Reinsurers | | | |

Authorized Affiliates-U.S. Intercompany Pooling

| | | | | | | | | | | | | | | | | | | |
|-------------|--|--|---------|-------|--------------|------------|------------|--------------|--------|-------------|-------------|-------------|------------|--------------|-------------|--------|--------------|--------|
| 31-4177100. | 23787... | Nationwide Mutual Insurance Company..... | OH..... | |203,105 |8,988 |1,460 |245,916 | |99,813 |57,780 |94,060 |4,682 |512,699 |64,476 | |448,223 | |
| 0199999. | Total Authorized Affiliates - U.S. Intercompany Pooling..... | | | |203,105 |8,988 |1,460 |245,916 |0 |99,813 |57,780 |94,060 |4,682 |512,699 |64,476 |0 |448,223 |0 |
| 0899999. | Total Authorized Affiliates..... | | | |203,105 |8,988 |1,460 |245,916 |0 |99,813 |57,780 |94,060 |4,682 |512,699 |64,476 |0 |448,223 |0 |

Authorized Other U.S. Unaffiliated Insurers

| | | | | | | | | | | | | | | | | | | |
|-------------|--|--|---------|-------|------------|----------|----------|------------|--------|------------|--------|------------|--------|-------------|----------|--------|-------------|--------|
| 36-2661954. | 10103... | American Agricultural Ins Co..... | IN..... | | | | | | | | | | |0 | | |0 | |
| 06-1430254. | 10348... | Arch Reins Co..... | DE..... | |73 | | | | | | |9 | |9 |25 | |(16) | |
| 51-0434766. | 20370... | Axis Reins Co..... | NY..... | | |(5) | | | | | | | |(5) | | |(5) | |
| 13-2781282. | 25070... | Clearwater Insurance Company..... | DE..... | | |1 | |33 | |36 | | | |70 | | |70 | |
| 36-2114545. | 20443... | Continental Cas Co..... | IL..... | | |26 | |673 | |735 | | | |1,434 | | |1,434 | |
| 38-2145898. | 33499... | Dorinco Reins Co..... | MI..... | | | | |13 | |14 | | | |27 | | |27 | |
| 25-6038677. | 26271... | Erie Ins Exch..... | PA..... | | | | |173 | |189 | | | |362 | | |362 | |
| 22-2005057. | 26921... | Everest Reins Co..... | DE..... | | | | | | | | | | |0 |(1) | |1 | |
| 04-1867050. | 69140... | First Allmerica Fin Life Ins Co..... | MA..... | | | | |317 | |346 | | | |663 | | |663 | |
| 13-2673100. | 22039... | General Reins Corp..... | DE..... | |318 |59 |(1) |759 | |797 | |166 | |1,780 |(8) | |1,788 | |
| 06-0383750. | 19682... | Hartford Fire Ins Co..... | CT..... | | |26 | |500 | |546 | | | |1,072 | | |1,072 | |
| 06-0384680. | 11452... | Hartford Steam Boil Inspec & Ins Co..... | CT..... | |2,299 |99 | |75 | | | |1,026 | |1,200 |150 | |1,050 | |
| 13-4924125. | 10227... | Munich Reins Amer Inc..... | DE..... | | |116 |6 |3,357 | | | |1 | |3,480 |(7) | |3,487 | |
| 47-0698507. | 23680... | Odyssey Reins Co..... | CT..... | | |3 | | | | | | | |3 |(1) | |4 | |
| 13-3031176. | 38636... | Partner Reins Co Of The Us..... | NY..... | | |(1) | | | | | | | |(1) | | |(1) | |
| 23-1641984. | 10219... | Qbe Reins Corp..... | PA..... | | |(4) | | | | | | | |(4) |(1) | |(3) | |
| 41-0451140. | 67105... | Reliastar Life Ins Co..... | MN..... | | | | |317 | |346 | | | |663 | | |663 | |
| 13-1675535. | 25364... | Swiss Reins Amer Corp..... | NY..... | |21 |3 | | | | | |16 | |19 |19 | |0 | |
| 13-2918573. | 42439... | Toa Re Ins Co Of Amer..... | DE..... | | |(1) | | | | | | | |(1) | | |(1) | |
| 0999999. | Total Authorized Other U.S. Unaffiliated Insurers..... | | | |2,711 |322 |5 |6,217 |0 |3,009 |0 |1,218 |0 |10,771 |176 |0 |10,595 |0 |

Authorized Pools-Mandatory Pools

| | | | | | | | | | | | | | | | | | | |
|-------------|---|--|---------|-------|----------|--------|--------|---------|--------|--------|--------|---------|--------|---------|-----------|--------|----------|--------|
| AA-9991500 | 00000... | Illinois Mine Subsidence..... | IL..... | |12 | | | | | | |4 | |4 |(3) | |7 | |
| AA-9991501 | 00000... | Indiana Mine Subsidence..... | IN..... | |8 | | | | | | |3 | |3 |3 | |0 | |
| AA-9991159 | 00000... | Michigan Catastrophic Claim Association..... | MI..... | |143 | | | | | | | | |0 |(78) | |78 | |
| AA-9991139 | 00000... | North Carolina Reinsurance Facility..... | NC..... | |13 | | |13 | | | |7 | |20 | | |20 | |
| 41-1357750. | 10181... | Workers' Compensation Reinsurance Association..... | MN..... | | | | | | | | | | |0 |(15) | |15 | |
| 1099999. | Total Authorized Pools - Mandatory Pools..... | | | |176 |0 |0 |13 |0 |0 |0 |14 |0 |27 |(93) |0 |120 |0 |

Authorized Other Non-U.S. Insurers

| | | | | | | | | | | | | | | | | | | |
|------------|----------|------------------------------------|----------|-------|-------|----------|--------|-------|-------|-------|-------|-------|-------|----------|----------|-------|----------|-------|
| AA-1340125 | 00000... | Hannover Rueck Se..... | DEU..... | | |(3) | | | | | | | |(3) | | |(3) | |
| AA-1120096 | 00000... | Lloyd'S Syndicate Number 1880..... | GBR..... | | |(5) | | | | | | | |(5) |(1) | |(4) | |
| AA-1128001 | 00000... | Lloyd'S Syndicate Number 2001..... | GBR..... | | |7 |1 | | | | | | |8 |(2) | |10 | |
| AA-1120071 | 00000... | Lloyd'S Syndicate Number 2007..... | GBR..... | | |3 | | | | | | | |3 |(1) | |4 | |
| AA-1128010 | 00000... | Lloyd'S Syndicate Number 2010..... | GBR..... | | |1 | | | | | | | |1 | | |1 | |

SCHEDULE F - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | Reinsurance Recoverable on | | | | | | | | | Reinsurance Payable | | 18 | 19 | |
|--------------------------------------|---|--|-----------------------------|-----------------|----------------------------------|----------------------------|-------------|-----------------------------------|----------------------------------|--------------------------|-------------------------|----------------------|---------------------------|---------------------------------|------------------------------|--|--|--|--------|
| | | | | | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | | |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Special Code | Reinsurance Premiums Ceded | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | IBNR Loss Reserves | IBNR LAE Reserves | Unearned Premiums | Contingent Commissions | Cols. 7 through 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | Net Amount Recoverable From Reinsurers Col. 15-[16+17] | Funds Held By Company Under Reinsurance Treaties | |
| AA-1128623 | 00000... | Lloyd'S Syndicate Number 2623..... | GBR..... | | |2 | | | | | | | |2 |(2) | |4 | | |
| AA-1128987 | 00000... | Lloyd'S Syndicate Number 2987..... | GBR..... | | |(4) | | | | | | | |(4) | | |(4) | | |
| AA-1129000 | 00000... | Lloyd'S Syndicate Number 3000..... | GBR..... | | |(2) | | | | | | | |(2) | | |(2) | | |
| AA-1126005 | 00000... | Lloyd'S Syndicate Number 4000..... | GBR..... | | |(4) | | | | | | | |(4) | | |(4) | | |
| AA-1120075 | 00000... | Lloyd'S Syndicate Number 4020..... | GBR..... | | |1 | | | | | | | |1 | | |1 | | |
| AA-1126435 | 00000... | Lloyd'S Syndicate Number 435..... | GBR..... | | |2 | | | | | | | |2 |(1) | |3 | | |
| AA-1126004 | 00000... | Lloyd'S Syndicate Number 4444..... | GBR..... | | |3 | | | | | | | |3 |(1) | |4 | | |
| AA-1126006 | 00000... | Lloyd'S Syndicate Number 4472..... | GBR..... | | |(3) | | | | | | | |(3) | | |(3) | | |
| AA-1126510 | 00000... | Lloyd'S Syndicate Number 510..... | GBR..... | | |2 | | | | | | | |2 |(1) | |3 | | |
| AA-1126623 | 00000... | Lloyd'S Syndicate Number 623..... | GBR..... | | | | | | | | | | |0 | | |0 | | |
| AA-1840000 | 00000... | Mapfre Re Compania De Reaseguros Sa..... | ESP..... | | |3 | | | | | | | |3 |(1) | |4 | | |
| AA-3190686 | 00000... | Partner Reins Co Ltd..... | BMU..... | | |1 | | | | | | | |1 |(1) | |2 | | |
| AA-1460023 | 00000... | Tokio Millennium Re Ag..... | CHE..... | | | | | | | | | | |0 | | |0 | | |
| AA-1460006 | 00000... | Validus Reins (Switzerland) Ltd..... | CHE..... | | |(6) | | | | | | | |(6) |(1) | |(5) | | |
| AA-3190870 | 00000... | Validus Reins Ltd..... | BMU..... | | | | | | | | | | |0 |(1) | |1 | | |
| 1299999. | Total Authorized Other Non-U.S. Insurers..... | | | | |0 |(2) |1 |0 |0 |0 |0 |0 |(1) |(13) |0 |12 |0 | |
| 1399999. | Total Authorized..... | | | | |205,992 |9,308 |1,466 |252,146 |0 |102,822 |57,780 |95,292 |4,682 |523,496 |64,546 |0 |458,950 |0 |
| Unauthorized Other Non-U.S. Insurers | | | | | | | | | | | | | | | | | | | |
| AA-3190932 | 00000... | Argo Re..... | BMU..... | | |3 | | | | | | | |3 |(1) | |4 | | |
| AA-3190060 | 00000... | Hannover Re (Bermuda) Ltd..... | BMU..... | | |(5) | | | | | | | |(5) | | |(5) | | |
| AA-5420050 | 00000... | Korean Reins Co..... | KOR..... | | |2 | | | | | | | |2 |(1) | |3 | | |
| AA-1460019 | 00000... | Ms Amlin Ag..... | CHE..... | | |2 | | | | | | | |2 |(1) | |3 | | |
| AA-3194174 | 00000... | Platinum Underwriters Bermuda Ltd..... | BMU..... | | |(3) | | | | | | | |(3) |(1) | |(2) | | |
| AA-1340004 | 00000... | R V Versicherung Ag..... | DEU..... | | |1 | | | | | | | |1 | | |1 | | |
| AA-1464100 | 00000... | Scor Switzerland Ltd..... | CHE..... | | |2 | | | | | | | |2 | | |2 | | |
| AA-3190757 | 00000... | XI Re Ltd..... | BMU..... | | | | | | | | | | |0 |(1) | |1 | | |
| 2599999. | Total Unauthorized Other Non-U.S. Insurers..... | | | | |0 |2 |0 |0 |0 |0 |0 |0 |2 |(5) |0 |7 |0 | |
| 2699999. | Total Unauthorized..... | | | | |0 |2 |0 |0 |0 |0 |0 |0 |2 |(5) |0 |7 |0 | |
| 4099999. | Total Authorized, Unauthorized and Certified..... | | | | |205,992 |9,310 |1,466 |252,146 |0 |102,822 |57,780 |95,292 |4,682 |523,498 |64,541 |458,957 |0 | |
| 9999999. | Totals..... | | | | |205,992 |9,310 |1,466 |252,146 |0 |102,822 |57,780 |95,292 |4,682 |523,498 |64,541 |458,957 |0 | |

SCHEDULE F - PART 3

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Special Code | 6 Reinsurance Premiums Ceded | Reinsurance Recoverable on | | | | | | | | | | Reinsurance Payable | | 18 Net Amount Recoverable From Reinsurers Col. 15-[16+17] | 19 Funds Held By Company Under Reinsurance Treaties |
|-----------------------|----------------------------------|--------------------------------|--|------------------------------|---|----------------------------|----------------------|--|--|------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|---|--|--|--|--|--|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commissions | 15 Cols. 7 through 14 Totals | 16 Ceded Balances Payable | 17 Other Amounts Due to Reinsurers | | | |

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

| 1 Name of Reinsurer | 2 Commission Rate | 3 Ceded Premium |
|--|-----------------------------|---------------------------|
| (1) Hartford Steam Boil Inspec & Ins Co..... | 30.0 | 2,299 |
| (2) General Reins Corp..... | 25.0 | 318 |
| (3) | | |
| (4) | | |
| (5) | | |

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

| 1 | 2 | 3 | 4 | |
|--|--------------------|----------------|---|--|
| Name of Reinsurer | Total Recoverables | Ceded Premiums | Affiliated | |
| (1) Nationwide Mutual Insurance Company..... | 512,699 | 203,105 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (2) Munich Reins Amer Inc..... | 3,480 | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| (3) General Reins Corp..... | 1,780 | 318 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| (4) Continental Cas Co..... | 1,434 | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| (5) Hartford Steam Boil Inspec & Ins Co..... | 1,200 | 2,299 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

SCHEDULE F - PART 4

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | | 12 Percentage Overdue Col. 10 / Col. 11 | 13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11 |
|---|--|--|--|--|-----------------------|------------------------|-------------------------|------------------------|--|--|--|--|
| | | | | 5 Current | Overdue | | | | | 11 Total Due Cols. 5 + 10 | | |
| | | | | | 6 1 to 29 Days | 7 30 to 90 Days | 8 91 to 120 Days | 9 Over 120 Days | 10 Total Overdue Cols. 6 + 7 + 8 + 9 | | | |
| Authorized Affiliates-U.S. Intercompany Pooling | | | | | | | | | | | | |
| 31-4177100.. | 23787..... | Nationwide Mutual Insurance Company..... | OH..... |10,448 | | | | |0 |10,448 |0.0 |0.0 |
| 0199999. | Total Authorized - Affiliates - U.S. Intercompany Pooling..... | | |10,448 |0 |0 |0 |0 |0 |10,448 |0.0 |0.0 |
| 0899999. | Total Authorized - Affiliates..... | | |10,448 |0 |0 |0 |0 |0 |10,448 |0.0 |0.0 |
| Authorized Other U.S. Unaffiliated Insurers | | | | | | | | | | | | |
| 36-2661954.. | 10103..... | American Agricultural Ins Co..... | IN..... |(1) | | | |1 |1 |0 |0.0 |0.0 |
| 51-0434766.. | 20370..... | Axis Reins Co..... | NY..... |(5) | | | | |0 |(5) |0.0 |0.0 |
| 13-2781282.. | 25070..... | Clearwater Insurance Company..... | DE..... |1 | | | | |0 |1 |0.0 |0.0 |
| 36-2114545.. | 20443..... | Continental Cas Co..... | IL..... |26 | | | | |0 |26 |0.0 |0.0 |
| 13-2673100.. | 22039..... | General Reins Corp..... | DE..... |58 | | | | |0 |58 |0.0 |0.0 |
| 06-0383750.. | 19682..... | Hartford Fire Ins Co..... | CT..... |26 | | | | |0 |26 |0.0 |0.0 |
| 06-0384680.. | 11452..... | Hartford Steam Boil Inspec & Ins Co..... | CT..... |99 | | | | |0 |99 |0.0 |0.0 |
| 13-4924125.. | 10227..... | Munich Reins Amer Inc..... | DE..... |120 | |2 | | |2 |122 |1.6 |0.0 |
| 47-0698507.. | 23680..... | Odyssey Reins Co..... | CT..... |1 | | | |2 |2 |3 |66.7 |66.7 |
| 13-3031176.. | 38636..... | Partner Reins Co Of The Us..... | NY..... |(1) | | | | |0 |(1) |0.0 |0.0 |
| 23-1641984.. | 10219..... | Qbe Reins Corp..... | PA..... |(4) | | | | |0 |(4) |0.0 |0.0 |
| 13-1675535.. | 25364..... | Swiss Reins Amer Corp..... | NY..... |(1) | | | |4 |4 |3 |133.3 |133.3 |
| 13-2918573.. | 42439..... | Toa Re Ins Co Of Amer..... | DE..... |(2) | | | |1 |1 |(1) |(100.0) |(100.0) |
| 0999999. | Total Authorized - Other U.S. Unaffiliated Insurers..... | | |317 |0 |2 |0 |8 |10 |327 |3.1 |2.4 |
| Authorized Other Non-U.S. Insurers | | | | | | | | | | | | |
| AA-1340125. | 00000..... | Hannover Rueck Se..... | DEU..... |(3) | | | | |0 |(3) |0.0 |0.0 |
| AA-1120096. | 00000..... | Lloyd'S Syndicate Number 1880..... | GBR..... |(6) | | | |1 |1 |(5) |(20.0) |(20.0) |
| AA-1128001. | 00000..... | Lloyd'S Syndicate Number 2001..... | GBR..... |4 | | | |4 |4 |8 |50.0 |50.0 |
| AA-1120071. | 00000..... | Lloyd'S Syndicate Number 2007..... | GBR..... |1 | | | |2 |2 |3 |66.7 |66.7 |
| AA-1128010. | 00000..... | Lloyd'S Syndicate Number 2010..... | GBR..... |1 | | | | |0 |1 |0.0 |0.0 |
| AA-1128623. | 00000..... | Lloyd'S Syndicate Number 2623..... | GBR..... |(1) | | | |3 |3 |2 |150.0 |150.0 |
| AA-1128987. | 00000..... | Lloyd'S Syndicate Number 2987..... | GBR..... |(4) | | | | |0 |(4) |0.0 |0.0 |
| AA-1129000. | 00000..... | Lloyd'S Syndicate Number 3000..... | GBR..... |(2) | | | | |0 |(2) |0.0 |0.0 |
| AA-1126005. | 00000..... | Lloyd'S Syndicate Number 4000..... | GBR..... |(5) | | | |1 |1 |(4) |(25.0) |(25.0) |
| AA-1120075. | 00000..... | Lloyd'S Syndicate Number 4020..... | GBR..... |1 | | | | |0 |1 |0.0 |0.0 |
| AA-1126435. | 00000..... | Lloyd'S Syndicate Number 435..... | GBR..... |1 | | | |1 |1 |2 |50.0 |50.0 |
| AA-1126004. | 00000..... | Lloyd'S Syndicate Number 4444..... | GBR..... |1 | | | |2 |2 |3 |66.7 |66.7 |
| AA-1126006. | 00000..... | Lloyd'S Syndicate Number 4472..... | GBR..... |(3) | | | | |0 |(3) |0.0 |0.0 |
| AA-1126510. | 00000..... | Lloyd'S Syndicate Number 510..... | GBR..... |1 | | | |1 |1 |2 |50.0 |50.0 |
| AA-1126623. | 00000..... | Lloyd'S Syndicate Number 623..... | GBR..... |(1) | | | |1 |1 |0 |0.0 |0.0 |
| AA-1840000. | 00000..... | Mapfre Re Compania De Reaseguros Sa..... | ESP..... |1 | | | |2 |2 |3 |66.7 |66.7 |
| AA-3190686. | 00000..... | Partner Reins Co Ltd..... | BMU..... |(1) | | | |2 |2 |1 |200.0 |200.0 |
| AA-1460023. | 00000..... | Tokio Millennium Re Ag..... | CHE..... |(1) | | | |1 |1 |0 |0.0 |0.0 |
| AA-1460006. | 00000..... | Validus Reins (Switzerland) Ltd..... | CHE..... |(6) | | | | |0 |(6) |0.0 |0.0 |

SCHEDULE F - PART 4

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | | 12 Percentage Overdue Col. 10 / Col. 11 | 13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11 |
|--------------------------------------|---|--|--|--|-----------------------|------------------------|-------------------------|------------------------|--|--|--|--|
| | | | | 5 Current | Overdue | | | | 11 Total Due Cols. 5 + 10 | | | |
| | | | | | 6 1 to 29 Days | 7 30 to 90 Days | 8 91 to 120 Days | 9 Over 120 Days | | 10 Total Overdue Cols. 6 + 7 + 8 + 9 | | |
| 1299999. | Total Authorized - Other Non-U.S. Insurers..... | | |(22) |0 |0 |0 |21 |21 |(1) |(2,100.0) |(2,100.0) |
| 1399999. | Total Authorized..... | | |10,743 |0 |2 |0 |29 |31 |10,774 |0.3 |0.3 |
| Unauthorized Other Non-U.S. Insurers | | | | | | | | | | | | |
| AA-3190932. | 00000..... | Argo Re..... | BMU..... |2 | | | |1 |1 |3 |33.3 |33.3 |
| AA-3190060. | 00000..... | Hannover Re (Bermuda) Ltd..... | BMU..... |(5) | | | | |0 |(5) |0.0 |0.0 |
| AA-5420050. | 00000..... | Korean Reins Co..... | KOR..... |1 | | | |1 |1 |2 |50.0 |50.0 |
| AA-1460019. | 00000..... | Ms Amlin Ag..... | CHE..... | | | | |2 |2 |2 |100.0 |100.0 |
| AA-3194174. | 00000..... | Platinum Underwriters Bermuda Ltd..... | BMU..... |(3) | | | | |0 |(3) |0.0 |0.0 |
| AA-1340004. | 00000..... | R V Versicherung Ag..... | DEU..... | | | | |1 |1 |1 |100.0 |100.0 |
| AA-1464100. | 00000..... | Scor Switzerland Ltd..... | CHE..... | | | | |2 |2 |2 |100.0 |100.0 |
| 2599999. | Total Unauthorized - Other Non-U.S. Insurers..... | | |(5) |0 |0 |0 |7 |7 |2 |350.0 |350.0 |
| 2699999. | Total Unauthorized..... | | |(5) |0 |0 |0 |7 |7 |2 |350.0 |350.0 |
| 4099999. | Total Authorized, Unauthorized and Certified..... | | |10,738 |0 |2 |0 |36 |38 |10,776 |0.4 |0.3 |
| 9999999. | Totals..... | | |10,738 |0 |2 |0 |36 |38 |10,776 |0.4 |0.3 |

SCHEDULE F - PART 5

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|-------------------------|------------------------------------|--|---------------------------------------|-----------------|--|--|-------------------------|---|------------------------------|--------------------------------------|---|---|---|--|--------------------------------|---|--|---|
| ID Number | NAIC Company Code | Name of Reinsurer | Domi- ciliary Juris- diction | Special Code | Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15 | Funds Held By Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Ceded Balances Payable | Miscellaneous Balances Payable | Trust Funds and Other Allowed Offset Items | Total Collateral and Offsets Allowed (Cols. 7+8+10 + 11 + 12 but not in Excess of Col. 6) | Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13) | Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute | 20% of Amount in Col. 15 | 20% of Amount in Dispute Included in Col. 6 | Provision for Overdue Reinsurance (Col. 16 plus Col. 17) | Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6) |
| Other Non-U.S. Insurers | | | | | | | | | | | | | | | | | | |
| AA-3190932. | 00000.... | Argo Re..... | BMU. | |3 | |4 |1 |(1) | | |3 |0 |1 |0 | |0 |0 |
| AA-3190060. | 00000.... | Hannover Re (Bermuda) Ltd..... | BMU. | |(5) | | | | | | |(5) |0 | |0 | |0 |0 |
| AA-5420050. | 00000.... | Korean Reins Co..... | KOR.. | |2 | |2 |2 |(1) | | |1 |1 |1 |0 | |0 |1 |
| AA-1460019. | 00000.... | Ms Amlin Ag..... | CHE.. | |2 | |3 |3 |(1) | | |2 |0 |2 |0 | |0 |0 |
| AA-3194174. | 00000.... | Platinum Underwriters Bermuda Ltd..... | BMU. | |(3) | | | |(1) | | |(3) |0 | |0 | |0 |0 |
| AA-1340004. | 00000.... | R V Versicherung Ag..... | DEU.. | |1 | |2 |4 | | | |1 |0 |1 |0 | |0 |0 |
| AA-1464100. | 00000.... | Scor Switzerland Ltd..... | CHE.. | |2 | |3 |5 | | | |2 |0 |2 |0 | |0 |0 |
| AA-3190757. | 00000.... | XI Re Ltd..... | BMU. | | | | | |(1) | | |(1) |1 | |0 | |0 |0 |
| 1299999. | Total Other Non-U.S. Insurers..... | | | |2 |0 |14 |XXX..... |(5) |0 |0 |0 |2 |7 |1 |0 |1 |2 |
| 1399999. | Total Affiliates and Others..... | | | |2 |0 |14 |XXX..... |(5) |0 |0 |0 |2 |7 |1 |0 |1 |2 |
| 9999999. | Totals..... | | | |2 |0 |14 |XXX..... |(5) |0 |0 |0 |2 |7 |1 |0 |1 |2 |

1. Amounts in dispute totaling \$.0 are included in Column 6.
2. Amounts in dispute totaling \$.0 are excluded from Column 15.

(a)

| Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|--|---------------------------------|---|----------------------------------|--------------------------------|
| 1..... | 1..... | 067004764..... | CITIBANK, N.A. (CITICORP)..... |4 |
| 2..... | 1..... | 067004764..... | CITIBANK, N.A. (CITICORP)..... |2 |
| 3..... | 1..... | 026009580..... | ROYAL BANK OF SCOTLAND, PLC..... |3 |
| 4..... | 1..... | 067004764..... | CITIBANK, N.A. (CITICORP)..... |2 |
| 5..... | 1..... | 067004764..... | CITIBANK, N.A. (CITICORP)..... |3 |

SCHEDULE F - PART 6 - SECTION 1

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Collateral Provided | | | | | | 18 | 19 | 20 | 21 |
|--------------|-------------------------|-------------------|-----------------------------|---|--|--|--|---|--|--|----------------------------------|--|----------------------|---|----------------------------------|--|---|---|--|--|
| | | | | | | | | | | | 12 | 13 | 14 | 15 | 16 | 17 | | | | |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% - 100%) | Net Amount Recoverable from Reinsurers (Sch F Part 3 Col. 18) | Catastrophe Recoverables Qualifying for Collateral Deferral | Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9) | Dollar Amount of Collateral Required (Col. 10 x Col. 7) | Multiple Beneficiary Trust | Funds Held by Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Other Allowable Collateral | Total Collateral Provided (Cols. 12 + 13 + 14 + 16) | Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10) | Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18/Col. 7, not to exceed 100%) | Amount of Credit Allowed for Net Recoverables (Col 9 + (Col. 10 x Col. 19)) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col 8 - Col. 20) |

NONE

SCHEDULE F - PART 6 - SECTION 2

Provision for Overdue Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Complete if Column 8 is 20% or Greater | | | 15 |
|--------------|-------------------------|-------------------|-----------------------------|---|--|---|---|--------------------------------|---|--|---|--|--------------------------------|--|
| | | | | | | | | | | | 12 | 13 | 14 | |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Reinsurance Recoverable on Paid Loss and LAE More than 90 Days Overdue (a) | Total Reinsurance Recoverable on Paid Losses and LAE (b) | Amounts Received Prior 90 Days | Percent More than 90 Days Overdue | 20% of Amounts in Col. 5 | 20% of Amounts in Dispute Excluded from Col. 5 | Amount of Credit Allowed for Net Recoverables (Sch F Part 6 Section 1 Col. 20) | Total Collateral Provided (Sch F Part 6 Section 1 Col. 17) not to Exceed Col. 11 | Net Unsecured Recoverable for Which Credit is Allowed (Col. 11 - Col. 12) | 20% of Amount in Col. 13 | Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of Col. 9 + Col. 10 or Col. 14) not to Exceed Col. 11 |

(a) From Schedule F-Part 4 Columns 8 + 9, total certified, less \$.....0 in dispute.

(b) From Schedule F-Part 3 Columns 7 + 8, total certified, less \$.....0 in dispute.

NONE

SCHEDULE F - PART 7

Provision for Overdue Authorized Reinsurance as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|--------------------------------|-------------------------|--|--|--|---|---------------------------------------|--|---|-------------------------------|---|
| ID Number | NAIC Company Code | Name of Reinsurer | Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a) | Total Reinsurance Recoverable on Paid Losses and Paid LAE (b) | Amounts Received Prior 90 Days | Col. 4 divided by (Cols. 5 + 6) | Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7 | Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7 | 20% of Amount in Col. 9 | Amount Reported in Col. 8 x 20% + Col. 10 |
| Overdue Authorized Reinsurance | | | | | | | | | | |
| 36-2661954.. | 10103..... | American Agricultural Ins Co..... |580 |393 |748 |50.8 |0 | |0 |0 |
| AA-1120096. | 00000..... | Lloyd'S Syndicate Number 1880..... |1,160 |(4,607) | |0.0 |1,160 | |0 |232 |
| AA-1128001. | 00000..... | Lloyd'S Syndicate Number 2001..... |3,868 |7,607 | |50.8 |0 | |0 |0 |
| AA-1120071. | 00000..... | Lloyd'S Syndicate Number 2007..... |1,547 |3,042 | |50.9 |0 | |0 |0 |
| AA-1128623. | 00000..... | Lloyd'S Syndicate Number 2623..... |3,172 |2,148 |4,089 |50.9 |0 | |0 |0 |
| AA-1126005. | 00000..... | Lloyd'S Syndicate Number 4000..... |773 |(3,658) |997 |0.0 |773 | |0 |155 |
| AA-1126435. | 00000..... | Lloyd'S Syndicate Number 435..... |967 |1,902 | |50.8 |0 | |0 |0 |
| AA-1126004. | 00000..... | Lloyd'S Syndicate Number 4444..... |1,547 |3,042 | |50.9 |0 | |0 |0 |
| AA-1126510. | 00000..... | Lloyd'S Syndicate Number 510..... |1,126 |2,282 | |49.3 |0 | |0 |0 |
| AA-1126623. | 00000..... | Lloyd'S Syndicate Number 623..... |678 |471 |898 |49.5 |0 | |0 |0 |
| AA-1840000. | 00000..... | Mapfre Re Compania De Reaseguros Sa..... |2,127 |3,055 | |69.6 |0 | |0 |0 |
| 47-0698507.. | 23680..... | Odyssey Reins Co..... |1,547 |3,042 | |50.9 |0 | |0 |0 |
| AA-3190686. | 00000..... | Partner Reins Co Ltd..... |2,321 |1,621 |2,992 |50.3 |0 | |0 |0 |
| 13-1675535.. | 25364..... | Swiss Reins Amer Corp..... |3,867 |3,025 |4,582 |50.8 |0 | |0 |0 |
| 13-2918573.. | 42439..... | Toa Re Ins Co Of Amer..... |773 |(459) |59 |0.0 |773 | |0 |155 |
| AA-1460023. | 00000..... | Tokio Millennium Re Ag..... |647 |68 |30 |660.2 |0 | |0 |0 |
| 9999999. | Totals..... | |26,700 |22,974 |14,395 |XXX..... |2,706 |0 |0 |541 |

(a) From Schedule F-Part 4 Columns 8 + 9, total authorized, less \$......0 in dispute.
(b) From Schedule F-Part 3 Columns 7 + 8, total authorized, less \$......0 in dispute.

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------------|-------------------------|--|---|---|-------------------------|------------------------------|------------------------------------|----------------------------------|---|----------------------------|---|
| ID Number | NAIC Company Code | Name of Reinsurer | Reinsurance Recoverable All Items | Funds Held by Company Under Reinsurance Treaties | Letters of Credit | Ceded Balances Payable | Other Miscellaneous Balances | Other Allowed Offset Items | Sum of Cols. 5 through 9 but not in Excess of Col. 4 | Col. 4 Minus Col. 10 | Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9 |
| Overdue Reinsurance | | | | | | | | | | | |
| 36-2661954.. | 10103..... | American Agricultural Ins Co..... |393 | | |(332) | | |0 |393 |580 |
| AA-1128001. | 00000..... | Lloyd'S Syndicate Number 2001..... |7,607 | | |(2,214) | | |0 |7,607 |7,607 |
| AA-1120071. | 00000..... | Lloyd'S Syndicate Number 2007..... |3,043 | | |(886) | | |0 |3,043 |3,043 |
| AA-1128623. | 00000..... | Lloyd'S Syndicate Number 2623..... |2,149 | | |(1,816) | | |0 |2,149 |3,172 |
| AA-1126435. | 00000..... | Lloyd'S Syndicate Number 435..... |1,902 | | |(554) | | |0 |1,902 |1,902 |
| AA-1126004. | 00000..... | Lloyd'S Syndicate Number 4444..... |3,043 | | |(886) | | |0 |3,043 |3,043 |
| AA-1126510. | 00000..... | Lloyd'S Syndicate Number 510..... |2,282 | | |(664) | | |0 |2,282 |2,282 |
| AA-1126623. | 00000..... | Lloyd'S Syndicate Number 623..... |472 | | |(399) | | |0 |472 |678 |
| AA-1840000. | 00000..... | Mapfre Re Compania De Reaseguros Sa..... |3,056 | | |(1,218) | | |0 |3,056 |3,056 |
| 47-0698507.. | 23680..... | Odyssey Reins Co..... |3,043 | | |(886) | | |0 |3,043 |3,043 |
| AA-3190686. | 00000..... | Partner Reins Co Ltd..... |1,622 | | |(1,328) | | |0 |1,622 |2,321 |
| 13-1675535.. | 25364..... | Swiss Reins Amer Corp..... |18,532 | | |18,906 | | |18,532 |0 |3,868 |
| AA-1460023. | 00000..... | Tokio Millennium Re Ag..... |69 | |214,432 |(443) | | |69 |0 |647 |
| 9999999. | Totals..... | |47,213 |0 |214,432 |7,280 |0 |0 |18,601 |28,612 |35,242 |

| | |
|---|-------------|
| 1. Total..... |35,242 |
| 2. Line 1 x .20..... |7,048 |
| 3. Schedule F - Part 7 Col. 11..... |541 |
| 4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)..... |7,590 |
| 5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F- Part 5 Col. 19 x 1000)..... |2,400 |
| 6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 1, Col. 21 x 1000)..... | |
| 7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 2, Col. 15 x 1000)..... | |
| 8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)..... |9,990 |

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)..... | 53,234,778 | | 53,234,778 |
| 2. Premiums and considerations (Line 15)..... | 50,477,207 | | 50,477,207 |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)..... | 10,776,458 | (10,776,495) | (37) |
| 4. Funds held by or deposited with reinsured companies (Line 16.2)..... | | - | 0 |
| 5. Other assets..... | 3,821,103 | | 3,821,103 |
| 6. Net amount recoverable from reinsurers..... | | 458,827,978 | 458,827,978 |
| 7. Protected cell assets (Line 27)..... | | - | 0 |
| 8. Totals (Line 28)..... | 118,309,546 | 448,051,483 | 566,361,029 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3)..... | | 412,736,065 | 412,736,065 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8)..... | 2,444,108 | 4,681,722 | 7,125,830 |
| 11. Unearned premiums (Line 9)..... | | 95,277,848 | 95,277,848 |
| 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)..... | 64,540,575 | (64,634,162) | (93,587) |
| 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)..... | 9,990 | (9,990) | 0 |
| 18. Other liabilities..... | 71,764 | - | 71,764 |
| 19. Total liabilities excluding protected cell business (Line 26)..... | 67,066,437 | 448,051,483 | 515,117,920 |
| 20. Protected cell liabilities (Line 27)..... | | | 0 |
| 21. Surplus as regards policyholders (Line 37)..... | 51,243,109 | XXX | 51,243,109 |
| 22. Totals (Line 38)..... | 118,309,546 | 448,051,483 | 566,361,029 |

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

If yes, give full explanation:

See Notes to Financial Statements # 26 for further information.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit A&H (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|---|-------------|--------|---------------------------------|--------|---|--------|---------------------------|--------|----------------------------|---------|-------------------------|---------|--|---------|------------------------|---------|--------------|---------|
| | | | | | | | | | Non-Cancelable | | Guaranteed Renewable | | Non-Renewable for Stated Reasons Only | | Other Accident Only | | All Other | |
| | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | 7 Amount | 8 % | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % | 15 Amount | 16 % | 17 Amount | 18 % |
| PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | | |
| 1. Premiums written..... | 0 | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 2. Premiums earned..... | 0 | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 3. Incurred claims..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4. Cost containment expenses..... | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4)..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6. Increase in contract reserves..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7. Commissions (a)..... | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 8. Other general insurance expenses..... | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 9. Taxes, licenses and fees..... | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 10. Total other expenses incurred..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 11. Aggregate write-ins for deductions..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 12. Gain from underwriting before dividends or refunds..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 13. Dividends or refunds..... | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 14. Gain from underwriting after dividends or refunds..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | |
| 1101. | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1102. | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1103. | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above). | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

| | 1 | 2 | 3 | 4 | Other Individual Contracts | | | | |
|--|-------|---------------------------------|---|---------------------------|----------------------------|----------------------------------|---|---------------------------------|--------------------|
| | Total | Group Accident and Health | Credit A&H (Group and Individual) | Collectively Renewable | 5 Non-Cancelable | 6 Guaranteed Renewable | 7 Non-Renewable for Stated Reasons Only | 8 Other Accident Only | 9 All Other |
| PART 2 - RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums..... | .0 | | | | | | | | |
| 2. Advance premiums..... | .0 | | | | | | | | |
| 3. Reserve for rate credits..... | .0 | | | | | | | | |
| 4. Total premium reserves, current year..... | .0 | .0 | | .0 | .0 | .0 | .0 | .0 | .0 |
| 5. Total premium reserves, prior year..... | .0 | | | | | | | | |
| 6. Increase in total premium reserves..... | .0 | .0 | | .0 | .0 | .0 | .0 | .0 | .0 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a)..... | .0 | | | | | | | | |
| 2. Reserve for future contingent benefits..... | .0 | | | | | | | | |
| 3. Total contract reserves, current year..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. Total contract reserves, prior year..... | .0 | | | | | | | | |
| 5. Increase in contract reserves..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 2. Total prior year..... | .0 | | | | | | | | |
| 3. Increase..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |

31

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

| | | | | | | | | | |
|--|---|---|------|---|---|---|---|---|---|
| 1. Claims Paid During the Year: | | | NONE | | | | | | |
| 1.1 On claims incurred prior to current year..... | 0 | | | | | | | | |
| 1.2 On claims incurred during current year..... | 0 | | | | | | | | |
| 2. Claim Reserves and Liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year..... | 0 | | | | | | | | |
| 2.2 On claims incurred during current year..... | 0 | | | | | | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Claim reserves and liabilities, December 31, prior year..... | 0 | | | | | | | | |
| 3.3 Line 3.1 minus Line 3.2..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

PART 4 - REINSURANCE

| | | | | | | | | | |
|--------------------------|---|--|------|--|--|--|--|--|--|
| A. Reinsurance Assumed: | | | NONE | | | | | | |
| 1. Premiums written..... | 0 | | | | | | | | |
| 2. Premiums earned..... | 0 | | | | | | | | |
| 3. Incurred claims..... | 0 | | | | | | | | |
| 4. Commissions..... | 0 | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written..... | 0 | | | | | | | | |
| 2. Premiums earned..... | 0 | | | | | | | | |
| 3. Incurred claims..... | 0 | | | | | | | | |
| 4. Commissions..... | 0 | | | | | | | | |

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

HARLEYSVILLE PREFERRED INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1 Medical | 2 Dental | 3 Other | 4 Total |
|--|--------------|-------------|------------|------------|
| A. Direct: | | | | |
| 1. Incurred claims..... | | | | 0 |
| 2. Beginning claim reserves and liabilities..... | | | | 0 |
| 3. Ending claim reserves and liabilities..... | | | | 0 |
| 4. Claims paid..... | 0 | 0 | 0 | 0 |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred claims..... | | | | 0 |
| 6. Beginning claim reserves and liabilities..... | | | | 0 |
| 7. Ending claim reserves and liabilities..... | | | | 0 |
| 8. Claims paid..... | 0 | 0 | 0 | 0 |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred claims..... | | | | 0 |
| 10. Beginning claim reserves and liabilities..... | | | | 0 |
| 11. Ending claim reserves and liabilities..... | | | | 0 |
| 12. Claims paid..... | 0 | 0 | 0 | 0 |
| D. Net: | | | | |
| 13. Incurred claims..... | 0 | 0 | 0 | 0 |
| 14. Beginning claim reserves and liabilities..... | 0 | 0 | 0 | 0 |
| 15. Ending claim reserves and liabilities..... | 0 | 0 | 0 | 0 |
| 16. Claims paid..... | 0 | 0 | 0 | 0 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred claims and cost containment expenses..... | | | | 0 |
| 18. Beginning reserves and liabilities..... | | | | 0 |
| 19. Ending reserves and liabilities..... | | | | 0 |
| 20. Paid claims and cost containment expenses..... | 0 | 0 | 0 | 0 |

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 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. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 | 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. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL (\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|--------------------------|---------------|----------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 | 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. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1E - COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE (\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE (\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 28 | 29 Direct and Assumed | 30 | 31 | 32 | 33 | Inter- Company Pooling Participation Percentage | 35 | 36 |
| | | Ceded | Net | | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)
(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|-----------------------------------|----------------|--|----------------|-----------------------------------|----------------|---|---|---|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2009..... | | |0 | | | | | | | |0 |XXX..... |
| 4. 2010..... | | |0 | | | | | | | |0 |XXX..... |
| 5. 2011..... | | |0 | | | | | | | |0 |XXX..... |
| 6. 2012..... | | |0 | | | | | | | |0 |XXX..... |
| 7. 2013..... | | |0 | | | | | | | |0 |XXX..... |
| 8. 2014..... | | |0 | | | | | | | |0 |XXX..... |
| 9. 2015..... | | |0 | | | | | | | |0 |XXX..... |
| 10. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 11. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 28 | 29 Direct and Assumed | 30 | 31 | 32 | 33 | Inter-Company Pooling Participation Percentage | 35 | 36 |
| | | Ceded | Net | | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE (\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|-----------------------------------|----------------|--|----------------|-----------------------------------|----------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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 | 24 Total Net Losses and Expenses Unpaid | 25 |
|---------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|----------------------------|--------|--------|---|--------|
| | 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 | | | | | |
| 1. Prior..... | | | | | | | | | | | | |0 |
| 2. 2016..... | | | | | | | | | | | | |0 |
| 3. 2017..... | | | | | | | | | | | | |0 |
| 4. 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 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|---------------|---------------|--|---------------|---------------|------------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

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

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|-----------------------------------|----------------|--|----------------|-----------------------------------|----------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2016..... | | |0 | | | | | | | |0 | |
| 3. 2017..... | | |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 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. 2016..... | | | | | | | | | | | |0 | |
| 3. 2017..... | | | | | | | | | | | |0 | |
| 4. Totals... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|-----------------|---------------|--|-----------------|---------------|------------------------|---------------------------|---|--|--------------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2016.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$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. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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 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. 2016..... | | | | | | | | | | | |0 | |
| 3. 2017..... | | | | | | | | | | | |0 | |
| 4. 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 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|-----------------|---------------|--|-----------------|---------------|------------------------|---------------------------|---|--|--------------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 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. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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 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. 2016..... | | | | | | | | | | | |0 | |
| 3. 2017..... | | | | | | | | | | | |0 | |
| 4. Totals.. |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|---------------|---------------|--|---------------|---------------|------------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

SCHEDULE P - PART 1M - INTERNATIONAL

(\$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. 2008..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2009..... | | |0 | | | | | | | |0 |XXX..... |
| 4. 2010..... | | |0 | | | | | | | |0 |XXX..... |
| 5. 2011..... | | |0 | | | | | | | |0 |XXX..... |
| 6. 2012..... | | |0 | | | | | | | |0 |XXX..... |
| 7. 2013..... | | |0 | | | | | | | |0 |XXX..... |
| 8. 2014..... | | |0 | | | | | | | |0 |XXX..... |
| 9. 2015..... | | |0 | | | | | | | |0 |XXX..... |
| 10. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 11. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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. 2008.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017.. |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 1N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY (\$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. 2008..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2009..... | | |0 | | | | | | | |0 |XXX..... |
| 4. 2010..... | | |0 | | | | | | | |0 |XXX..... |
| 5. 2011..... | | |0 | | | | | | | |0 |XXX..... |
| 6. 2012..... | | |0 | | | | | | | |0 |XXX..... |
| 7. 2013..... | | |0 | | | | | | | |0 |XXX..... |
| 8. 2014..... | | |0 | | | | | | | |0 |XXX..... |
| 9. 2015..... | | |0 | | | | | | | |0 |XXX..... |
| 10. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 11. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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..... | | | | | NONE | | | | | | | |0 |XXX..... |
| 2. 2008..... | | | | | | | | | | | | |0 |XXX..... |
| 3. 2009..... | | | | | | | | | | | | |0 |XXX..... |
| 4. 2010..... | | | | | | | | | | | | |0 |XXX..... |
| 5. 2011..... | | | | | | | | | | | | |0 |XXX..... |
| 6. 2012..... | | | | | | | | | | | | |0 |XXX..... |
| 7. 2013..... | | | | | | | | | | | | |0 |XXX..... |
| 8. 2014..... | | | | | | | | | | | | |0 |XXX..... |
| 9. 2015..... | | | | | | | | | | | | |0 |XXX..... |
| 10. 2016..... | | | | | | | | | | | | |0 |XXX..... |
| 11. 2017..... | | | | | | | | | | | | |0 |XXX..... |
| 12. Totals... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX..... | | |

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. 2008. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 3. 2009. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 4. 2010. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 5. 2011. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 6. 2012. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 7. 2013. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 8. 2014. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 9. 2015. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 10. 2016. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 11. 2017. |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 10 - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY (\$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. 2008..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2009..... | | |0 | | | | | | | |0 |XXX..... |
| 4. 2010..... | | |0 | | | | | | | |0 |XXX..... |
| 5. 2011..... | | |0 | | | | | | | |0 |XXX..... |
| 6. 2012..... | | |0 | | | | | | | |0 |XXX..... |
| 7. 2013..... | | |0 | | | | | | | |0 |XXX..... |
| 8. 2014..... | | |0 | | | | | | | |0 |XXX..... |
| 9. 2015..... | | |0 | | | | | | | |0 |XXX..... |
| 10. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 11. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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..... | | | | | NONE | | | | | | | |0 |XXX..... |
| 2. 2008..... | | | | | | | | | | | | |0 |XXX..... |
| 3. 2009..... | | | | | | | | | | | | |0 |XXX..... |
| 4. 2010..... | | | | | | | | | | | | |0 |XXX..... |
| 5. 2011..... | | | | | | | | | | | | |0 |XXX..... |
| 6. 2012..... | | | | | | | | | | | | |0 |XXX..... |
| 7. 2013..... | | | | | | | | | | | | |0 |XXX..... |
| 8. 2014..... | | | | | | | | | | | | |0 |XXX..... |
| 9. 2015..... | | | | | | | | | | | | |0 |XXX..... |
| 10. 2016..... | | | | | | | | | | | | |0 |XXX..... |
| 11. 2017..... | | | | | | | | | | | | |0 |XXX..... |
| 12. Totals... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX..... | | |

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. 2008. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 3. 2009. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 4. 2010. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 5. 2011. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 6. 2012. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 7. 2013. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 8. 2014. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 9. 2015. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 10. 2016. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 11. 2017. |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 1P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES (\$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. 2008..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 3. 2009..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 4. 2010..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 5. 2011..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 6. 2012..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 7. 2013..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 8. 2014..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 9. 2015..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 10. 2016..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 11. 2017..... | | | 0..... | | | | | | | | 0..... | XXX..... |
| 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..... | | | | | NONE | | | | | | | |0 |XXX..... |
| 2. 2008..... | | | | | | | | | | | | |0 |XXX..... |
| 3. 2009..... | | | | | | | | | | | | |0 |XXX..... |
| 4. 2010..... | | | | | | | | | | | | |0 |XXX..... |
| 5. 2011..... | | | | | | | | | | | | |0 |XXX..... |
| 6. 2012..... | | | | | | | | | | | | |0 |XXX..... |
| 7. 2013..... | | | | | | | | | | | | |0 |XXX..... |
| 8. 2014..... | | | | | | | | | | | | |0 |XXX..... |
| 9. 2015..... | | | | | | | | | | | | |0 |XXX..... |
| 10. 2016..... | | | | | | | | | | | | |0 |XXX..... |
| 11. 2017..... | | | | | | | | | | | | |0 |XXX..... |
| 12. Totals... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX..... | | |

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. 2008. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 3. 2009. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 4. 2010. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 5. 2011. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 6. 2012. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 7. 2013. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 8. 2014. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 9. 2015. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 10. 2016. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0..... |0..... |
| 11. 2017. |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 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE
(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|------------|--|------------|---------------------------------|------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |XXX..... |
| 2. 2008..... | | |0 | | | | | | | |0 | |
| 3. 2009..... | | |0 | | | | | | | |0 | |
| 4. 2010..... | | |0 | | | | | | | |0 | |
| 5. 2011..... | | |0 | | | | | | | |0 | |
| 6. 2012..... | | |0 | | | | | | | |0 | |
| 7. 2013..... | | |0 | | | | | | | |0 | |
| 8. 2014..... | | |0 | | | | | | | |0 | |
| 9. 2015..... | | |0 | | | | | | | |0 | |
| 10. 2016..... | | |0 | | | | | | | |0 | |
| 11. 2017..... | | |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. 2008..... | | | | | | | | | | | |0 | |
| 3. 2009..... | | | | | | | | | | | |0 | |
| 4. 2010..... | | | | | | | | | | | |0 | |
| 5. 2011..... | | | | | | | | | | | |0 | |
| 6. 2012..... | | | | | | | | | | | |0 | |
| 7. 2013..... | | | | | | | | | | | |0 | |
| 8. 2014..... | | | | | | | | | | | |0 | |
| 9. 2015..... | | | | | | | | | | | |0 | |
| 10. 2016..... | | | | | | | | | | | |0 | |
| 11. 2017..... | | | | | | | | | | | |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 | 36 |
| | | | | | | | | | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2008. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2009. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. 2010. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 5. 2011. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 6. 2012. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 7. 2013. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 8. 2014. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 9. 2015. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 10. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 11. 2017. |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 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY
(\$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. 2016..... | | |0 | | | | | | | |0 |XXX..... |
| 3. 2017..... | | |0 | | | | | | | |0 |XXX..... |
| 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 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. 2016..... | | | | | | | | | | | |0 | |
| 3. 2017..... | | | | | | | | | | | |0 | |
| 4. 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 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|---------------|---------------|--|---------------|---------------|------------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2016. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

SCHEDULE P - PART 1T - WARRANTY
(\$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. 2016..... | | |0 | | | | | | | |0 | |
| 3. 2017..... | | |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 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. 2016..... | | | | | | | | | | | |0 | |
| 3. 2017..... | | | | | | | | | | | |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. 2016.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 3. 2017.. |0 |0 |0 |0.0 |0.0 |0.0 | | | |0 |0 |
| 4. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | One Year | Two Year |
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX... | ...XXX... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX... | ...XXX... | ...XXX... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | |0 |0 |
| 8. 2014..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | |0 |0 |
| 9. 2015..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | |0 |0 |
| 10. 2016..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | |0 | ...XXX... |
| 11. 2017..... | ...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..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX... | ...XXX... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX... | ...XXX... | ...XXX... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | |0 |0 |
| 8. 2014..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | |0 |0 |
| 9. 2015..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | |0 |0 |
| 10. 2016..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | |0 | ...XXX... |
| 11. 2017..... | ...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. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX... | ...XXX... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX... | ...XXX... | ...XXX... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | |0 |0 |
| 8. 2014..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | |0 |0 |
| 9. 2015..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | |0 |0 |
| 10. 2016..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | |0 | ...XXX... |
| 11. 2017..... | ...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. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX... | ...XXX... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX... | ...XXX... | ...XXX... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | |0 |0 |
| 8. 2014..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | |0 |0 |
| 9. 2015..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | |0 |0 |
| 10. 2016..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | |0 | ...XXX... |
| 11. 2017..... | ...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. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX... | ...XXX... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX... | ...XXX... | ...XXX... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | | |0 |0 |
| 8. 2014..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | | |0 |0 |
| 9. 2015..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | | |0 |0 |
| 10. 2016..... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | ...XXX... | | |0 | ...XXX... |
| 11. 2017..... | ...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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | One Year | Two Year |
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | |0 |0 |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |0 |0 |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | |0 |0 |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | |0 | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|-------------|-------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | |0 |0 |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |0 |0 |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | |0 |0 |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | |0 | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|-------------|-------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | |0 |0 |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |0 |0 |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | |0 |0 |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | |0 | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|-------------|-------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | |0 |0 |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |0 |0 |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | |0 |0 |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | |0 | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|-------------|-------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... | ...XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | |0 |0 |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | |0 |0 |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | |0 |0 |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |0 |0 |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | |0 |0 |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | |0 | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | One Year | Two Year |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | 0 | 0 |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | XXX..... |
| 3. 2017..... | 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 |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | XXX..... |
| 3. 2017..... | 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. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | XXX..... |
| 3. 2017..... | 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. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | XXX..... |
| 3. 2017..... | 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. 2008..... | | | | | | | | | | | 0 | 0 |
| 3. 2009..... | XXX..... | | | | | | | | | | 0 | 0 |
| 4. 2010..... | XXX..... | XXX..... | | | | | | | | | 0 | 0 |
| 5. 2011..... | XXX..... | XXX..... | XXX..... | | | | | | | | 0 | 0 |
| 6. 2012..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | 0 | 0 |
| 7. 2013..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | 0 | 0 |
| 8. 2014..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | 0 | 0 |
| 9. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | 0 | 0 |
| 10. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | XXX..... |
| 11. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | XXX..... | XXX..... |
| 12. Totals | | | | | | | | | | | 0 | 0 |

SCHEDULE P - PART 2N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

| Years in Which Losses Were Incurred | Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | Development | |
|-------------------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------|---------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | One Year | Two Year |
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... |XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |0 |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |0 |0 |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |0 |0 |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |0 |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |0 |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

SCHEDULE P - PART 2O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|---------------|---------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... |XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |0 |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |0 |0 |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |0 |0 |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |0 |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |0 |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

SCHEDULE P - PART 2P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|---------------|---------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... |XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |0 |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |0 |0 |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |0 |0 |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |0 |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |0 |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| Years in Which Losses Were Incurred | Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | Development | |
|-------------------------------------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------|--------------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | One Year | Two Year |
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... |XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |0 |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |0 |0 |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |0 |0 |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |0 |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |0 |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|--------------|--------------|
| 1. Prior..... | | | | | | | | | | |0 |0 |
| 2. 2008..... | | | | | | | | | | |0 |0 |
| 3. 2009..... |XXX..... | | | | | | | | | |0 |0 |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |0 |0 |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |0 |0 |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |0 |0 |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |0 |0 |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |0 |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |0 |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 12. Totals | | | | | | | | | | |0 |0 |

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

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|--------------|--------------|
| 1. Prior..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 2. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |XXX..... |
| 3. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 4. Totals | | | | | | | | | | |0 |0 |

SCHEDULE P - PART 2T - WARRANTY

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|--------------|--------------|
| 1. Prior..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |0 |0 |
| 2. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |0 |XXX..... |
| 3. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 4. Totals | | | | | | | | | | |0 |0 |

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

| Years in Which Losses Were Incurred | Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |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 | | |
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |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. 2008..... | | | | | | | | | | |XXX..... |XXX..... |
| 3. 2009..... |XXX..... | | | | | | | | | |XXX..... |XXX..... |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | |XXX..... |XXX..... |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | |XXX..... |XXX..... |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |XXX..... |XXX..... |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |XXX..... |XXX..... |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |XXX..... |XXX..... |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |XXX..... |XXX..... |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |
| 11. 2017..... |XXX..... |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 | 12 |
|-------------------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Number of Claims Closed With Loss Payment | Number of Claims Closed Without Loss Payment |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 1. Prior..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...000..... | | | ...XXX..... | ...XXX..... |
| 2. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 3. 2017..... | ...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..... | | | | |
| 2. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | |
| 3. 2017..... | ...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. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 3. 2017..... | ...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. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 3. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |

SCHEDULE P - PART 3M - INTERNATIONAL

| | | | | | | | | | | | | |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------------|-------------|
| 1. Prior..... | ...000..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 2. 2008..... | | | | | | | | | | | ...XXX..... | ...XXX..... |
| 3. 2009..... | ...XXX..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | | ...XXX..... | ...XXX..... |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | | ...XXX..... | ...XXX..... |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | ...XXX..... | ...XXX..... |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | ...XXX..... | ...XXX..... |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | ...XXX..... | ...XXX..... |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | ...XXX..... | ...XXX..... |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |

SCHEDULE P - PART 3N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

| Years in Which Losses Were Incurred | Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 1. Prior..... |000..... | | | | NONE | | | | | | ...XXX..... | ...XXX..... |
| 2. 2008..... | | | | | | | | | | | ...XXX..... | ...XXX..... |
| 3. 2009..... | ...XXX..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | | | | | | | ...XXX..... | ...XXX..... |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | | ...XXX..... | ...XXX..... |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | ...XXX..... | ...XXX..... |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | ...XXX..... | ...XXX..... |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | ...XXX..... | ...XXX..... |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | ...XXX..... | ...XXX..... |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |

SCHEDULE P - PART 3O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

| | | | | | | | | | | | | |
|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------------|-------------|
| 1. Prior..... |000..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 2. 2008..... | | | | | | | | | | | ...XXX..... | ...XXX..... |
| 3. 2009..... | ...XXX..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | NONE | | | | | | ...XXX..... | ...XXX..... |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | | ...XXX..... | ...XXX..... |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | ...XXX..... | ...XXX..... |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | ...XXX..... | ...XXX..... |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | ...XXX..... | ...XXX..... |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | ...XXX..... | ...XXX..... |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |

SCHEDULE P - PART 3P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

| | | | | | | | | | | | | |
|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------------|-------------|
| 1. Prior..... |000..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 2. 2008..... | | | | | | | | | | | ...XXX..... | ...XXX..... |
| 3. 2009..... | ...XXX..... | | | | | | | | | | ...XXX..... | ...XXX..... |
| 4. 2010..... | ...XXX..... | ...XXX..... | | | NONE | | | | | | ...XXX..... | ...XXX..... |
| 5. 2011..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | | ...XXX..... | ...XXX..... |
| 6. 2012..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | | ...XXX..... | ...XXX..... |
| 7. 2013..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | | ...XXX..... | ...XXX..... |
| 8. 2014..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | | ...XXX..... | ...XXX..... |
| 9. 2015..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | | ...XXX..... | ...XXX..... |
| 10. 2016..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | | ...XXX..... | ...XXX..... |
| 11. 2017..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | ...XXX..... | | ...XXX..... | ...XXX..... |

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

| Years in Which Losses Were Incurred | Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|--|--|
| 1. Prior..... |000..... | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | |
| 3. 2009..... |XXX..... | | | | | | | | | | | |
| 4. 2010..... |XXX..... |XXX..... | | | | | | | | | | |
| 5. 2011..... |XXX..... |XXX..... |XXX..... | | | | | | | | | |
| 6. 2012..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | | |
| 7. 2013..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | | |
| 8. 2014..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | | |
| 9. 2015..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | | |
| 10. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |
| 11. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |

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

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|---------------|---------------|
| 1. Prior..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |000..... | | |XXX..... |XXX..... |
| 2. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |XXX..... |
| 3. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | |XXX..... |XXX..... |

SCHEDULE P - PART 3T - WARRANTY

| | | | | | | | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|--|--|
| 1. Prior..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |000..... | | | | |
| 2. 2016..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | | |
| 3. 2017..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | | |

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

| Years in Which Losses Were Incurred | Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|---|---|----------|----------|----------|----------|----------|----------|----------|----------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | 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. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | 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. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | 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. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |

SCHEDULE P - PART 4M - INTERNATIONAL

| | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX..... | | | | | | | | | |
| 4. 2010..... | XXX..... | XXX..... | | | | | | | | |
| 5. 2011..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 6. 2012..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 7. 2013..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 8. 2014..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 9. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 10. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 11. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |

SCHEDULE P - PART 4N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

| Years in Which Losses Were Incurred | Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|---|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

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

| Years in Which Losses Were Incurred | Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|---|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

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

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4T - WARRANTY

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX..... | | | | | | | | | |
| 4. 2010..... | XXX..... | XXX..... | | | | | | | | |
| 5. 2011..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 6. 2012..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 7. 2013..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 8. 2014..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 9. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 10. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX..... | | | | | | | | | |
| 4. 2010..... | XXX..... | XXX..... | | | | | | | | |
| 5. 2011..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 6. 2012..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 7. 2013..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 8. 2014..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 9. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 10. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX..... | | | | | | | | | |
| 4. 2010..... | XXX..... | XXX..... | | | | | | | | |
| 5. 2011..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 6. 2012..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 7. 2013..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 8. 2014..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 9. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 10. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 11. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |

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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | Number of Claims Outstanding Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Reported Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | Number of Claims Outstanding Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Reported Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | Number of Claims Outstanding Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Reported Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | Number of Claims Outstanding Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Reported Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2A

| 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3A

| 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | Number of Claims Outstanding Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Number of Claims Reported Direct and Assumed at Year End | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

HARLEYSVILLE PREFERRED INSURANCE COMPANY
SCHEDULE P - PART 5T - WARRANTY

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |
| 2. 2016..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | |
| 3. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |

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

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

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

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | .0 | |
| 2. 2008..... | | | | | | | | | | .0 | |
| 3. 2009..... | XXX | | | | | | | | | .0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | .0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | .0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | .0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | .0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | .0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | .0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | .0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY
SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Pregs.(P-Pt.1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Pregs.(P-Pt.1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY
SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Pregs.(P-Pt.1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Pregs.(P-Pt.1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2A

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|---|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | Cumulative Premiums Earned Ceded at Year End (\$000 omitted) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
| 1. Prior..... | | | | | | | | | | 0 | |
| 2. 2008..... | | | | | | | | | | 0 | |
| 3. 2009..... | XXX | | | | | | | | | 0 | |
| 4. 2010..... | XXX | XXX | | | | | | | | 0 | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | 0 | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | 0 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | 0 | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | 0 | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | 0 | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | |
| 12. Total..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 13. Earned Prems.(P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|--|---|----------------------------------|---|---|
| Schedule P - Part 1 | Total Net Losses and Expenses Unpaid | Net Losses and Expenses Unpaid on Loss Sensitive Contracts | Loss Sensitive as Percentage of Total | Total Net Premiums Written | Net Premiums Written on Loss Sensitive Contracts | Loss Sensitive as Percentage of Total |
| 1. Homeowners/farmowners..... | | | 0.0 | | | 0.0 |
| 2. Private passenger auto liability/medical..... | | | 0.0 | | | 0.0 |
| 3. Commercial auto/truck liability/medical..... | | | 0.0 | | | 0.0 |
| 4. Workers' compensation..... | | | 0.0 | | | 0.0 |
| 5. Commercial multiple peril..... | | | 0.0 | | | 0.0 |
| 6. Medical professional liability - occurrence..... | | | 0.0 | | | 0.0 |
| 7. Medical professional liability - claims-made..... | | | 0.0 | | | 0.0 |
| 8. Special liability..... | | | 0.0 | | | 0.0 |
| 9. Other liability - occurrence..... | | | 0.0 | | | 0.0 |
| 10. Other liability - claims-made..... | | | 0.0 | | | 0.0 |
| 11. Special property..... | | | 0.0 | | | 0.0 |
| 12. Auto physical damage..... | | | 0.0 | | | 0.0 |
| 13. Fidelity/surety..... | | | 0.0 | | | 0.0 |
| 14. Other..... | | | 0.0 | | | 0.0 |
| 15. International..... | | | 0.0 | | | 0.0 |
| 16. Reinsurance - nonproportional assumed property..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 17. Reinsurance - nonproportional assumed liability..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 18. Reinsurance - nonproportional assumed financial lines..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 19. Products liability - occurrence..... | | | 0.0 | | | 0.0 |
| 20. Products liability - claims-made..... | | | 0.0 | | | 0.0 |
| 21. Financial guaranty/mortgage guaranty..... | | | 0.0 | | | 0.0 |
| 22. Warranty..... | | | 0.0 | | | 0.0 |
| 23. Totals..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |

SECTION 2

| Years in Which Policies Were Issued | Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|---|--|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Policies Were Issued | Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted) | | | | | | | | | |
|---|--|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 7A - PRIMARY 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|--|---|----------------------------------|---|---|
| Schedule P - Part 1 | Total Net Losses and Expenses Unpaid | Net Losses and Expenses Unpaid on Loss Sensitive Contracts | Loss Sensitive as Percentage of Total | Total Net Premiums Written | Net Premiums Written on Loss Sensitive Contracts | Loss Sensitive as Percentage of Total |
| 1. Homeowners/farmowners..... | | | 0.0 | | | 0.0 |
| 2. Private passenger auto liability/medical..... | | | 0.0 | | | 0.0 |
| 3. Commercial auto/truck liability/medical..... | | | 0.0 | | | 0.0 |
| 4. Workers' compensation..... | | | 0.0 | | | 0.0 |
| 5. Commercial multiple peril..... | | | 0.0 | | | 0.0 |
| 6. Medical professional liability - occurrence..... | | | 0.0 | | | 0.0 |
| 7. Medical professional liability - claims-made..... | | | 0.0 | | | 0.0 |
| 8. Special liability..... | | | 0.0 | | | 0.0 |
| 9. Other liability - occurrence..... | | | 0.0 | | | 0.0 |
| 10. Other liability - claims-made..... | | | 0.0 | | | 0.0 |
| 11. Special property..... | | | 0.0 | | | 0.0 |
| 12. Auto physical damage..... | | | 0.0 | | | 0.0 |
| 13. Fidelity/surety..... | | | 0.0 | | | 0.0 |
| 14. Other..... | | | 0.0 | | | 0.0 |
| 15. International..... | | | 0.0 | | | 0.0 |
| 16. Reinsurance - nonproportional assumed property..... | | | 0.0 | | | 0.0 |
| 17. Reinsurance - nonproportional assumed liability..... | | | 0.0 | | | 0.0 |
| 18. Reinsurance - nonproportional assumed financial lines..... | | | 0.0 | | | 0.0 |
| 19. Products liability - occurrence..... | | | 0.0 | | | 0.0 |
| 20. Products liability - claims-made..... | | | 0.0 | | | 0.0 |
| 21. Financial guaranty/mortgage guaranty..... | | | 0.0 | | | 0.0 |
| 22. Warranty..... | | | 0.0 | | | 0.0 |
| 23. Totals | 0 | 0 | 0.0 | 0 | 0 | 0.0 |

SECTION 2

| Years in Which Policies Were Issued | Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|---|--|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Policies Were Issued | Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted) | | | | | | | | | |
|---|--|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | 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 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | XXX | | | | | | | | | |
| 4. 2010..... | XXX | XXX | | | | | | | | |
| 5. 2011..... | XXX | XXX | XXX | | | | | | | |
| 6. 2012..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

HARLEYSVILLE PREFERRED INSURANCE COMPANY
SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1

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

Yes [] No [X]
- 1.2

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

.....
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [] No []
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No []
- 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[]
- 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 | 2008..... | | |
| 1.603 | 2009..... | | |
| 1.604 | 2010..... | | |
| 1.605 | 2011..... | | |
| 1.606 | 2012..... | | |
| 1.607 | 2013..... | | |
| 1.608 | 2014..... | | |
| 1.609 | 2015..... | | |
| 1.610 | 2016..... | | |
| 1.611 | 2017..... | | |
| 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).
If not the same in all years, explain in Interrogatory 7.

PER CLAIMANT
- 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 | | | | | | | | | | | | | | | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4595018 | | | 10 W. Nationwide, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4810074 | | | 1000 Yard Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4869474 | | | 1015 Long Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4810047 | | | 1050 Yard Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd. | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4810038 | | | 1125 Rail Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1733036.. | ...4594963 | | | 120 Acre Partners, LLC..... | DE..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...95.000 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 26-2451988.. | ...4288132 | | | 1492 Capital, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...5113932 | | | 111 Rivulon Boulevard, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4810083 | | | 155 Rivulon Boulevard, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...5113923 | | | 161 Rivulon Boulevard, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | ...5042171 | | | 170 Marconi, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | ...4960960 | | | 245 Parks Edge Place, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4810092 | | | 275 Rivulon Boulevard, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...5092952 | | | 343 N. Front, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | ...4590835 | | | 400 West Nationwide Boulevard, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | ...4591140 | | | 425 West Nationwide Boulevard, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4595009 | | | 44 Chestnut, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4890843 | | | 75 Rivulon Boulevard, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4590750 | | | 775 Yard Street, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4810104 | | | 780 Yard Street, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4671583 | | | 795 Rail Street, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4590602 | | | 800 Bobcat Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4671499 | | | 800 Goodale Boulevard, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4671789 | | | 800 Yard Street, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4590778 | | | 805 Bobcat Avenue, LLC..... | OH..... | NIA..... | GVY Residential, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4890834 | | | 808 Yard Street, LLC..... | OH..... | NIA..... | GVY Residential, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4869465 | | | 820 Goodale Boulevard, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...5042612 | | | 825 Junction Way, LLC..... | OH..... | NIA..... | GVY Residential, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | | | 37-1865892.. | n/a..... | | | 828 at the Yard Condominimums Home Owners Association | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... |N..... | 2..... |
| 0140 | Nationwide..... | | 20-4939866.. | ...5012286 | | | 828 Bobcat Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4890759 | | | 840 Third Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4590611 | | | 845 Yard Street, LLC..... | OH..... | NIA..... | GVY Residential, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4590787 | | | 850 Goodale Blvd., LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4903921 | | | 860 Third Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | ...4903912 | | | 880 Third Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |

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) | * |
| 97.1 | 0140 Nationwide..... | | 20-4939866.. | ..4869438 | | | 895 W. Third Avenue, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 20-4939866.. | ..5143069 | | | 950 Dorchester Way, LLC..... | OH..... | NIA..... | GVY Residential, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | ..5092943 | | | 960 Bobcat Avenue, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | ..4810029 | | | 975 Rail Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | ..5082001 | | | 995 Yard Street, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1680808.. | ..4594833 | | | AD Investments, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...60.000 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| | 0140 Nationwide..... | | 31-1580283.. | ..4590992 | | | ADTV, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 52-2227314.. | ..4287247 | | | AGMC Reinsurance, Ltd..... | TCA..... | IA..... | Nationwide Advantage Mortgage Company.... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 42-1011300.. | ..4287229 | | | ALLIED General Agency Company..... | IA..... | IA..... | AMCO Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 42-0958655.. | ..1677548 | | | ALLIED Group, Inc..... | IA..... | IA..... | Allied Holdings (Delaware), Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 46-4628790.. | ..4613462 | | | Allied Holdings (Delaware), Inc..... | DE..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...Y..... | |
| | 0140 Nationwide..... | 10127... | 27-0114983.. | ..4288169 | | | ALLIED Insurance Company of America..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | 42579... | 42-1201931.. | ..4287144 | | | ALLIED Property and Casualty Insurance Company | IA..... | IA..... | ALLIED Group, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 42-1527863.. | ..4287238 | | | ALLIED Texas Agency, Inc..... | TX..... | IA..... | AMCO Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | 19100... | 42-6054959.. | ..4287153 | | | AMCO Insurance Company..... | IA..... | IA..... | ALLIED Group, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 59-1031596.. | ..4288011 | | | American Marine Underwriters, Inc..... | FL..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 81-4532504.. | ..5082029 | | | American Tax Credit Fund 2017-A, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 82-2001573.. | ..5167113 | | | American Tax Credit Fund 2017-B, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1580283.. | ..4591177 | | | Arena District CA I, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | | | 36-4857239.. | n/a..... | | | Arena District Garage Condominium Association | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| | | | 90-0280710.. | n/a..... | | | Arena District Owners Association..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| | | | 35-2582728.. | n/a..... | | | Arena District Swim Club Association..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| | 0140 Nationwide..... | | 31-1486309.. | ..5012277 | | | Ballantrae Woods, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 26-4083207.. | ..4869447 | | | Berkshire Crossing Development, LLC..... | DE..... | NIA..... | NorthStar Commercial Development, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 31-1555487.. | ..4593658 | | | Broad Street Retail, LLC..... | DE..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...60.000 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| | 0140 Nationwide..... | | 20-3624379.. | ..4595531 | | | Brooke School Investment Fund, LLC..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 26-0899413.. | ..3730540 | | | CHP New Markets Investment Fund, LLC..... | OH..... | OTH..... | Nationwide Mutual Insurance Company..... | Limited partner /no control | ...50.000 | other non-Nationwide..... | ...N..... | 2..... |
| | 0140 Nationwide..... | | 20-1618232.. | ..4595241 | | | CNRI-Cannonsport Condominium, LLC..... | OH..... | NIA..... | CNRI-Cannonsport, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | 0140 Nationwide..... | | 20-1618232.. | ..4595045 | | | CNRI- Cannonsport, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| | | | n/a..... | n/a..... | | | Co-Investment Fund, LLC..... | DE..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| | 0140 Nationwide..... | | 31-1579973.. | ..2998688 | | | COLHOC Limited Partnership..... | OH..... | NIA..... | NRI Arena, LLC..... | ownership..... | ...30.760 | Other non-Nationwide..... | ...N..... | 1..... |
| | 0140 Nationwide..... | 29262... | 74-1061659.. | ..4288057 | | | Colonial County Mutual Insurance Company..... | TX..... | IA..... | Other non-Nationwide..... | contract..... | | Other non-Nationwide..... | ...N..... | 2..... |
| | | | 45-4901238.. | n/a..... | | | Columbus Arena Management, LLC..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |

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) | * |
| 0140 | Nationwide..... | 18961... | 68-0066866.. | 4288178 | | | Crestbrook Insurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | 4590255 | | | Crewville, Ltd..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 42587... | 42-1207150.. | 4287162 | | | Depositors Insurance Company..... | IA..... | IA..... | ALLIED Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | 46-4104813.. | n/a..... | | | Discover Affordable Housing Investment Fund I LLC | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | | 33-0096671.. | 4287694 | | | DVM Insurance Agency..... | CA..... | NIA..... | Veterinary Pet Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 15821... | 47-4523959.. | 4890825 | | | Eagle Captive Reinsurance, LLC..... | OH..... | IA..... | Nationwide Life Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 20-1945276.. | 4590590 | | | East of Madison, LLC..... | DE..... | NIA..... | 120 Acre Partners, Ltd..... | ownership..... | 24.910 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 20-1945276.. | 4590590 | | | East of Madison, LLC..... | DE..... | NIA..... | ND La Quinta Partners, LLC..... | ownership..... | 75.090 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | | | 30-0951639.. | n/a..... | | | ERN-4 Property Owners Association, Inc..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | 13838... | 42-0618271.. | 4569372 | | | Farmland Mutual Insurance Company..... | IA..... | OTH..... | Other non-Nationwide..... | debt..... | | Other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | 22209... | 75-6013587.. | 4287676 | | | Freedom Specialty Insurance Company..... | OH..... | IA..... | Scottsdale Insurance Company | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | 46-4736379.. | n/a..... | | | GPN-1 Property Owners Association, Inc..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | | 20-4939866.. | 4590808 | | | Grandview Yard Hotel Holdings, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | 4590826 | | | Grandview Yard Hotel, LLC..... | OH..... | NIA..... | Grandview Yard Hotel Holdings, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 20-4939866.. | 5036200 | | | GVY Residential, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 51-0241172.. | 3582909 | | | Harleysville Group Inc..... | DE..... | UDP..... | Allied Holdings (Delaware), Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 23582... | 41-0417250.. | 4442260 | | | Harleysville Insurance Company..... | OH..... | IA..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | | | | | | | | | | | | | |
| 0140 | Nationwide..... | 42900... | 23-2253669.. | 4442158 | | | Harleysville Insurance Company of New Jersey | NJ..... | IA..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 10674... | 23-2864924.. | 4442242 | | | Harleysville Insurance Company of New York... | OH..... | IA..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 14516... | 38-3198542.. | 4442251 | | | Harleysville Lake States Insurance Company.... | MI..... | IA..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 64327... | 23-1580983.. | 4440659 | | | Harleysville Life Insurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 35696... | 23-2384978.. | 4442288 | | | Harleysville Preferred Insurance Company..... | OH..... | RE..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 26182... | 04-1989660.. | 4442372 | | | Harleysville Worcester Insurance Company..... | OH..... | IA..... | Harleysville Group, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 32-0051216.. | 4596903 | | | Hideaway Properties Corporation..... | CA..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 50.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 31-0871532.. | 4288020 | | | Insurance Intermediaries, Inc..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 20-3289512.. | 3848436 | | | Jefferson National Financial Corp..... | DE..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | Y..... | |
| 0140 | Nationwide..... | 64017... | 75-0300900.. | 3332887 | | | Jefferson National Life Insurance Company..... | TX..... | IA..... | Jefferson National Financial Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | | | | | | | | | | | | | |
| 0140 | Nationwide..... | 15727... | 47-1180302.. | 5111899 | | | Jefferson National Life Insurance Company of New York | NY..... | IA..... | Jefferson National Life Insurance Company.... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 61-1340595.. | 5113503 | | | Jefferson National Securities Corporation..... | DE..... | NIA..... | Jefferson National Financial Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | 4097802 | | | Jerome Village Company, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | 46-2974590.. | n/a..... | | | Jerome Village Master Property Owners Association, Inc. | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | | 20-8945345.. | 5111938 | | | JNF Advisors, Inc..... | DE..... | NIA..... | Jefferson National Financial Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | 46-2956640.. | n/a..... | | | Jerome Village Residential Property Owners Association, Inc. | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |

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) | * |
| 0140 | Nationwide..... | | 31-1486309.. | 4590312 | | | JV Developers, LLC..... | OH..... | OTH..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| 0140 | Nationwide..... | | 74-1395229.. | 4613350 | | | Lone Star General Agency, Inc..... | TX..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 11991... | 38-0865250.. | 4288187 | | | National Casualty Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | AC000920.. | 4614900 | | | National Casualty Company of America, Ltd.... | GBR..... | IA..... | National Casualty Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 42-1154244.. | 2889795 | | | Nationwide Advantage Mortgage Company..... | IA..... | NIA..... | AMCO Insurance Company..... | ownership..... | 87.300 | Nationwide Mutual Insurance Company..... | Y..... | 1..... |
| | | | | | | | | | | ALLIED Property & Casualty Insurance Company | | | | | |
| 0140 | Nationwide..... | | 42-1154244.. | 2889795 | | | Nationwide Advantage Mortgage Company..... | IA..... | NIA..... | | ownership..... | 8.470 | Nationwide Mutual Insurance Company..... | Y..... | 1..... |
| 0140 | Nationwide..... | | 42-1154244.. | 2889795 | | | Nationwide Advantage Mortgage Company..... | IA..... | NIA..... | Depositors Insurance Company..... | ownership..... | 4.230 | Nationwide Mutual Insurance Company..... | Y..... | 1..... |
| | | | | | | | Nationwide Affinity Insurance Company of America | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 26093.. | 48-0470690.. | 4288196 | | | Nationwide Agribusiness Insurance Company... | IA..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 28223.. | 42-1015537.. | 4288208 | | | Nationwide Arena, LLC..... | OH..... | NIA..... | NRI Arena, LLC..... | ownership..... | 90.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 31-1578869.. | 4288075 | | | Nationwide Asset Management, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 10723.. | 20-8670712.. | 4288114 | | | Nationwide Assurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 95-0639970.. | 4288217 | | | Nationwide Bank..... | OH..... | OTH..... | Nationwide Financial Services, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| 0140 | Nationwide..... | | 31-1592130.. | 2729677 | | | Nationwide Cash Management Company..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1036287.. | 4288123 | | | Nationwide Corporation..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 95.200 | Nationwide Mutual Insurance Company..... | Y..... | 1..... |
| 0140 | Nationwide..... | | 31-4416546.. | 3828081 | | | Nationwide Corporation..... | OH..... | NIA..... | Nationwide Mutual Fire Insurance Company... | ownership..... | 4.800 | Nationwide Mutual Insurance Company..... | Y..... | 1..... |
| 0140 | Nationwide..... | | 31-4416546.. | 3828081 | | | Nationwide Emerging Managers, LLC..... | DE..... | NIA..... | NWD Investment Management, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | | | | | | | Nationwide Exclusive Agent Risk Purchasing Group, LLC | OH..... | NIA..... | Insurance Intermediaries, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 05-0630007.. | 4288048 | | | Nationwide Financial Assignment Company..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1667326.. | 4286932 | | | Nationwide Financial General Agency, Inc..... | PA..... | NIA..... | NFS Distributors, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 23-2412039.. | 4287087 | | | Nationwide Financial Services Capital Trust.... | DE..... | NIA..... | Nationwide Financial Services, Inc. | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-6554353.. | 4286978 | | | Nationwide Financial Services, Inc..... | DE..... | NIA..... | Nationwide Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1486870.. | 3828063 | | | Nationwide Fund Advisors..... | DE..... | NIA..... | Nationwide Financial Services, Inc. | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 52-6969857.. | 4286996 | | | Nationwide Fund Distributors LLC..... | DE..... | NIA..... | NFS Distributors, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1748721.. | 4287050 | | | Nationwide Fund Management LLC..... | DE..... | NIA..... | NFS Distributors, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-0900518.. | 4287041 | | | Nationwide General Insurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 23760.. | 31-4425763.. | 4287957 | | | Nationwide Global Holdings, Inc..... | OH..... | NIA..... | Nationwide Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1570938.. | 4286398 | | | Nationwide Global Ventures, Inc..... | DE..... | NIA..... | NWD Asset Management Holdings, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 04-3732385.. | 4286857 | | | Nationwide Indemnity Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 10070.. | 31-1399201.. | 2839398 | | | Nationwide Insurance Company of America..... | OH..... | IA..... | ALLIED Group, Inc. | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 25453.. | 95-2130882.. | 4287180 | | | Nationwide Insurance Company of Florida..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | 10948.. | 31-1613686.. | 4287966 | | | Nationwide Investment Advisors, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 41-2206199.. | 4286950 | | | | | | | | | | | |

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) | * |
| 0140 | Nationwide..... | | 73-0988442.. | ...4286923 | | | Nationwide Investment Services Corporation..... | OK..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |Y..... | |
| 0140 | Nationwide..... | 92657... | 31-1000740.. | ...2995098 | | | Nationwide Life and Annuity Insurance Company | OH..... | IA..... | Nationwide Life Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 66869... | 31-4156830.. | ...2819288 | | | Nationwide Life Insurance Company..... | OH..... | IA..... | Nationwide Financial Services, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 13-4212969.. | ...4596127 | | | Nationwide Life Tax Credit Partners 2002-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 01-0749754.. | ...4595960 | | | Nationwide Life Tax Credit Partners 2002-B, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 54-2113175.. | ...4596127 | | | Nationwide Life Tax Credit Partners 2003-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 58-2672725.. | ...4596163 | | | Nationwide Life Tax Credit Partners 2003-B, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-0382144.. | ...4596707 | | | Nationwide Life Tax Credit Partners 2004-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-0745944.. | ...4596211 | | | Nationwide Life Tax Credit Partners 2004-B, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-0745965.. | ...4596239 | | | Nationwide Life Tax Credit Partners 2004-C, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-1128408.. | ...4596332 | | | Nationwide Life Tax Credit Partners 2004-D, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-1128472.. | ...4596350 | | | Nationwide Life Tax Credit Partners 2004-E, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-1918935.. | ...3318117 | | | Nationwide Life Tax Credit Partners 2004-F, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-2303694.. | ...4596369 | | | Nationwide Life Tax Credit Partners 2005-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-2303602.. | ...4596378 | | | Nationwide Life Tax Credit Partners 2005-B, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-2450960.. | ...4596387 | | | Nationwide Life Tax Credit Partners 2005-C, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-2451052.. | ...4596396 | | | Nationwide Life Tax Credit Partners 2005-D, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-2774223.. | ...4596408 | | | Nationwide Life Tax Credit Partners 2005-E, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 21-1288836.. | ...4596426 | | | Nationwide Life Tax Credit Partners 2007-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 26-3427373.. | ...4596435 | | | Nationwide Life Tax Credit Partners 2009-A, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |

97.4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

97.5

| 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) | * |
| 0140 | Nationwide..... | | 26-3427435.. | ...4596444 | | | Nationwide Life Tax Credit Partners 2009-B, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 26-3427479.. | ...4596499 | | | Nationwide Life Tax Credit Partners 2009-C, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 26-3427525.. | ...4596510 | | | Nationwide Life Tax Credit Partners 2009-D, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 26-4737055.. | ...4596529 | | | Nationwide Life Tax Credit Partners 2009-E, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 26-4737157.. | ...4596547 | | | Nationwide Life Tax Credit Partners 2009-F, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 27-1362364.. | ...4596622 | | | Nationwide Life Tax Credit Partners 2009-I, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 45-0469525.. | ...3779811 | | | Nationwide Life Tax Credit Partners No. 1, LLC | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | 42110... | 75-1780981.. | ...4287984 | | | Nationwide Lloyds..... | TX..... | IA..... | n/a..... | contract..... | | Nationwide Mutual Insurance Company..... |N..... | 2..... |
| 0140 | Nationwide..... | | 42-1373380.. | ...4287210 | | | Nationwide Member Solutions Agency Inc..... | IA..... | NIA..... | ALLIED Group, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 31-41771... | 75-3191025.. | ...4597094 | | | Nationwide Mutual Capital I, LLC..... | DE..... | NIA..... | Nationwide Mutual Capital, LLC..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 31-41771... | 75-3191025.. | ...4595269 | | | Nationwide Mutual Capital, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 23779... | 82-0549218.. | ...3828090 | | | Nationwide Mutual Fire Insurance Company..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... |N..... | 2..... |
| 0140 | Nationwide..... | 23787... | 31-4177100.. | ...3828072 | | | Nationwide Mutual Insurance Company..... | OH..... | UIP..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... |N..... | 2..... |
| 0140 | Nationwide..... | | 34-2012765.. | ...4288084 | | | Nationwide Private Equity Fund, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 37877... | 31-0970750.. | ...4287993 | | | Nationwide Property and Casualty Insurance Company | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...4288105 | | | Nationwide Realty Investors, Ltd..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...97.000 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 31-1486309.. | ...4288105 | | | Nationwide Realty Investors, Ltd..... | OH..... | NIA..... | Nationwide Indemnity Company..... | ownership..... | ...3.000 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 31-1486309.. | ...4590264 | | | Nationwide Realty Management, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | n/a..... | ...4288066 | | | Nationwide Realty Services, Ltd..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 73-0948330.. | ...4287096 | | | Nationwide Retirement Solutions, Inc..... | DE..... | NIA..... | NFS Distributors, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 36-2434406.. | ...4287078 | | | Nationwide Securities, LLC..... | OH..... | NIA..... | NFS Distributors, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-4177100.. | ...4288093 | | | Nationwide Services Company, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 27-0743545.. | ...4564041 | | | Nationwide Tax Credit Partners 2009-G, LLC... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 27-0768791.. | ...4596891 | | | Nationwide Tax Credit Partners 2009-H, LLC... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 46-1952215.. | ...4596556 | | | Nationwide Tax Credit Partners 2013-A, LLC... | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 46-1971926.. | ...4596592 | | | Nationwide Tax Credit Partners 2013-B, LLC... | OH..... | NIA..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 1..... |
| 0140 | Nationwide..... | | 20-5976272.. | ...4595410 | | | Nationwide Ventures, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 11-3651828.. | ...4588168 | | | ND La Quinta Partners, LLC..... | DE..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...95.000 | Nationwide Mutual Insurance Company..... |N..... | 1..... |

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) | * |
| 97.6 | 0140 Nationwide..... | | 20-0585594.. | 4286866 | | | Newhouse Capital Partners II, LLC..... | DE..... | NIA..... | Nationwide Global Ventures, Inc..... | ownership..... | 99.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 13-4110716.. | 4286679 | | | Newhouse Capital Partners, LLC..... | DE..... | NIA..... | NWD Investment Management, Inc..... | ownership..... | 19.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 13-4110716.. | 4286679 | | | Newhouse Capital Partners, LLC..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 70.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 13-4110716.. | 4286679 | | | Newhouse Capital Partners, LLC..... | DE..... | NIA..... | Nationwide Mutual Fire Insurance Company... | ownership..... | 10.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 31-1630871.. | 4287032 | | | NFS Distributors, Inc..... | DE..... | NIA..... | Nationwide Financial Services, Inc. | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 14-1892640.. | 4596677 | | | NHT XII Tax Credit Fund, LLC..... | DC..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | 49.990 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 14-1892640.. | 4596677 | | | NHT XII Tax Credit Fund, LLC..... | DC..... | NIA..... | Nationwide Assurance Company | ownership..... | 25.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 14-1892640.. | 4596677 | | | NHT XII Tax Credit Fund, LLC..... | DC..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 25.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 46-3762545.. | 4750442 | | | NNOV8, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 20-4939866.. | 4590817 | | | North of Third, LLC..... | OH..... | NIA..... | NRI Equity Land Investments, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 26-4083207.. | 4590385 | | | Northstar Commercial Development, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 50.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | | | | | | | Northstar Master Property Owners Association, Inc. | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |
| | 0140 Nationwide..... | | 26-4083354.. | 4594909 | | | Northstar Residential Development, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 50.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 31-1486309.. | 4594794 | | | NRI Arena, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4594815 | | | NRI Brookside, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4595027 | | | NRI Builders, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4590246 | | | NRI Communities/Harris Blvd., LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4590282 | | | NRI Cramer Creek, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 20-4939866.. | 4590460 | | | NRI Equity Land Investments, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 80.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 26-0212217.. | 4590394 | | | NRI Equity Tampa, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4590376 | | | NRI Maxtown, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4590406 | | | NRI Office Ventures, Ltd..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1580283.. | 4596912 | | | NRI Telecom, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 31-1486309.. | 4590349 | | | NRI-Rivulon, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 26-4083354.. | 4869456 | | | NS Developers, LLC..... | OH..... | NIA..... | Northstar Residential Development, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 45-3123274.. | 4595438 | | | NTCIF-2011 Georgia State Investor, LLC..... | OH..... | NIA..... | Nationwide Property and Casualty Company... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| | 0140 Nationwide..... | | 90-0729552.. | 4596695 | | | NTCIF-2011, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 50.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 90-0729552.. | 4596695 | | | NTCIF-2011, LLC..... | OH..... | NIA..... | Nationwide Mutual Fire Insurance Company... | ownership..... | 50.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| | 0140 Nationwide..... | | 27-4700627.. | 4596716 | | | NTCP 2011-A, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 46-0741029.. | 4464703 | | | NTCP 2012-A, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 46-3309896.. | 4586164 | | | NTCP 2013-C, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 46-4111078.. | 4596743 | | | NTCP 2014-A, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 47-1404116.. | 4802734 | | | NTCP 2014-B, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 47-1413242.. | 4809948 | | | NTCP 2014-C, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |
| | 0140 Nationwide..... | | 47-3909345.. | 4869483 | | | NTCP 2015-A, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... | 0.010 | Nationwide Mutual Insurance Company..... | N..... | 2..... |

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) | * |
| 97.7 | Nationwide..... | | 47-4148470.. | ..4890807 | | | NTCP 2015-B, LLC..... | OH..... | OTH..... | Nationwide Life Insurance Company..... | other..... |0.010 | Nationwide Mutual Insurance Company..... |N..... | 2..... |
| | Nationwide..... | | 81-3836925.. | ..5048678 | | | NTCP 2016-A, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 82--2015065.. | ..5167122 | | | NTCP 2017-A, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-0936428.. | ..4966663 | | | NW Private Debt, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 26-1903919.. | ..5012295 | | | NW REI, LLC..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-2326191.. | ..5011609 | | | NW-442 Ocean, LLC..... | OH..... | NIA..... | NW REI (NLIC), LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 46-3654078.. | ..4593621 | | | NW-Amesbury, LLC..... | OH..... | NIA..... | NW-REI, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-1263284.. | ..4960979 | | | NW-Amesbury II, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-1246932.. | ..4958855 | | | NW-Baseline, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-1869861.. | ..4984911 | | | NW-Beech, LLC..... | OH..... | NIA..... | NW REI, (NMFIC), LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 47-4999493.. | ..4902223 | | | NW-Bellevue, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-1211881.. | ..4962151 | | | NW-Castle Rock, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 46-3674167.. | ..4595090 | | | NW-Cedar Springs, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 82-2957977.. | ..5167131 | | | NW-Civita, LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 82-2958440.. | ..5167140 | | | NW-Civita NLAIC, LLC..... | OH..... | NIA..... | Nationwide Life and Annuity Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 81-1285433.. | ..4961024 | | | NW-College Park, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591038 | | | NWD 205 Vine, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591261 | | | NWD 225 Nationwide, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591056 | | | NWD 230 West, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590545 | | | NWD 240 Nationwide, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590273 | | | NWD 250 Brodbelt, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4981134 | | | NWD 250 West, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590554 | | | NWD 265 Neil, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590518 | | | NWD 275 Marconi, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590509 | | | NWD 300 Neil, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590572 | | | NWD 300 Spring, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590527 | | | NWD 355 McConnell, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590581 | | | NWD 425 Nationwide, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4590536 | | | NWD 500 Nationwide, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591298 | | | NWD Arena Crossing, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591083 | | | NWD Arena District I, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591300 | | | NWD Arena District II, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591113 | | | NWD Arena District MM, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591319 | | | NWD Arena District PW, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| | Nationwide..... | | 31-1580283.. | ..4591131 | | | NWD Arena District V, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... |100.000 | Nationwide Mutual Insurance Company..... |N..... | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

97.8

| 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) | * |
| 0140 | Nationwide..... | | 04-3679396.. | 4286848 | | | NWD Asset Management Holdings, Inc..... | DE..... | NIA..... | NWD Investment Management, Inc..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | 4591328 | | | NWD Athletic Club, LLC..... | OH..... | NIA..... | NWD Investments, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 30-0876022.. | 4810010 | | | NWD Franklinton, LLC..... | DE..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 80.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 31-1636299.. | 4286594 | | | NWD Investment Management, Inc..... | DE..... | NIA..... | Nationwide Corporation..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-1580283.. | 4587965 | | | NWD Investments, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 80.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 47-4036460.. | 4869492 | | | NW-Deerfield, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 74.030 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 47-4036460.. | 4869492 | | | NW-Deerfield, LLC..... | OH..... | NIA..... | Nationwide Life and Annuity Insurance Company | ownership..... | 25.970 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 81-2327221.. | 5013443 | | | NW-Deerfield II, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-4401901.. | 5082010 | | | NW-Grapevine Bluffs, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-4330384.. | 4750443 | | | NW-Hudnall, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 82-1881115.. | 5143078 | | | NW-Ironhorse, LLC..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 47-2482818.. | 4810122 | | | NW-Jasper WAG, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 47-1497429.. | 4809957 | | | NW-Jefferson, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-1232565.. | 4961042 | | | NW-Lenexa, LLC..... | OH..... | NIA..... | NW REI (NLAIC), LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-1671648.. | 4981116 | | | NW-Lenexa II, LLC..... | OH..... | NIA..... | NW REI (NLAIC), LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-5146596.. | 5092961 | | | NW-Logan, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-5146266.. | 5092989 | | | NW-Millenia, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-2457568.. | 4591467 | | | NW-Montrose, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-3888719.. | 4593603 | | | NW-Park 288, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 47-1740812.. | 4809966 | | | NW-Peachtree, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-2469044.. | 4591494 | | | NW-Portales, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 47-2449044.. | 4810113 | | | NW-Promenade at Madison, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-1603024.. | 4981086 | | | NW REI (NLAIC), LLC..... | OH..... | NIA..... | Nationwide Life and Annuity Insurance Company | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-1619428.. | 4981107 | | | NW REI (NLIC), LLC..... | OH..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 81-1861190.. | 4984902 | | | NW REI (NMFIC), LLC..... | OH..... | NIA..... | Nationwide Mutual Fire Insurance Company... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-1100378.. | 4591524 | | | NW-Triangle, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 46-5764783.. | 4809939 | | | NW-Tyson's, LLC..... | OH..... | NIA..... | NW REI, LLC..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-0947092.. | 4590479 | | | OCH Company, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 31-0947092.. | 4590442 | | | Ohio Center Hotel Company Limited..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | 55.250 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 31-0947092.. | 4590442 | | | Ohio Center Hotel Company Limited..... | OH..... | NIA..... | OCH Company, LLC..... | ownership..... | 1.000 | Nationwide Mutual Insurance Company..... | N..... | 1..... |
| 0140 | Nationwide..... | | 26-0263012.. | n/a..... | | | Old Track Street Owners Association, Inc..... | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | N..... | 2..... |
| 0140 | Nationwide..... | 13999.. | 27-1712056.. | 4286914 | | | Olentangy Reinsurance, LLC..... | VT..... | IA..... | Nationwide Life and Annuity Insurance Company | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |
| 0140 | Nationwide..... | | 47-1923444.. | 4809975 | | | On Your Side Nationwide Insurance Agency, Inc..... | OH..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | 100.000 | Nationwide Mutual Insurance Company..... | N..... | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

97.9

| 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) | * |
| 0140 | Nationwide..... | | n/a..... | ..4596462 | | | OYS Fund LLC..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | n/a..... | ..4596480 | | | Park 288 Industrial, LLC..... | TX..... | OTH..... | Nationwide Mutual Insurance Company..... | Investor member / no control |95.000 | other non-Nationwide..... | ...N..... | 2..... |
| | | | 32-0516252.. | n/a..... | | | Parks Edge Condominium Home Owners Association | OH..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 31-1486309.. | ..4590358 | | | Perimeter A, Ltd..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 20-1169305.. | ..4564032 | | | Polyphony Fund LLC..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 39-1907217.. | ..4287201 | | | Premier Agency, Inc..... | IA..... | NIA..... | ALLIED Group, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 75-2938844.. | ..4287005 | | | Registered Investment Advisors Services, Inc..... | TX..... | NIA..... | Nationwide Financial Services, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 82-0549218.. | ..4288244 | | | Retention Alternatives Ltd..... | BMU..... | IA..... | Nationwide Mutual Fire Insurance Company... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 20-2726014.. | ..4595278 | | | Riverview Diversified Opportunities, LLC..... | DE..... | OTH..... | Nationwide Mutual Insurance Company..... | ownership..... | | Nationwide Mutual Insurance Company..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 20-2726014.. | ..4595278 | | | Riverview Diversified Opportunities, LLC..... | DE..... | OTH..... | Nationwide Mutual Fire Insurance Company... | ownership..... | | Nationwide Mutual Insurance Company..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 20-2726014.. | ..4595278 | | | Riverview Diversified Opportunities, LLC..... | DE..... | OTH..... | Nationwide Life Insurance Company..... | ownership..... | | Nationwide Mutual Insurance Company..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 22-3655264.. | ..4286530 | | | Riverview International Group, Inc..... | DE..... | NIA..... | NWD Investment Management, Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 26-0384865.. | ..4595287 | | | Riverview Multi Series Fund, LL - Class Event.. | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 20-8027258.. | ..4595335 | | | Riverview Multi Series Fund, LL - Class N..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | 15580.. | 31-1117969.. | ..4288002 | | | Scottsdale Indemnity Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | 41297.. | 31-1024978.. | ..3091988 | | | Scottsdale Insurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | 10672.. | 86-0835870.. | ..4287649 | | | Scottsdale Surplus Lines Insurance Company... | AZ..... | IA..... | Scottsdale Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 91-2158214.. | n/a..... | | | The Hideaway Club..... | CA..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 86-1094799.. | n/a..... | | | The Hideaway Owners Association..... | CA..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 20-3541511.. | n/a..... | | | The Madison Club..... | CA..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 20-3541507.. | n/a..... | | | The Madison Club Owners Association..... | CA..... | OTH..... | Other non-Nationwide..... | n/a..... | | Other non-Nationwide..... | ...N..... | 2..... |
| 0140 | Nationwide..... | | 31-1610040.. | ..2989882 | | | The Waterfront Partners, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...50.000 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| 0140 | Nationwide..... | | 52-2031677.. | ..4287751 | | | THI Holdings (Delaware), Inc..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...Y..... | |
| 0140 | Nationwide..... | | 74-2825853.. | ..4287863 | | | Titan Auto Insurance of New Mexico, Inc..... | NM..... | IA..... | THI Holdings (Delaware), Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | 13242.. | 74-2286759.. | ..4287797 | | | Titan Indemnity Company..... | TX..... | IA..... | THI Holdings (Delaware), Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | 36269.. | 86-0619597.. | ..4287845 | | | Titan Insurance Company..... | MI..... | IA..... | Titan Indemnity Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 75-1284530.. | ..4287890 | | | Titan Insurance Services, Inc..... | TX..... | NIA..... | THI Holdings (Delaware), Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... | ...N..... | |
| 0140 | Nationwide..... | | 81-1456923.. | ..4975937 | | | US Regional Logistics Program, L.P..... | DE..... | NIA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...23.330 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| 0140 | Nationwide..... | | 81-1456923.. | ..4975937 | | | US Regional Logistics Program, L.P..... | DE..... | NIA..... | Nationwide Life Insurance Company..... | ownership..... | ...13.330 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| 0140 | Nationwide..... | | 81-1456923.. | ..4975937 | | | US Regional Logistics Program, L.P..... | DE..... | NIA..... | Nationwide Life and Annuity Insurance Company | ownership..... |6.660 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |
| 0140 | Nationwide..... | | 81-1456923.. | ..4975937 | | | US Regional Logistics Program, L.P..... | DE..... | NIA..... | Nationwide Mutual Fire Insurance Company... | ownership..... |6.660 | Nationwide Mutual Insurance Company..... | ...N..... | 1..... |

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) | * |
| 0140 | Nationwide..... | | 33-0160222.. | ...4653196 | | | V.P.I. Services, Inc..... | CA..... | NIA..... | Veterinary Pet Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 42285.. | 95-3750113.. | ...4287685 | | | Veterinary Pet Insurance Company..... | OH..... | IA..... | Scottsdale Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 10644.. | 34-1785903.. | ...4287911 | | | Victoria Automobile Insurance Company..... | OH..... | IA..... | Victoria Fire & Casualty Insurance Company... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 42889.. | 34-1394913.. | ...4287827 | | | Victoria Fire & Casualty Company..... | OH..... | IA..... | THI Holdings (Delaware), Inc..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 10778.. | 34-1842604.. | ...4287920 | | | Victoria National Insurance Company..... | OH..... | IA..... | Nationwide Mutual Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 10105.. | 34-1777972.. | ...4287939 | | | Victoria Select Insurance Company..... | OH..... | IA..... | Victoria Fire & Casualty Insurance Company... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 10777.. | 34-1842602.. | ...4287948 | | | Victoria Specialty Insurance Company..... | OH..... | IA..... | Victoria Fire & Casualty Insurance Company... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | 31-1486309.. | ...5080696 | | | Wellington Park, LLC..... | OH..... | NIA..... | Nationwide Realty Investors, Ltd..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | 37150.. | 86-0561941.. | ...4287667 | | | Western Heritage Insurance Company..... | AZ..... | IA..... | Scottsdale Insurance Company..... | ownership..... | ...100.000 | Nationwide Mutual Insurance Company..... |N..... | |
| 0140 | Nationwide..... | | n/a..... | ...4613323 | | | Zais Zephyr A4, LLC..... | DE..... | OTH..... | Nationwide Life Insurance Company..... | limited member / no control |60.000 | other non-Nationwide..... |N..... | 2..... |

| Asteri | Explanation |
|--------|--|
| 1 | For the purposes of this schedule, Nationwide presumed control of these entities because they are owned by at least 10% and are not wholly-owned by a Nationwide entity. |
| 2 | Other ownership indicates a non-ownership circumstance by a Nationwide entity. |

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 | | | | | | | | | | | | |
| 10127..... | 27-0114983..... | ALLIED Insurance Company of America | | | | | | | ..* | |0 |126,007,187 |
| 42579..... | 42-1201931..... | ALLIED Property and Casualty Insurance Company | | | | | | | ..* | |0 |1,253,802,936 |
| 19100..... | 42-6054959..... | AMCO Insurance Company | | | | | | | ..* | |0 |2,243,101,518 |
| 29262..... | 74-1061659..... | Colonial County Mutual Insurance Company | | | | | | | | |0 |288,202,986 |
| 18961..... | 68-0066866..... | Crestbrook Insurance Company | | | | | | | ..* | |0 |451,582,785 |
| 42587..... | 42-1207150..... | Depositors Insurance Company | | | | | | | ..* | |0 |887,279,812 |
| 15821..... | 47-4523959..... | Eagle Captive Reinsurance, LLC |(316,000,000) | | | | |513,209,380 | | |197,209,380 |(180,228,120) |
| 13838..... | 42-0618271..... | Farmland Mutual Insurance Company | | | | | | | ..* | |0 |42,236,075 |
| 22209..... | 75-6013587..... | Freedom Specialty Insurance Company | | | | | | | | |0 |295,843,661 |
| 23582..... | 41-0417250..... | Harleysville Insurance Company | | | | | | | ..* | |0 |663,821,095 |
| 42900..... | 16-1075588..... | Harleysville Insurance Company of New Jersey |(28,000,000) | | | | | | ..* | |(28,000,000) |258,342,710 |
| 10674..... | 23-2864924..... | Harleysville Insurance Company of New York | | | | | | | ..* | |0 |417,227,600 |
| 14516..... | 38-3198542..... | Harleysville Lake States Insurance Company |(21,000,000) | | | | | | ..* | |(21,000,000) |120,733,363 |
| 35696..... | 23-2384978..... | Harleysville Preferred Insurance Company | | | | | | | ..* | |0 |508,017,998 |
| 26182..... | 04-1989660..... | Harleysville Worcester Insurance Company | | | | | | | ..* | |0 |810,703,894 |
| 11991..... | 38-0865250..... | National Casualty Company | | | | | | | | |0 |1,477,542,337 |
| 26093..... | 48-0470690..... | Nationwide Affinity Insurance Company of America | | | | | | | ..* | |0 |923,556,061 |
| 28223..... | 42-1015537..... | Nationwide Agribusiness Insurance Company | |120,000,000 | | | | | ..* | |120,000,000 |1,870,314,784 |
| | 20-8670712..... | Nationwide Asset Management, LLC |(5,000,000) | | | | | | | |(5,000,000) | |
| 10723..... | 95-0639970..... | Nationwide Assurance Company | | | | | | | ..* | |0 |19,072,505 |
| | 31-1486870..... | Nationwide Financial Services, Inc. | |50,325,000 | | | | | | |50,325,000 | |
| 23760..... | 31-4425763..... | Nationwide General Insurance Company | | | | | | | ..* | |0 |1,043,959,232 |
| 10070..... | 31-1399201..... | Nationwide Indemnity Company | |(50,000,000) | | | | | | |(50,000,000) |(358,555,253) |
| 25453..... | 95-2130882..... | Nationwide Insurance Company of America | | | | | | | ..* | |0 |845,476,602 |
| 10948..... | 31-1613686..... | Nationwide Insurance Company of Florida |(18,000,000) | | | | | | ..* | |(18,000,000) |35,577,353 |
| 92657..... | 31-1000740..... | Nationwide Life and Annuity Insurance Company | |400,000,000 | | |(285,235,292) | | | |114,764,708 |1,712,607,456 |
| 66869..... | 31-4156830..... | Nationwide Life Insurance Company |316,000,000 |(450,325,000) | | |(647,858,534) |(513,209,380) | | |(1,295,392,914) |25,326,312 |
| 42110..... | 75-1780981..... | Nationwide Lloyds | | | | | | | ..* | |0 |35,670,580 |
| 23779..... | 82-0549218..... | Nationwide Mutual Fire Insurance Company | | |1,900,000,000 | | | | ..* | |1,900,000,000 |(3,702,122,612) |
| 23787..... | 31-4177100..... | Nationwide Mutual Insurance Company |81,581,005 |(72,100,000) |(1,900,000,000) | |933,093,826 | | ..* | |(957,425,169) |(15,129,243,146) |
| 37877..... | 31-0970750..... | Nationwide Property and Casualty Insurance Company | | | | | | | ..* | |0 |1,563,227,420 |
| 13999..... | 27-1712056..... | Olentangy Reinsurance, LLC | | | | | | | | |0 |(1,557,705,648) |
| | 47-1923444..... | On Your Side Nationwide Insurance Agency, Inc. | |2,100,000 | | | | | | |2,100,000 | |
| 15580..... | 31-1117969..... | Scottsdale Indemnity Company | | | | | | | | |0 |594,000,899 |
| 41297..... | 31-1024978..... | Scottsdale Insurance Company | | | | | | | ..* | |0 |1,896,537,908 |
| 10672..... | 86-0835870..... | Scottsdale Surplus Lines Insurance Company | | | | | | | | |0 |25,857,600 |
| 13242..... | 74-2286759..... | Titan Indemnity Company | | | | | | | ..* | |0 |105,819,855 |
| 42285..... | 95-3750113..... | Veterinary Pet Insurance Company | | | | | | | ..* | |0 |51,315,789 |
| 10644..... | 34-1785903..... | Victoria Automobile Insurance Company |(3,000,000) | | | | | | ..* | |(3,000,000) |19,144,510 |
| 42889..... | 34-1394913..... | Victoria Fire & Casualty Company |(3,581,005) | | | | | | ..* | |(3,581,005) |75,759,081 |
| 10105..... | 34-1777972..... | Victoria Select Insurance Company |(3,000,000) | | | | | | ..* | |(3,000,000) |19,360,530 |

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) |
| 10777..... | 34-1842602..... | Victoria Specialty Insurance Company | | | | | | | ... * | |0 |16,025,673 |
| 37150..... | 86-0561941..... | Western Heritage Insurance Company | | | | | | | | |0 |204,798,672 |
| 9999999. | Control Totals..... | |0 |0 |0 |0 |0 |0 | XXX |0 |0 |0 |

HARLEYSVILLE PREFERRED 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? | YES |
| 2. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. | Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| APRIL FILING | | |
| 5. | Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. | Will 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? | YES |
| 10. | Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| AUGUST FILING | | |
| 11. | Will 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? | YES |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but 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)? | YES |
| 21. | Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 22. | Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | YES |
| 23. | Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 25. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 26. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 27. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 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? | YES |
| AUGUST FILING | | |
| 35. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

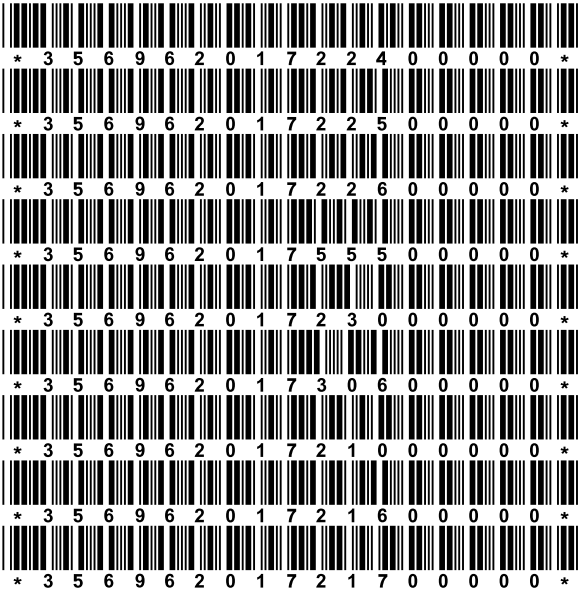
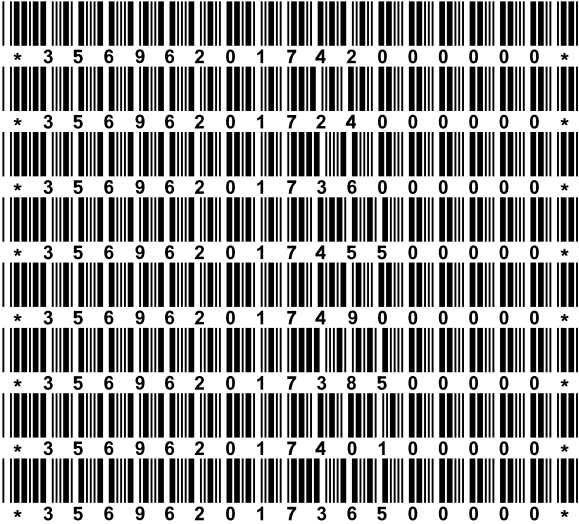
HARLEYSVILLE PREFERRED INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

EXPLANATION:

BAR CODE:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
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.
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30. The data for this supplement is not required to be filed.
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.
35.



NONE

NONE



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For the Year Ended December 31, 2017
(To be Filed by March 1)

NAIC Group Code.....0140
Company Name: HARLEYSVILLE PREFERRED INSURANCE COMPANY

NAIC Company Code.....35696

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... Yes [] No [X]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for the D&O liability coverage in CMP packaged policies:

2.31 Amount quantified:

2.32 Amount estimated using reasonable assumptions:
- 2.4 If the answer to question 2.1 is yes, please provide the following:

| Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|---------------|---|-------------------------------------|---|---------------------------------|-----------------|
| 1 Paid | 2 Paid + Change in Case Reserves | 3 Paid | 4 Paid + Change in Case Reserves | 5 Claims Made | 6 Occurrence |
|0 |0 |0 |0 |0.0 |0.0 |

2017 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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