



ANNUAL STATEMENT  
For the Year Ended December 31, 2018  
of the Condition and Affairs of the  
HARLEYSVILLE INSURANCE COMPANY OF NEW YORK

NAIC Group Code..... 0140, 0140 (Current Period) (Prior Period)  
NAIC Company Code..... 10674  
Employer's ID Number..... 23-2864924  
Organized under the Laws of OH  
State of Domicile or Port of Entry OH  
Country of Domicile US  
Incorporated/Organized..... October 16, 1996  
Commenced Business..... October 10, 1997  
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)  
FINRPT@NATIONWIDE.COM 866-315-1430  
(E-Mail Address) (Fax Number)

OFFICERS

| Name                      | Title           | Name                     | Title          |
|---------------------------|-----------------|--------------------------|----------------|
| 1. MARK ALLEN BERVEN      | PRESIDENT & COO | 2. DENISE LYNN SKINGLE # | VP & SECRETARY |
| 3. ROBERT ALLEN BUEHLER # | VP & TREASURER  |                          |                |

OTHER

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

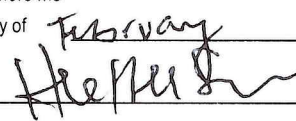
DIRECTORS OR TRUSTEES

|                       |                     |                   |                  |
|-----------------------|---------------------|-------------------|------------------|
| 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.

|                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature)<br>MARK ALLEN BERVEN<br>1. (Printed Name)<br>PRESIDENT & COO<br>(Title) | <br>(Signature)<br>DENISE LYNN SKINGLE<br>2. (Printed Name)<br>VP & SECRETARY<br>(Title) | <br>(Signature)<br>ROBERT ALLEN BUEHLER<br>3. (Printed Name)<br>VP & TREASURER<br>(Title) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Subscribed and sworn to before me  
This 11th day of February 2019  


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



ASSETS

|                                                                                                                                                            | Current Year |                    |                                   | Prior Year          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-----------------------------------|---------------------|
|                                                                                                                                                            | 1            | 2                  | 3                                 | 4                   |
|                                                                                                                                                            | Assets       | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. Bonds (Schedule D).....                                                                                                                                 | 23,588,752   |                    | 23,588,752                        | 22,719,932          |
| 2. Stocks (Schedule D):                                                                                                                                    |              |                    |                                   |                     |
| 2.1 Preferred stocks.....                                                                                                                                  |              |                    | .0                                |                     |
| 2.2 Common stocks.....                                                                                                                                     |              |                    | .0                                |                     |
| 3. Mortgage loans on real estate (Schedule B):                                                                                                             |              |                    |                                   |                     |
| 3.1 First liens.....                                                                                                                                       |              |                    | .0                                |                     |
| 3.2 Other than first liens.....                                                                                                                            |              |                    | .0                                |                     |
| 4. Real estate (Schedule A):                                                                                                                               |              |                    |                                   |                     |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances).....                                                                                   |              |                    | .0                                |                     |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances).....                                                                         |              |                    | .0                                |                     |
| 4.3 Properties held for sale (less \$.....0 encumbrances).....                                                                                             |              |                    | .0                                |                     |
| 5. Cash (\$.....52,247, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....1,135,832, Schedule DA)..... | 1,188,079    |                    | 1,188,079                         | 1,460,424           |
| 6. Contract loans (including \$.....0 premium notes).....                                                                                                  |              |                    | .0                                |                     |
| 7. Derivatives (Schedule DB).....                                                                                                                          |              |                    | .0                                |                     |
| 8. Other invested assets (Schedule BA).....                                                                                                                |              |                    | .0                                |                     |
| 9. Receivables for securities.....                                                                                                                         |              |                    | .0                                |                     |
| 10. Securities lending reinvested collateral assets (Schedule DL).....                                                                                     |              |                    | .0                                |                     |
| 11. Aggregate write-ins for invested assets.....                                                                                                           | .0           | .0                 | .0                                | .0                  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....                                                                                               | 24,776,831   | .0                 | 24,776,831                        | 24,180,356          |
| 13. Title plants less \$.....0 charged off (for Title insurers only).....                                                                                  |              |                    | .0                                |                     |
| 14. Investment income due and accrued.....                                                                                                                 | 182,511      |                    | 182,511                           | 158,978             |
| 15. Premiums and considerations:                                                                                                                           |              |                    |                                   |                     |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....                                                                            | 4,845,925    | .590,747           | 4,255,178                         | 5,438,706           |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....       | 13,496,877   |                    | 13,496,877                        | 20,821,650          |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....                                                    |              |                    | .0                                |                     |
| 16. Reinsurance:                                                                                                                                           |              |                    |                                   |                     |
| 16.1 Amounts recoverable from reinsurers.....                                                                                                              | 7,906,466    |                    | 7,906,466                         | 7,168,283           |
| 16.2 Funds held by or deposited with reinsured companies.....                                                                                              |              |                    | .0                                |                     |
| 16.3 Other amounts receivable under reinsurance contracts.....                                                                                             | 1,178,005    |                    | 1,178,005                         | 1,412,795           |
| 17. Amounts receivable relating to uninsured plans.....                                                                                                    |              |                    | .0                                |                     |
| 18.1 Current federal and foreign income tax recoverable and interest thereon.....                                                                          |              |                    | .0                                |                     |
| 18.2 Net deferred tax asset.....                                                                                                                           | 198,378      | 59,959             | 138,419                           | 228,167             |
| 19. Guaranty funds receivable or on deposit.....                                                                                                           |              |                    | .0                                |                     |
| 20. Electronic data processing equipment and software.....                                                                                                 |              |                    | .0                                |                     |
| 21. Furniture and equipment, including health care delivery assets (\$.....0).....                                                                         |              |                    | .0                                |                     |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates.....                                                                            |              |                    | .0                                |                     |
| 23. Receivables from parent, subsidiaries and affiliates.....                                                                                              | 2,921        |                    | 2,921                             | 157                 |
| 24. Health care (\$.....0) and other amounts receivable.....                                                                                               |              |                    | .0                                |                     |
| 25. Aggregate write-ins for other-than-invested assets.....                                                                                                | .0           | .0                 | .0                                | .0                  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....                                        | 52,587,914   | .650,706           | 51,937,208                        | 59,409,092          |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                                                           |              |                    | .0                                |                     |
| 28. TOTAL (Lines 26 and 27).....                                                                                                                           | 52,587,914   | .650,706           | 51,937,208                        | 59,409,092          |

DETAILS OF WRITE-INS

|                                                                          |    |    |    |    |
|--------------------------------------------------------------------------|----|----|----|----|
| 1101. ....                                                               |    |    | .0 |    |
| 1102. ....                                                               |    |    | .0 |    |
| 1103. ....                                                               |    |    | .0 |    |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | .0 | .0 | .0 | .0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....    | .0 | .0 | .0 | .0 |
| 2501. ....                                                               |    |    | .0 |    |
| 2502. ....                                                               |    |    | .0 |    |
| 2503. ....                                                               |    |    | .0 |    |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .0 | .0 | .0 | .0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | .0 | .0 | .0 | .0 |

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
LIABILITIES, SURPLUS AND OTHER FUNDS

|                                                                                                                                                                                                                                                                                                                                | 1<br>Current Year | 2<br>Prior Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| 1. Losses (Part 2A, Line 35, Column 8).....                                                                                                                                                                                                                                                                                    |                   |                 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....                                                                                                                                                                                                                         |                   |                 |
| 3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....                                                                                                                                                                                                                                                                  |                   |                 |
| 4. Commissions payable, contingent commissions and other similar charges.....                                                                                                                                                                                                                                                  |                   |                 |
| 5. Other expenses (excluding taxes, licenses and fees).....                                                                                                                                                                                                                                                                    |                   |                 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes).....                                                                                                                                                                                                                                                  |                   |                 |
| 7.1 Current federal and foreign income taxes (including \$.....12,625 on realized capital gains (losses)).....                                                                                                                                                                                                                 | 160,707           | 169,211         |
| 7.2 Net deferred tax liability.....                                                                                                                                                                                                                                                                                            |                   |                 |
| 8. Borrowed money \$.....0 and interest thereon \$.....0.....                                                                                                                                                                                                                                                                  |                   |                 |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....26,508,102 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)..... |                   |                 |
| 10. Advance premium.....                                                                                                                                                                                                                                                                                                       |                   |                 |
| 11. Dividends declared and unpaid:                                                                                                                                                                                                                                                                                             |                   |                 |
| 11.1 Stockholders.....                                                                                                                                                                                                                                                                                                         |                   |                 |
| 11.2 Policyholders.....                                                                                                                                                                                                                                                                                                        |                   |                 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions).....                                                                                                                                                                                                                                                        | 21,875,745        | 32,168,754      |
| 13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20).....                                                                                                                                                                                                                                      |                   |                 |
| 14. Amounts withheld or retained by company for account of others.....                                                                                                                                                                                                                                                         |                   |                 |
| 15. Remittances and items not allocated.....                                                                                                                                                                                                                                                                                   |                   |                 |
| 16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 3, Column 78).....                                                                                                                                                                                                                              | 173,000           | 23,429          |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates.....                                                                                                                                                                                                                                               |                   |                 |
| 18. Drafts outstanding.....                                                                                                                                                                                                                                                                                                    |                   |                 |
| 19. Payable to parent, subsidiaries and affiliates.....                                                                                                                                                                                                                                                                        | 4,984,197         | 2,674,093       |
| 20. Derivatives.....                                                                                                                                                                                                                                                                                                           |                   |                 |
| 21. Payable for securities.....                                                                                                                                                                                                                                                                                                |                   |                 |
| 22. Payable for securities lending.....                                                                                                                                                                                                                                                                                        |                   |                 |
| 23. Liability for amounts held under uninsured plans.....                                                                                                                                                                                                                                                                      |                   |                 |
| 24. Capital notes \$.....0 and interest thereon \$.....0.....                                                                                                                                                                                                                                                                  |                   |                 |
| 25. Aggregate write-ins for liabilities.....                                                                                                                                                                                                                                                                                   | 0                 | 0               |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....                                                                                                                                                                                                                                           | 27,193,649        | 35,035,487      |
| 27. Protected cell liabilities.....                                                                                                                                                                                                                                                                                            |                   |                 |
| 28. Total liabilities (Lines 26 and 27).....                                                                                                                                                                                                                                                                                   | 27,193,649        | 35,035,487      |
| 29. Aggregate write-ins for special surplus funds.....                                                                                                                                                                                                                                                                         | 0                 | 0               |
| 30. Common capital stock.....                                                                                                                                                                                                                                                                                                  | 2,355,000         | 2,355,000       |
| 31. Preferred capital stock.....                                                                                                                                                                                                                                                                                               |                   |                 |
| 32. Aggregate write-ins for other-than-special surplus funds.....                                                                                                                                                                                                                                                              | 0                 | 0               |
| 33. Surplus notes.....                                                                                                                                                                                                                                                                                                         |                   |                 |
| 34. Gross paid in and contributed surplus.....                                                                                                                                                                                                                                                                                 | 6,350,000         | 6,350,000       |
| 35. Unassigned funds (surplus).....                                                                                                                                                                                                                                                                                            | 16,038,559        | 15,668,605      |
| 36. Less treasury stock, at cost:                                                                                                                                                                                                                                                                                              |                   |                 |
| 36.1 .....0.000 shares common (value included in Line 30 \$.....0).....                                                                                                                                                                                                                                                        |                   |                 |
| 36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....                                                                                                                                                                                                                                                     |                   |                 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....                                                                                                                                                                                                                                          | 24,743,559        | 24,373,605      |
| 38. TOTAL (Page 2, Line 28, Col. 3).....                                                                                                                                                                                                                                                                                       | 51,937,208        | 59,409,092      |

| DETAILS OF WRITE-INS                                                     |   |   |
|--------------------------------------------------------------------------|---|---|
| 2501. ....                                                               |   |   |
| 2502. ....                                                               |   |   |
| 2503. ....                                                               |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | 0 | 0 |
| 2901. ....                                                               |   |   |
| 2902. ....                                                               |   |   |
| 2903. ....                                                               |   |   |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....    | 0 | 0 |
| 3201. ....                                                               |   |   |
| 3202. ....                                                               |   |   |
| 3203. ....                                                               |   |   |
| 3298. Summary of remaining write-ins for Line 32 from overflow page..... | 0 | 0 |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....    | 0 | 0 |

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
STATEMENT OF INCOME

| UNDERWRITING INCOME         |                                                                                                                                                          |  | 1            | 2          |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------|
|                             |                                                                                                                                                          |  | Current Year | Prior Year |
| 1.                          | Premiums earned (Part 1, Line 35, Column 4).....                                                                                                         |  |              |            |
| DEDUCTIONS:                 |                                                                                                                                                          |  |              |            |
| 2.                          | Losses incurred (Part 2, Line 35, Column 7).....                                                                                                         |  |              |            |
| 3.                          | Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....                                                                                       |  |              |            |
| 4.                          | Other underwriting expenses incurred (Part 3, Line 25, Column 2).....                                                                                    |  |              |            |
| 5.                          | Aggregate write-ins for underwriting deductions.....                                                                                                     |  | 0            | 0          |
| 6.                          | Total underwriting deductions (Lines 2 through 5).....                                                                                                   |  | 0            | 0          |
| 7.                          | Net income of protected cells.....                                                                                                                       |  |              |            |
| 8.                          | Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....                                                                                      |  | 0            | 0          |
| INVESTMENT INCOME           |                                                                                                                                                          |  |              |            |
| 9.                          | Net investment income earned (Exhibit of Net Investment Income, Line 17).....                                                                            |  | 740,560      | 709,223    |
| 10.                         | Net realized capital gains (losses) less capital gains tax of \$.....12,625 (Exhibit of Capital Gains (Losses)).....                                     |  | (12,625)     | 3,840      |
| 11.                         | Net investment gain (loss) (Lines 9 + 10).....                                                                                                           |  | 727,935      | 713,063    |
| OTHER INCOME                |                                                                                                                                                          |  |              |            |
| 12.                         | Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....                                |  | 0            |            |
| 13.                         | Finance and service charges not included in premiums.....                                                                                                |  |              |            |
| 14.                         | Aggregate write-ins for miscellaneous income.....                                                                                                        |  | 0            | 0          |
| 15.                         | Total other income (Lines 12 through 14).....                                                                                                            |  | 0            | 0          |
| 16.                         | Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....     |  | 727,935      | 713,063    |
| 17.                         | Dividends to policyholders.....                                                                                                                          |  |              |            |
| 18.                         | Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)..... |  | 727,935      | 713,063    |
| 19.                         | Federal and foreign income taxes incurred.....                                                                                                           |  | 119,321      | 160,968    |
| 20.                         | Net income (Line 18 minus Line 19) (to Line 22).....                                                                                                     |  | 608,614      | 552,095    |
| CAPITAL AND SURPLUS ACCOUNT |                                                                                                                                                          |  |              |            |
| 21.                         | Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....                                                                |  | 24,373,605   | 23,813,306 |
| 22.                         | Net income (from Line 20).....                                                                                                                           |  | 608,614      | 552,095    |
| 23.                         | Net transfers (to) from Protected Cell accounts.....                                                                                                     |  |              |            |
| 24.                         | Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....                                                               |  |              |            |
| 25.                         | Change in net unrealized foreign exchange capital gain (loss).....                                                                                       |  |              |            |
| 26.                         | Change in net deferred income tax.....                                                                                                                   |  | (60,440)     | (18,292)   |
| 27.                         | Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....                                                                     |  | 354,397      | (457,620)  |
| 28.                         | Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....                                                                      |  | (149,571)    | (22,429)   |
| 29.                         | Change in surplus notes.....                                                                                                                             |  |              |            |
| 30.                         | Surplus (contributed to) withdrawn from Protected Cells.....                                                                                             |  |              |            |
| 31.                         | Cumulative effect of changes in accounting principles.....                                                                                               |  |              |            |
| 32.                         | Capital changes:                                                                                                                                         |  |              |            |
| 32.1                        | Paid in.....                                                                                                                                             |  |              | 5,000      |
| 32.2                        | Transferred from surplus (Stock Dividend).....                                                                                                           |  |              |            |
| 32.3                        | Transferred to surplus.....                                                                                                                              |  |              |            |
| 33.                         | Surplus adjustments:                                                                                                                                     |  |              |            |
| 33.1                        | Paid in.....                                                                                                                                             |  |              |            |
| 33.2                        | Transferred to capital (Stock Dividend).....                                                                                                             |  |              |            |
| 33.3.                       | Transferred from capital.....                                                                                                                            |  |              |            |
| 34.                         | Net remittances from or (to) Home Office.....                                                                                                            |  |              |            |
| 35.                         | Dividends to stockholders.....                                                                                                                           |  |              |            |
| 36.                         | Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....                                                                     |  |              |            |
| 37.                         | Aggregate write-ins for gains and losses in surplus.....                                                                                                 |  | (383,047)    | 501,546    |
| 38.                         | Change in surplus as regards policyholders for the year (Lines 22 through 37).....                                                                       |  | 369,954      | 560,299    |
| 39.                         | Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....                                                 |  | 24,743,559   | 24,373,605 |
| DETAILS OF WRITE-INS        |                                                                                                                                                          |  |              |            |
| 0501.                       | .....                                                                                                                                                    |  |              |            |
| 0502.                       | .....                                                                                                                                                    |  |              |            |
| 0503.                       | .....                                                                                                                                                    |  |              |            |
| 0598.                       | Summary of remaining write-ins for Line 5 from overflow page.....                                                                                        |  | 0            | 0          |
| 0599.                       | Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....                                                                                           |  | 0            | 0          |
| 1401.                       | .....                                                                                                                                                    |  |              |            |
| 1402.                       | .....                                                                                                                                                    |  |              |            |
| 1403.                       | .....                                                                                                                                                    |  |              |            |
| 1498.                       | Summary of remaining write-ins for Line 14 from overflow page.....                                                                                       |  | 0            | 0          |
| 1499.                       | Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....                                                                                          |  | 0            | 0          |
| 3701.                       | Change in surplus - miscellaneous.....                                                                                                                   |  | (383,047)    | 501,546    |
| 3702.                       | .....                                                                                                                                                    |  |              |            |
| 3703.                       | .....                                                                                                                                                    |  |              |            |
| 3798.                       | Summary of remaining write-ins for Line 37 from overflow page.....                                                                                       |  | 0            | 0          |
| 3799.                       | Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....                                                                                          |  | (383,047)    | 501,546    |

CASH FLOW

|                                                                                                                | 1<br>Current Year | 2<br>Prior Year  |
|----------------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CASH FROM OPERATIONS                                                                                           |                   |                  |
| 1. Premiums collected net of reinsurance.....                                                                  | .....(1,784,708)  | .....(1,439,479) |
| 2. Net investment income.....                                                                                  | .....769,890      | .....807,328     |
| 3. Miscellaneous income.....                                                                                   | .....             | .....(171,943)   |
| 4. Total (Lines 1 through 3).....                                                                              | .....(1,014,818)  | .....(804,094)   |
| 5. Benefit and loss related payments.....                                                                      | .....738,183      | .....(1,995,510) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                    | .....             | .....            |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....                                      | .....(234,790)    | .....            |
| 8. Dividends paid to policyholders.....                                                                        | .....             | .....            |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....30,388 tax on capital gains (losses).....   | .....140,450      | .....195,833     |
| 10. Total (Lines 5 through 9).....                                                                             | .....643,843      | .....(1,799,677) |
| 11. Net cash from operations (Line 4 minus Line 10).....                                                       | .....(1,658,661)  | .....995,583     |
| CASH FROM INVESTMENTS                                                                                          |                   |                  |
| 12. Proceeds from investments sold, matured or repaid:                                                         |                   |                  |
| 12.1 Bonds.....                                                                                                | .....3,000,000    | .....2,810,000   |
| 12.2 Stocks.....                                                                                               | .....             | .....            |
| 12.3 Mortgage loans.....                                                                                       | .....             | .....            |
| 12.4 Real estate.....                                                                                          | .....             | .....            |
| 12.5 Other invested assets.....                                                                                | .....             | .....            |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                           | .....             | .....            |
| 12.7 Miscellaneous proceeds.....                                                                               | .....             | .....            |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....                                                       | .....3,000,000    | .....2,810,000   |
| 13. Cost of investments acquired (long-term only):                                                             |                   |                  |
| 13.1 Bonds.....                                                                                                | .....3,921,683    | .....3,757,706   |
| 13.2 Stocks.....                                                                                               | .....             | .....            |
| 13.3 Mortgage loans.....                                                                                       | .....             | .....            |
| 13.4 Real estate.....                                                                                          | .....             | .....            |
| 13.5 Other invested assets.....                                                                                | .....             | .....            |
| 13.6 Miscellaneous applications.....                                                                           | .....             | .....            |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....                                                      | .....3,921,683    | .....3,757,706   |
| 14. Net increase (decrease) in contract loans and premium notes.....                                           | .....             | .....            |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....                                  | .....(921,683)    | .....(947,706)   |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES                                                                  |                   |                  |
| 16. Cash provided (applied):                                                                                   |                   |                  |
| 16.1 Surplus notes, capital notes.....                                                                         | .....             | .....            |
| 16.2 Capital and paid in surplus, less treasury stock.....                                                     | .....             | .....5,000       |
| 16.3 Borrowed funds.....                                                                                       | .....             | .....            |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....                               | .....             | .....            |
| 16.5 Dividends to stockholders.....                                                                            | .....             | .....            |
| 16.6 Other cash provided (applied).....                                                                        | .....2,307,999    | .....(382,290)   |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | .....2,307,999    | .....(377,290)   |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS                                            |                   |                  |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....       | .....(272,345)    | .....(329,413)   |
| 19. Cash, cash equivalents and short-term investments:                                                         |                   |                  |
| 19.1 Beginning of year.....                                                                                    | .....1,460,424    | .....1,789,837   |
| 19.2 End of year (Line 18 plus Line 19.1).....                                                                 | .....1,188,079    | .....1,460,424   |

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

|               |       |       |
|---------------|-------|-------|
| 20.0001 ..... | ..... | ..... |
|---------------|-------|-------|

**Underwriting and Investment Ex. - Pt. 1 - Ex. of Premiums Earned**  
**NONE**

**Underwriting and Investment Ex. - Pt. 1A - Recapitulation of All Premiums**  
**NONE**

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

| Line of Business |                                                            | 1<br>Direct<br>Business<br>(a) | Reinsurance Assumed     |                             | Reinsurance Ceded     |                           | 6<br>Net Premiums<br>Written<br>(Cols. 1 + 2 + 3<br>- 4 - 5) |
|------------------|------------------------------------------------------------|--------------------------------|-------------------------|-----------------------------|-----------------------|---------------------------|--------------------------------------------------------------|
|                  |                                                            |                                | 2<br>From<br>Affiliates | 3<br>From<br>Non-Affiliates | 4<br>To<br>Affiliates | 5<br>To<br>Non-Affiliates |                                                              |
| 1.               | Fire.....                                                  | 212,822                        |                         |                             | 206,712               | 6,110                     | 0                                                            |
| 2.               | Allied lines.....                                          | 686,716                        |                         |                             | 651,941               | 34,775                    | 0                                                            |
| 3.               | Farmowners multiple peril.....                             |                                |                         |                             |                       |                           | 0                                                            |
| 4.               | Homeowners multiple peril.....                             | 2,006,310                      |                         |                             | 2,006,310             |                           | 0                                                            |
| 5.               | Commercial multiple peril.....                             | 37,950,750                     |                         |                             | 37,289,646            | 661,104                   | 0                                                            |
| 6.               | Mortgage guaranty.....                                     |                                |                         |                             |                       |                           | 0                                                            |
| 8.               | Ocean marine.....                                          |                                |                         |                             |                       |                           | 0                                                            |
| 9.               | Inland marine.....                                         | 760,731                        |                         |                             | 766,464               | (5,733)                   | 0                                                            |
| 10.              | Financial guaranty.....                                    |                                |                         |                             |                       |                           | 0                                                            |
| 11.1             | Medical professional liability - occurrence.....           |                                |                         |                             |                       |                           | 0                                                            |
| 11.2             | Medical professional liability - claims-made.....          |                                |                         |                             |                       |                           | 0                                                            |
| 12.              | Earthquake.....                                            | 146,667                        |                         |                             | 141,326               | 5,341                     | 0                                                            |
| 13.              | Group accident and health.....                             |                                |                         |                             |                       |                           | 0                                                            |
| 14.              | Credit accident and health (group and individual).....     |                                |                         |                             |                       |                           | 0                                                            |
| 15.              | Other accident and health.....                             |                                |                         |                             |                       |                           | 0                                                            |
| 16.              | Workers' compensation.....                                 | 182,615                        |                         |                             | 182,615               |                           | 0                                                            |
| 17.1             | Other liability - occurrence.....                          | 450,339                        |                         |                             | 438,773               | 11,566                    | 0                                                            |
| 17.2             | Other liability - claims-made.....                         | 31,697                         |                         |                             | 29,071                | 2,626                     | 0                                                            |
| 17.3             | Excess workers' compensation.....                          |                                |                         |                             |                       |                           | 0                                                            |
| 18.1             | Products liability - occurrence.....                       | 63,161                         |                         |                             | 63,161                |                           | 0                                                            |
| 18.2             | Products liability - claims-made.....                      |                                |                         |                             |                       |                           | 0                                                            |
| 19.1, 19.2       | Private passenger auto liability.....                      | 332,542                        |                         |                             | 332,542               |                           | 0                                                            |
| 19.3, 19.4       | Commercial auto liability.....                             | 9,347,698                      |                         |                             | 9,347,698             |                           | 0                                                            |
| 21.              | Auto physical damage.....                                  | 1,763,881                      |                         |                             | 1,761,381             | 2,500                     | 0                                                            |
| 22.              | Aircraft (all perils).....                                 |                                |                         |                             |                       |                           | 0                                                            |
| 23.              | Fidelity.....                                              |                                |                         |                             |                       |                           | 0                                                            |
| 24.              | Surety.....                                                |                                |                         |                             |                       |                           | 0                                                            |
| 26.              | Burglary and theft.....                                    | 14,346                         |                         |                             | 14,346                |                           | 0                                                            |
| 27.              | Boiler and machinery.....                                  |                                |                         |                             |                       |                           | 0                                                            |
| 28.              | Credit.....                                                |                                |                         |                             |                       |                           | 0                                                            |
| 29.              | International.....                                         |                                |                         |                             |                       |                           | 0                                                            |
| 30.              | Warranty.....                                              |                                |                         |                             |                       |                           | 0                                                            |
| 31.              | Reinsurance - nonproportional assumed property.....        | XXX                            |                         |                             |                       |                           | 0                                                            |
| 32.              | Reinsurance - nonproportional assumed liability.....       | XXX                            |                         |                             |                       |                           | 0                                                            |
| 33.              | Reinsurance - nonproportional assumed financial lines..... | XXX                            |                         |                             |                       |                           | 0                                                            |
| 34.              | Aggregate write-ins for other lines of business.....       | 0                              | 0                       | 0                           | 0                     | 0                         | 0                                                            |
| 35.              | TOTALS.....                                                | 53,950,275                     | 0                       | 0                           | 53,231,986            | 718,289                   | 0                                                            |

DETAILS OF WRITE-INS

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

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]  
If yes: 1. The amount of such installment premiums \$.0.  
2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

|                      |                                                                    | Losses Paid Less Salvage |                     |                       |                                | 5                                                | 6                            | 7                                              | 8                                                                                  |
|----------------------|--------------------------------------------------------------------|--------------------------|---------------------|-----------------------|--------------------------------|--------------------------------------------------|------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|
|                      |                                                                    | 1                        | 2                   | 3                     | 4                              |                                                  |                              |                                                |                                                                                    |
| Line of Business     |                                                                    | Direct Business          | Reinsurance Assumed | Reinsurance Recovered | Net Payments (Cols. 1 + 2 - 3) | Net Losses Unpaid Current Year (Part 2A, Col. 8) | Net Losses Unpaid Prior Year | Losses Incurred Current Year (Cols. 4 + 5 - 6) | Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1) |
| 1.                   | Fire.....                                                          | 64,858                   |                     | 64,858                | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 2.                   | Allied lines.....                                                  | 231,244                  |                     | 231,244               | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 3.                   | Farmowners multiple peril.....                                     |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 4.                   | Homeowners multiple peril.....                                     | (63,380)                 |                     | (63,380)              | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 5.                   | Commercial multiple peril.....                                     | 45,874,003               |                     | 45,874,003            | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 6.                   | Mortgage guaranty.....                                             |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 8.                   | Ocean marine.....                                                  |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 9.                   | Inland marine.....                                                 | 316,110                  |                     | 316,110               | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 10.                  | Financial guaranty.....                                            |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 11.1                 | Medical professional liability - occurrence.....                   |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 11.2                 | Medical professional liability - claims-made.....                  |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 12.                  | Earthquake.....                                                    |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 13.                  | Group accident and health.....                                     |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 14.                  | Credit accident and health (group and individual).....             |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 15.                  | Other accident and health.....                                     |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 16.                  | Workers' compensation.....                                         | 1,056,780                | 84                  | 1,056,864             | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 17.1                 | Other liability - occurrence.....                                  | 174,107                  |                     | 174,107               | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 17.2                 | Other liability - claims-made.....                                 |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 17.3                 | Excess workers' compensation.....                                  |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 18.1                 | Products liability - occurrence.....                               |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 18.2                 | Products liability - claims-made.....                              |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 19.1, 19.2           | Private passenger auto liability.....                              | 447,609                  |                     | 447,609               | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 19.3, 19.4           | Commercial auto liability.....                                     | 16,356,422               |                     | 16,356,422            | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 21.                  | Auto physical damage.....                                          | 962,235                  |                     | 962,235               | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 22.                  | Aircraft (all perils).....                                         |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 23.                  | Fidelity.....                                                      |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 24.                  | Surety.....                                                        |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 26.                  | Burglary and theft.....                                            |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 27.                  | Boiler and machinery.....                                          |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 28.                  | Credit.....                                                        |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 29.                  | International.....                                                 |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 30.                  | Warranty.....                                                      |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 31.                  | Reinsurance - nonproportional assumed property.....                | XXX                      |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 32.                  | Reinsurance - nonproportional assumed liability.....               | XXX                      |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 33.                  | Reinsurance - nonproportional assumed financial lines.....         | XXX                      |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 34.                  | Aggregate write-ins for other lines of business.....               | .0                       | .0                  | .0                    | .0                             | .0                                               | 0                            | 0                                              | 0.0                                                                                |
| 35.                  | TOTALS.....                                                        | 65,419,988               | 84                  | 65,420,072            | .0                             | .0                                               | 0                            | 0                                              | 0.0                                                                                |
| DETAILS OF WRITE-INS |                                                                    |                          |                     |                       |                                |                                                  |                              |                                                |                                                                                    |
| 3401.                | .....                                                              |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 3402.                | .....                                                              |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 3403.                | .....                                                              |                          |                     |                       | .0                             | .0                                               |                              | 0                                              | 0.0                                                                                |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page..... | .0                       | .0                  | .0                    | .0                             | .0                                               | 0                            | 0                                              | XXX                                                                                |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....    | .0                       | .0                  | .0                    | .0                             | .0                                               | 0                            | 0                                              | 0.0                                                                                |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

| Line of Business     |                                                                    | Reported Losses |                     |                                |                                                                  | Incurred But Not Reported |                     |                   | 8                                          | 9                                   |
|----------------------|--------------------------------------------------------------------|-----------------|---------------------|--------------------------------|------------------------------------------------------------------|---------------------------|---------------------|-------------------|--------------------------------------------|-------------------------------------|
|                      |                                                                    | 1               | 2                   | 3                              | 4                                                                | 5                         | 6                   | 7                 | Net Losses Unpaid<br>(Cols. 4 + 5 + 6 - 7) | Net Unpaid Loss Adjustment Expenses |
|                      |                                                                    | Direct          | Reinsurance Assumed | Deduct Reinsurance Recoverable | Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3) | Direct                    | Reinsurance Assumed | Reinsurance Ceded |                                            |                                     |
| 1.                   | Fire.....                                                          | 14,408          |                     | 14,408                         | 0                                                                | 20,740                    |                     | 20,740            | 0                                          |                                     |
| 2.                   | Allied lines.....                                                  | 254,366         |                     | 254,366                        | 0                                                                | 32,614                    |                     | 32,614            | 0                                          |                                     |
| 3.                   | Farmowners multiple peril.....                                     |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 4.                   | Homeowners multiple peril.....                                     | 170,275         |                     | 170,275                        | 0                                                                | 148,668                   |                     | 148,668           | 0                                          |                                     |
| 5.                   | Commercial multiple peril.....                                     | 157,480,085     |                     | 157,480,085                    | 0                                                                | 43,526,441                |                     | 43,526,441        | 0                                          |                                     |
| 6.                   | Mortgage guaranty.....                                             |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 8.                   | Ocean marine.....                                                  |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 9.                   | Inland marine.....                                                 | 703,504         |                     | 703,504                        | 0                                                                | 24,008                    |                     | 24,008            | 0                                          |                                     |
| 10.                  | Financial guaranty.....                                            |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 11.1                 | Medical professional liability - occurrence.....                   |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 11.2                 | Medical professional liability - claims-made.....                  |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 12.                  | Earthquake.....                                                    |                 |                     |                                | 0                                                                | 464                       |                     | 464               | 0                                          |                                     |
| 13.                  | Group accident and health.....                                     |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 14.                  | Credit accident and health (group and individual).....             |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 15.                  | Other accident and health.....                                     |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 16.                  | Workers' compensation.....                                         | 6,046,524       | 239                 | 6,046,763                      | 0                                                                | 2,071,730                 | 571                 | 2,072,301         | 0                                          |                                     |
| 17.1                 | Other liability - occurrence.....                                  | 6,995,224       |                     | 6,995,224                      | 0                                                                | 1,708,560                 |                     | 1,708,560         | 0                                          |                                     |
| 17.2                 | Other liability - claims-made.....                                 |                 |                     |                                | 0                                                                | 46,969                    |                     | 46,969            | 0                                          |                                     |
| 17.3                 | Excess workers' compensation.....                                  |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 18.1                 | Products liability - occurrence.....                               | 334,403         |                     | 334,403                        | 0                                                                | 266,018                   |                     | 266,018           | 0                                          |                                     |
| 18.2                 | Products liability - claims-made.....                              |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 19.1, 19.2           | Private passenger auto liability.....                              | 365,003         |                     | 365,003                        | 0                                                                | 217,176                   |                     | 217,176           | 0                                          |                                     |
| 19.3, 19.4           | Commercial auto liability.....                                     | 30,920,671      |                     | 30,920,671                     | 0                                                                | 11,745,355                |                     | 11,745,355        | 0                                          |                                     |
| 21.                  | Auto physical damage.....                                          | 26,427          |                     | 26,427                         | 0                                                                | (93,437)                  |                     | (93,437)          | 0                                          |                                     |
| 22.                  | Aircraft (all perils).....                                         |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 23.                  | Fidelity.....                                                      |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 24.                  | Surety.....                                                        |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 26.                  | Burglary and theft.....                                            |                 |                     |                                | 0                                                                | 385                       |                     | 385               | 0                                          |                                     |
| 27.                  | Boiler and machinery.....                                          |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 28.                  | Credit.....                                                        |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 29.                  | International.....                                                 |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 30.                  | Warranty.....                                                      |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 31.                  | Reinsurance - nonproportional assumed property.....                | XXX             |                     |                                | 0                                                                | XXX                       |                     |                   | 0                                          |                                     |
| 32.                  | Reinsurance - nonproportional assumed liability.....               | XXX             |                     |                                | 0                                                                | XXX                       |                     |                   | 0                                          |                                     |
| 33.                  | Reinsurance - nonproportional assumed financial lines.....         | XXX             |                     |                                | 0                                                                | XXX                       |                     |                   | 0                                          |                                     |
| 34.                  | Aggregate write-ins for other lines of business.....               | 0               | 0                   | 0                              | 0                                                                | 0                         | 0                   | 0                 | 0                                          | 0                                   |
| 35.                  | TOTALS.....                                                        | 203,310,890     | 239                 | 203,311,129                    | 0                                                                | 59,715,691                | 571                 | 59,716,262        | 0                                          | 0                                   |
| DETAILS OF WRITE-INS |                                                                    |                 |                     |                                |                                                                  |                           |                     |                   |                                            |                                     |
| 3401.                | .....                                                              |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 3402.                | .....                                                              |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 3403.                | .....                                                              |                 |                     |                                | 0                                                                |                           |                     |                   | 0                                          |                                     |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page..... | 0               | 0                   | 0                              | 0                                                                | 0                         | 0                   | 0                 | 0                                          | 0                                   |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....    | 0               | 0                   | 0                              | 0                                                                | 0                         | 0                   | 0                 | 0                                          | 0                                   |

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

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

|                                                                                                 | 1                           | 2                                 | 3                      | 4          |
|-------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|------------------------|------------|
|                                                                                                 | Loss Adjustment<br>Expenses | Other<br>Underwriting<br>Expenses | Investment<br>Expenses | Total      |
| 1. Claim adjustment services:                                                                   |                             |                                   |                        |            |
| 1.1 Direct.....                                                                                 | 8,596,696                   |                                   |                        | 8,596,696  |
| 1.2 Reinsurance assumed.....                                                                    |                             |                                   |                        | .0         |
| 1.3 Reinsurance ceded.....                                                                      | 8,596,696                   |                                   |                        | 8,596,696  |
| 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....                                        | .0                          | .0                                | .0                     | .0         |
| 2. Commission and brokerage:                                                                    |                             |                                   |                        |            |
| 2.1 Direct, excluding contingent.....                                                           |                             | 8,249,291                         |                        | 8,249,291  |
| 2.2 Reinsurance assumed, excluding contingent.....                                              |                             |                                   |                        | .0         |
| 2.3 Reinsurance ceded, excluding contingent.....                                                |                             | 8,249,291                         |                        | 8,249,291  |
| 2.4 Contingent - direct.....                                                                    |                             | 537,632                           |                        | 537,632    |
| 2.5 Contingent - reinsurance assumed.....                                                       |                             |                                   |                        | .0         |
| 2.6 Contingent - reinsurance ceded.....                                                         |                             | 537,632                           |                        | 537,632    |
| 2.7 Policy and membership fees.....                                                             |                             |                                   |                        | .0         |
| 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....                 | .0                          | .0                                | .0                     | .0         |
| 3. Allowances to manager and agents.....                                                        |                             |                                   |                        | .0         |
| 4. Advertising.....                                                                             |                             |                                   |                        | .0         |
| 5. Boards, bureaus and associations.....                                                        |                             |                                   |                        | .0         |
| 6. Surveys and underwriting reports.....                                                        |                             |                                   |                        | .0         |
| 7. Audit of assureds' records.....                                                              |                             |                                   |                        | .0         |
| 8. Salary and related items:                                                                    |                             |                                   |                        |            |
| 8.1 Salaries.....                                                                               |                             |                                   | 939                    | 939        |
| 8.2 Payroll taxes.....                                                                          |                             |                                   |                        | .0         |
| 9. Employee relations and welfare.....                                                          |                             |                                   | 225                    | 225        |
| 10. Insurance.....                                                                              |                             |                                   |                        | .0         |
| 11. Directors' fees.....                                                                        |                             |                                   | 136                    | 136        |
| 12. Travel and travel items.....                                                                |                             |                                   | 51                     | 51         |
| 13. Rent and rent items.....                                                                    |                             |                                   | 13                     | 13         |
| 14. Equipment.....                                                                              |                             |                                   | 43                     | 43         |
| 15. Cost or depreciation of EDP equipment and software.....                                     |                             |                                   |                        | .0         |
| 16. Printing and stationery.....                                                                |                             |                                   | 1                      | 1          |
| 17. Postage, telephone and telegraph, exchange and express.....                                 |                             |                                   | 218                    | 218        |
| 18. Legal and auditing.....                                                                     |                             |                                   | 74                     | 74         |
| 19. Totals (Lines 3 to 18).....                                                                 | .0                          | .0                                | 1,700                  | 1,700      |
| 20. Taxes, licenses and fees:                                                                   |                             |                                   |                        |            |
| 20.1 State and local insurance taxes deducting guaranty association credits<br>of \$.....0..... |                             |                                   |                        | .0         |
| 20.2 Insurance department licenses and fees.....                                                |                             |                                   |                        | .0         |
| 20.3 Gross guaranty association assessments.....                                                |                             |                                   |                        | .0         |
| 20.4 All other (excluding federal and foreign income and real estate).....                      |                             |                                   |                        | .0         |
| 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....                            | .0                          | .0                                | .0                     | .0         |
| 21. Real estate expenses.....                                                                   |                             |                                   |                        | .0         |
| 22. Real estate taxes.....                                                                      |                             |                                   |                        | .0         |
| 23. Reimbursements by uninsured plans.....                                                      |                             |                                   |                        | .0         |
| 24. Aggregate write-ins for miscellaneous expenses.....                                         | .0                          | .0                                | 16,699                 | 16,699     |
| 25. Total expenses incurred.....                                                                | .0                          | .0                                | 18,399                 | (a) 18,399 |
| 26. Less unpaid expenses - current year.....                                                    |                             |                                   |                        | .0         |
| 27. Add unpaid expenses - prior year.....                                                       |                             |                                   |                        | .0         |
| 28. Amounts receivable relating to uninsured plans, prior year.....                             |                             |                                   |                        | .0         |
| 29. Amounts receivable relating to uninsured plans, current year.....                           |                             |                                   |                        | .0         |
| 30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....                                     | .0                          | .0                                | 18,399                 | 18,399     |

DETAILS OF WRITE-INS

|                                                                          |    |    |        |        |
|--------------------------------------------------------------------------|----|----|--------|--------|
| 2401. Other expenses.....                                                |    |    | 16,693 | 16,693 |
| 2402. Outside services and income.....                                   |    |    | 6      | 6      |
| 2403. ....                                                               |    |    |        | .0     |
| 2498. Summary of remaining write-ins for Line 24 from overflow page..... | .0 | .0 | .0     | .0     |
| 2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....    | .0 | .0 | 16,699 | 16,699 |

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

EXHIBIT OF NET INVESTMENT INCOME

|                                                                              | 1<br>Collected<br>During Year | 2<br>Earned<br>During Year |
|------------------------------------------------------------------------------|-------------------------------|----------------------------|
| 1. U.S. government bonds.....                                                | (a).....38,203                | .....74,559                |
| 1.1 Bonds exempt from U.S. tax.....                                          | (a).....193,200               | .....193,200               |
| 1.2 Other bonds (unaffiliated).....                                          | (a).....476,063               | .....464,508               |
| 1.3 Bonds of affiliates.....                                                 | (a).....                      | .....                      |
| 2.1 Preferred stocks (unaffiliated).....                                     | (b).....                      | .....                      |
| 2.11 Preferred stocks of affiliates.....                                     | (b).....                      | .....                      |
| 2.2 Common stocks (unaffiliated).....                                        | .....                         | .....                      |
| 2.21 Common stocks of affiliates.....                                        | .....                         | .....                      |
| 3. Mortgage loans.....                                                       | (c).....                      | .....                      |
| 4. Real estate.....                                                          | (d).....                      | .....                      |
| 5. Contract loans.....                                                       | .....                         | .....                      |
| 6. Cash, cash equivalents and short-term investments.....                    | (e).....26,381                | .....25,114                |
| 7. Derivative instruments.....                                               | (f).....                      | .....                      |
| 8. Other invested assets.....                                                | .....                         | .....                      |
| 9. Aggregate write-ins for investment income.....                            | .....1,644                    | .....1,644                 |
| 10. Total gross investment income.....                                       | .....735,491                  | .....759,025               |
| 11. Investment expenses.....                                                 | .....                         | (g).....18,399             |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | .....                         | (g).....                   |
| 13. Interest expense.....                                                    | .....                         | (h).....                   |
| 14. Depreciation on real estate and other invested assets.....               | .....                         | (i)......0                 |
| 15. Aggregate write-ins for deductions from investment income.....           | .....                         | ......66                   |
| 16. Total deductions (Lines 11 through 15).....                              | .....                         | .....18,465                |
| 17. Net investment income (Line 10 minus Line 16).....                       | .....                         | .....740,560               |

DETAILS OF WRITE-INS

|                                                                          |            |            |
|--------------------------------------------------------------------------|------------|------------|
| 0901. Misc. Income.....                                                  | .....1,644 | .....1,644 |
| 0902. ....                                                               | .....      | .....      |
| 0903. ....                                                               | .....      | .....      |
| 0998. Summary of remaining write-ins for Line 9 from overflow page.....  | ......0    | ......0    |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....     | .....1,644 | .....1,644 |
| 1501. Misc. Exp.....                                                     | .....      | ......66   |
| 1502. ....                                                               | .....      | .....      |
| 1503. ....                                                               | .....      | .....      |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... | .....      | ......0    |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....    | .....      | ......66   |

- (a) Includes \$.....10,597 accrual of discount less \$.....63,459 amortization of premium and less \$.....27,986 paid for accrued interest on purchases.
- (b) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued dividends on purchases.
- (c) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued interest on purchases.
- (d) Includes \$......0 for company's occupancy of its own buildings; and excludes \$......0 interest on encumbrances.
- (e) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued interest on purchases.
- (f) Includes \$......0 accrual of discount less \$......0 amortization of premium.
- (g) Includes \$......0 investment expenses and \$......0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$......0 interest on surplus notes and \$......0 interest on capital notes.
- (i) Includes \$......0 depreciation on real estate and \$......0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

|                                                           | 1<br>Realized<br>Gain (Loss)<br>on Sales<br>or Maturity | 2<br>Other<br>Realized<br>Adjustments | 3<br>Total Realized<br>Capital Gain (Loss)<br>(Columns 1 + 2) | 4<br>Change in<br>Unrealized<br>Capital Gain (Loss) | 5<br>Change in<br>Unrealized<br>Foreign Exchange<br>Capital Gain (Loss) |
|-----------------------------------------------------------|---------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|
| 1. U.S. government bonds.....                             | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 1.1 Bonds exempt from U.S. tax.....                       | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 1.2 Other bonds (unaffiliated).....                       | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 1.3 Bonds of affiliates.....                              | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 2.1 Preferred stocks (unaffiliated).....                  | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 2.11 Preferred stocks of affiliates.....                  | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 2.2 Common stocks (unaffiliated).....                     | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 2.21 Common stocks of affiliates.....                     | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 3. Mortgage loans.....                                    | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 4. Real estate.....                                       | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 5. Contract loans.....                                    | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 6. Cash, cash equivalents and short-term investments..... | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 7. Derivative instruments.....                            | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 8. Other invested assets.....                             | .....                                                   | .....                                 | ......0                                                       | .....                                               | .....                                                                   |
| 9. Aggregate write-ins for capital gains (losses).....    | ......0                                                 | ......0                               | ......0                                                       | ......0                                             | ......0                                                                 |
| 10. Total capital gains (losses).....                     | ......0                                                 | ......0                               | ......0                                                       | ......0                                             | ......0                                                                 |

DETAILS OF WRITE-INS

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

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
EXHIBIT OF NONADMITTED ASSETS

|                                                                                                                             | 1<br>Current Year<br>Total<br>Nonadmitted Assets | 2<br>Prior Year<br>Total<br>Nonadmitted Assets | 3<br>Change in Total<br>Nonadmitted Assets<br>(Col. 2 - Col. 1) |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|
| 1. Bonds (Schedule D).....                                                                                                  |                                                  |                                                | 0                                                               |
| 2. Stocks (Schedule D):                                                                                                     |                                                  |                                                |                                                                 |
| 2.1 Preferred stocks.....                                                                                                   |                                                  |                                                | 0                                                               |
| 2.2 Common stocks.....                                                                                                      |                                                  |                                                | 0                                                               |
| 3. Mortgage loans on real estate (Schedule B):                                                                              |                                                  |                                                |                                                                 |
| 3.1 First liens.....                                                                                                        |                                                  |                                                | 0                                                               |
| 3.2 Other than first liens.....                                                                                             |                                                  |                                                | 0                                                               |
| 4. Real estate (Schedule A):                                                                                                |                                                  |                                                |                                                                 |
| 4.1 Properties occupied by the company.....                                                                                 |                                                  |                                                | 0                                                               |
| 4.2 Properties held for the production of income.....                                                                       |                                                  |                                                | 0                                                               |
| 4.3 Properties held for sale.....                                                                                           |                                                  |                                                | 0                                                               |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2)<br>and short-term investments (Schedule DA).....          |                                                  |                                                | 0                                                               |
| 6. Contract loans.....                                                                                                      |                                                  |                                                | 0                                                               |
| 7. Derivatives (Schedule DB).....                                                                                           |                                                  |                                                | 0                                                               |
| 8. Other invested assets (Schedule BA).....                                                                                 |                                                  |                                                | 0                                                               |
| 9. Receivables for securities.....                                                                                          |                                                  |                                                | 0                                                               |
| 10. Securities lending reinvested collateral assets (Schedule DL).....                                                      |                                                  |                                                | 0                                                               |
| 11. Aggregate write-ins for invested assets.....                                                                            | 0                                                | 0                                              | 0                                                               |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....                                                                | 0                                                | 0                                              | 0                                                               |
| 13. Title plants (for Title insurers only).....                                                                             |                                                  |                                                | 0                                                               |
| 14. Investment income due and accrued.....                                                                                  |                                                  |                                                | 0                                                               |
| 15. Premiums and considerations:                                                                                            |                                                  |                                                |                                                                 |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....                                             | 590,747                                          | 973,794                                        | 383,047                                                         |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due.....                       |                                                  |                                                | 0                                                               |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination.....                                           |                                                  |                                                | 0                                                               |
| 16. Reinsurance:                                                                                                            |                                                  |                                                |                                                                 |
| 16.1 Amounts recoverable from reinsurers.....                                                                               |                                                  |                                                | 0                                                               |
| 16.2 Funds held by or deposited with reinsured companies.....                                                               |                                                  |                                                | 0                                                               |
| 16.3 Other amounts receivable under reinsurance contracts.....                                                              |                                                  |                                                | 0                                                               |
| 17. Amounts receivable relating to uninsured plans.....                                                                     |                                                  |                                                | 0                                                               |
| 18.1 Current federal and foreign income tax recoverable and interest thereon.....                                           |                                                  |                                                | 0                                                               |
| 18.2 Net deferred tax asset.....                                                                                            | 59,959                                           | 30,651                                         | (29,308)                                                        |
| 19. Guaranty funds receivable or on deposit.....                                                                            |                                                  |                                                | 0                                                               |
| 20. Electronic data processing equipment and software.....                                                                  |                                                  |                                                | 0                                                               |
| 21. Furniture and equipment, including health care delivery assets.....                                                     |                                                  |                                                | 0                                                               |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates.....                                             |                                                  |                                                | 0                                                               |
| 23. Receivables from parent, subsidiaries and affiliates.....                                                               |                                                  | 658                                            | 658                                                             |
| 24. Health care and other amounts receivable.....                                                                           |                                                  |                                                | 0                                                               |
| 25. Aggregate write-ins for other-than-invested assets.....                                                                 | 0                                                | 0                                              | 0                                                               |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts (Lines 12 through 25)..... | 650,706                                          | 1,005,103                                      | 354,397                                                         |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                            |                                                  |                                                | 0                                                               |
| 28. TOTALS (Lines 26 and 27).....                                                                                           | 650,706                                          | 1,005,103                                      | 354,397                                                         |

DETAILS OF WRITE-INS

|                                                                          |   |   |   |
|--------------------------------------------------------------------------|---|---|---|
| 1101. ....                                                               |   |   | 0 |
| 1102. ....                                                               |   |   | 0 |
| 1103. ....                                                               |   |   | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....    | 0 | 0 | 0 |
| 2501. ....                                                               |   |   | 0 |
| 2502. ....                                                               |   |   | 0 |
| 2503. ....                                                               |   |   | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....    | 0 | 0 | 0 |

NOTES TO THE FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Harleysville Insurance Company of New York (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the State of Ohio.

The Ohio Department of Insurance recognizes only statutory accounting practices (SAP) prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, as well as, determining its solvency under the Ohio Insurance law. The NAIC’s *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Company has no statutory accounting practices that differ from NAIC SAP.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

|                                                                                             | SSAP<br># | F/S<br>Page | F/S<br>Line # | 2018          | 2017          |
|---------------------------------------------------------------------------------------------|-----------|-------------|---------------|---------------|---------------|
| <b>Net Income</b>                                                                           |           |             |               |               |               |
| Harleysville Insurance Company of New York state basis (Page 4, Line (1) 20, Columns 1 & 2) | XXX       | XXX         | XXX           | \$ 608,614    | \$ 552,095    |
| (2) State Prescribed Practices that increase/(decrease) NAIC SAP                            |           |             |               | -             | -             |
| (3) State Permitted Practices that increase/(decrease) NAIC SAP                             |           |             |               | -             | -             |
| (4) NAIC SAP (1-2-3=4)                                                                      | XXX       | XXX         | XXX           | \$ 608,614    | \$ 552,095    |
| <b>Surplus</b>                                                                              |           |             |               |               |               |
| Harleysville Insurance Company of New York state basis (Page 3, Line (5) 37, Columns 1 & 2) | XXX       | XXX         | XXX           | \$ 24,743,559 | \$ 24,373,605 |
| (6) State Prescribed Practices that increase/(decrease) NAIC SAP                            |           |             |               | -             | -             |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP                             |           |             |               | -             | -             |
| (8) NAIC SAP (5-6-7=8)                                                                      | XXX       | XXX         | XXX           | \$ 24,743,559 | \$ 24,373,605 |

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

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

C. Accounting Policies

**Federal Income Taxes.** The Company’s ultimate parent, Nationwide Mutual Insurance Company (Mutual) files a consolidated federal income tax return, which includes all eligible U.S. subsidiaries and affiliates. In this regard, the included subsidiaries and affiliates pay to Mutual the amount which would have been payable on a separate return basis without regard to the alternative minimum tax. Mutual pays tax due on a consolidated basis.

The Company provides for federal income taxes based on amounts the Company believes it will ultimately owe. Inherent in the provision for federal income taxes are estimates regarding the deductibility of certain items and the realization of certain tax credits. In the event the ultimate deductibility of certain items or the realization of certain tax credits differs from estimates, the Company may be required to change the provision for federal income taxes recorded in the financial statements which could be significant. Management has used best estimates to establish reserves based on current facts and circumstances regarding tax exposure items where the ultimate deductibility is open to interpretation.

In accordance with guidance specified in the NAIC SAP, the Company utilizes the asset and liability method of accounting for income taxes. Under this method, deferred tax assets (DTA), net of any non-admitted portion and statutory valuation allowance, and deferred tax liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax basis. DTAs and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The change in deferred taxes, excluding the impact of taxes on unrealized capital gains or losses and nonadmitted deferred taxes, is charged directly to surplus.

**Reinsurance Recoverables.** The Company cedes insurance to other companies in order to limit potential losses and diversify its exposure. Such agreements do not relieve the Company of its primary obligation to the policyholder in the event the reinsurer is unable to meet the obligations it has assumed. The Company monitors the financial condition of reinsurers on an ongoing basis and reviews its reinsurance agreements regularly in an attempt to minimize its exposure to significant losses from reinsurer insolvencies. Reinsurance recoverables include amounts billed to reinsurers on losses paid. Estimates of amounts expected to be recovered from reinsurers that have not yet been paid on losses are estimated in a manner consistent with the claim liability associated with the underlying policy. Such reinsurance recoverables and reserved deductions partially offset claim costs in the Company’s statutory statements of operations and are included as an offset to losses and loss expense reserves in the accompanying statutory statements of admitted assets, liabilities and surplus. There were no contracts using deposit accounting as of December 31, 2018 and 2017.

Statutory accounting principles require recognition of a minimum liability for certain unsecured or overdue reinsurance recoverables. As of December 31, 2018 and 2017, the Company had provision related to conditional reinsurance recoverables of \$173,000 and \$23,429 respectively.

In addition, the Company uses the following accounting policies:

1. Short-term investments consist of investments with maturities of twelve months or less at acquisition and are stated at amortized cost, which approximates fair value.
2. Bonds, excluding loan-backed and structured securities, are stated at amortized cost except those with a NAIC designation of “3” through “6” which are stated at the lower of amortized cost or fair value. Amortization of premiums and discounts is calculated using the effective yield method. The Company does not hold any mandatory convertible securities or SVO-identified investments.
3. Unaffiliated common stocks are reported at fair value.
4. Redeemable preferred stocks  
Not applicable.
5. Mortgage loans  
Not applicable.

NOTES TO THE FINANCIAL STATEMENTS

6.

Loan-backed and structured securities (collectively, loan-backed securities) are stated at amortized cost or the lower of amortized cost or fair value in accordance with the provisions of Statement of Statutory Accounting Principles (SSAP) No. 43-Revised and the Purposes and Procedures Manual of the NAIC Securities Valuation Office. The retrospective adjustment method is used to value loan-backed securities where the collection of all contractual cash flows is probable. For all other loan-backed securities, the Company uses the prospective adjustment method.
7.

Investments in subsidiary and affiliated companies are stated as follows:  
  
Not applicable.
8.

Other invested assets  
  
Not applicable.
9.

Accounting for derivatives  
  
Not applicable.
10.

Insurance premiums are generally earned ratably over the policy term. The liability for unearned premiums represents the portion of premiums written relating to the unexpired terms of coverage. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Premiums in course of collection represent agent balances and uncollected premiums from policyholders for current policies in force and policy premiums assumed from others, including amounts placed with affiliates. The Company includes anticipated investment income when calculating its premium deficiency reserves, in accordance with SSAP No. 53, Property-Casualty Contracts - Premiums.
11.

The Company establishes losses and loss expense reserves for reported claims and claims incurred but not yet reported (IBNR). Estimating the liability for losses and loss expense reserves involves significant judgment and multiple assumptions. Management considers the Company's experience with similar claims, historical trends, economic factors and judicial, legislative and regulatory changes in establishing reserves. The Company's losses and loss expense reserves are recorded net of reinsurance and amounts expected to be received from salvage (the amount recovered from property after the Company pays for a total loss) and subrogation (the right to recover payments from third parties).  
  
Assumptions and estimates for losses and loss expense reserves are updated as new information becomes available. Due to the inherent uncertainty in estimating losses and loss expense reserves, the actual cost of settling claims may differ materially from recorded amounts. Changes in losses and loss expense reserve estimates are included in results of operations in the period the estimates are revised.  
  
The Company has some exposure to asbestos and environmental claims arising primarily from the sale of general liability insurance. The total business is ceded to the Nationwide Pool according to the pooling arrangement.
12.

The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The Company has not modified its capitalization policy from the prior period.
13.

Not applicable as the Company does not write major medical insurance with prescription drug coverage.

D. Going Concern  
  
Not applicable.

**Note 2 - Accounting Changes and Corrections of Errors**

Not applicable.

**Note 3 - Business Combinations and Goodwill**

Not applicable.

**Note 4 – Discontinued Operations**

Not applicable.

**Note 5 – Investments**

- A.

Mortgage Loans  
  
Not applicable
- B.

Troubled Debt Restructuring  
  
Not applicable.
- C.

Reverse Mortgages  
  
Not applicable.
- D.

Loan-Backed Securities  
  
1. Prepayment assumptions are generally obtained using a model provided by a third-party vendor.  
  
2. Not applicable.  
  
3. Not applicable.

NOTES TO THE FINANCIAL STATEMENTS

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

a. The aggregate amount of unrealized losses:

|    |                     |    |                 |
|----|---------------------|----|-----------------|
| 1. | Less than 12 Months | \$ | <u>(46,615)</u> |
| 2. | 12 Months or Longer | \$ | <u>-</u>        |

b. The aggregate related fair value of securities with unrealized losses:

|    |                     |    |                  |
|----|---------------------|----|------------------|
| 1. | Less than 12 Months | \$ | <u>4,260,371</u> |
| 2. | 12 Months or Longer | \$ | <u>-</u>         |

5. The Company reviews all loan-backed and structured securities in which the fair value of the given security is less than the amortized cost to determine if a given security is other-than-temporarily impaired. The Company examines characteristics of the underlying collateral, such as delinquency and default rates, the quality of the underlying borrower, the type of collateral in the pool, the vintage year of the collateral, subordination levels within the structure of the collateral pool, and the quality of any credit guarantors, to determine the cash flows expected to be received for the security.

If the severity and duration of the security's unrealized loss indicates a risk of an other-than-temporary impairment, then the Company will evaluate if the amortized cost basis of the security will be recovered by comparing the present value of the cash flows expected to be received for the given security with the amortized cost basis of the security. If the present value of cash flows is greater than the amortized cost basis of a security then the security is deemed not to be other-than-temporarily impaired.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable, as the Company does not participate in a securities lending program and has no open dollar repurchase agreements as of year-end.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits

Not applicable.

NOTES TO THE FINANCIAL STATEMENTS

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category                                                          | Gross (Admitted & Nonadmitted) Restricted |                                                    |                                                |                                                           |                  |                       |                                  |
|------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------|----------------------------------|
|                                                                                    | Current Year                              |                                                    |                                                |                                                           |                  | 6                     | 7                                |
|                                                                                    | 1                                         | 2                                                  | 3                                              | 4                                                         | 5                |                       |                                  |
|                                                                                    | Total General Account (G/A)               | G/A Supporting Protected Cell Account Activity (a) | Total Protected Cell Account Restricted Assets | Protected Cell Account Assets Supporting G/A Activity (b) | Total (1 plus 3) | Total From Prior Year | Increase/ (Decrease) (5 minus 6) |
| a. Subject to contractual obligation for which liability is not shown              | \$-                                       | \$-                                                | \$-                                            | \$-                                                       | \$-              | \$-                   | \$-                              |
| b. Collateral held under security lending agreements                               | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| c. Subject to repurchase agreements                                                | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| d. Subject to reverse repurchase agreements                                        | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| e. Subject to dollar repurchase agreements                                         | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| f. Subject to dollar reverse repurchase agreements                                 | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| g. Placed under option contracts                                                   | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| i. FHLB capital stock                                                              | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| j. On deposit with states                                                          | 3,476,023                                 | -                                                  | -                                              | -                                                         | 3,476,023        | 3,777,242             | (301,219)                        |
| k. On deposit with other regulatory bodies                                         | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| m. Pledged as collateral not captured in other categories                          | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| n. Other restricted assets                                                         | -                                         | -                                                  | -                                              | -                                                         | -                | -                     | -                                |
| o. Total Restricted Assets                                                         | \$3,476,023                               | \$-                                                | \$-                                            | \$-                                                       | \$3,476,023      | \$3,777,242           | \$(301,219)                      |

- (a) Subset of Column 1
- (b) Subset of Column 3

NOTES TO THE FINANCIAL STATEMENTS

| Restricted Asset Category                                                          | Current Year                    |                                          |                                                                        |                                                        |
|------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                    | 8                               | 9                                        | Percentage                                                             |                                                        |
|                                                                                    |                                 |                                          | 10                                                                     | 11                                                     |
|                                                                                    | Total Nonadmitted<br>Restricted | Total Admitted<br>Restricted (5 minus 8) | Gross (Admitted &<br>Nonadmitted)<br>Restricted to Total<br>Assets (c) | Admitted Restricted<br>to Total Admitted<br>Assets (d) |
| a. Subject to contractual obligation for which liability is not shown              | \$-                             | \$-                                      | 0.00%                                                                  | 0.00%                                                  |
| b. Collateral held under security lending agreements                               | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| c. Subject to repurchase agreements                                                | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| d. Subject to reverse repurchase agreements                                        | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| e. Subject to dollar repurchase agreements                                         | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| f. Subject to dollar reverse repurchase agreements                                 | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| g. Placed under option contracts                                                   | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| i. FHLB capital stock                                                              | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| j. On deposit with states                                                          | -                               | 3,476,023                                | 6.61%                                                                  | 6.69%                                                  |
| k. On deposit with other regulatory bodies                                         | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| m. Pledged as collateral not captured in other categories                          | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| n. Other restricted assets                                                         | -                               | -                                        | 0.00%                                                                  | 0.00%                                                  |
| o. Total Restricted Assets                                                         | \$-                             | \$3,476,023                              | 6.61%                                                                  | 6.69%                                                  |

(c) Column 5 divided by Asset Page, Column 1, Line 28  
(d) Column 9 divided by Asset Page, Column 3, Line 28

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

Not applicable.

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

Not applicable.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

No assets or liabilities are offset and reported net in accordance with a valid right to offset per SSAP No 64, Offsetting and Netting of Assets and Liabilities.

O. Structured Notes

Not applicable.

P. 5\* Securities

Not applicable.

Q. Short Sales

Not applicable.

NOTES TO THE FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees

Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

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

Not applicable.

B. Write-downs for Impairments

Not applicable

Note 7 - Investment Income

A. Accrued Investment Income

The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

The total amount of investment income nonadmitted at December 31, 2018 was \$0.

Note 8 - Derivative Instruments

Not applicable.

Note 9 - Income Taxes

On December 22, 2017, the Tax Cuts and Jobs Act was signed into law and is effective January 1, 2018. Impacts to the Company include a reduction in the corporate tax rate from 35% to 21%, repeal of the corporate alternative minimum tax and other changes to the corporate tax rules. Upon the enactment of these tax law changes, the Company remeasured deferred tax assets and liabilities. The financial statement impacts are detailed in the tables below.

A. The components of the deferred tax asset/(liability) at December 31 are as follows:

|      |                                                              | December 31, 2018 |           |            |
|------|--------------------------------------------------------------|-------------------|-----------|------------|
|      |                                                              | Ordinary          | Capital   | Total      |
| (1a) | Gross deferred tax assets                                    | \$ 124,346        | \$ 74,032 | \$ 198,378 |
| (1b) | Statutory valuation allowance adjustment                     | -                 | -         | -          |
| (1c) | Adjusted gross deferred tax assets                           | \$ 124,346        | \$ 74,032 | \$ 198,378 |
| (1d) | Deferred tax assets nonadmitted                              | -                 | 59,959    | 59,959     |
| (1e) | Subtotal net admitted deferred tax asset                     | \$ 124,346        | \$ 14,073 | \$ 138,419 |
| (1f) | Deferred tax liabilities                                     | -                 | -         | -          |
| (1g) | Net admitted deferred tax asset/(net deferred tax liability) | \$ 124,346        | \$ 14,073 | \$ 138,419 |

|      |                                                              | December 31, 2017 |           |            |
|------|--------------------------------------------------------------|-------------------|-----------|------------|
|      |                                                              | Ordinary          | Capital   | Total      |
| (1a) | Gross deferred tax assets                                    | \$ 204,635        | \$ 54,273 | \$ 258,908 |
| (1b) | Statutory valuation allowance adjustment                     | -                 | -         | -          |
| (1c) | Adjusted gross deferred tax assets                           | \$ 204,635        | \$ 54,273 | \$ 258,908 |
| (1d) | Deferred tax assets nonadmitted                              | -                 | 30,651    | 30,651     |
| (1e) | Subtotal net admitted deferred tax asset                     | \$ 204,635        | \$ 23,622 | \$ 228,257 |
| (1f) | Deferred tax liabilities                                     | 91                | -         | 91         |
| (1g) | Net admitted deferred tax asset/(net deferred tax liability) | \$ 204,544        | \$ 23,622 | \$ 228,167 |

|      |                                                              | Change      |            |             |
|------|--------------------------------------------------------------|-------------|------------|-------------|
|      |                                                              | Ordinary    | Capital    | Total       |
| (1a) | Gross deferred tax assets                                    | \$ (80,289) | \$ 19,759  | \$ (60,530) |
| (1b) | Statutory valuation allowance adjustment                     | -           | -          | -           |
| (1c) | Adjusted gross deferred tax assets                           | \$ (80,289) | \$ 19,759  | \$ (60,530) |
| (1d) | Deferred tax assets nonadmitted                              | -           | 29,308     | 29,308      |
| (1e) | Subtotal net admitted deferred tax asset                     | \$ (80,289) | \$ (9,549) | \$ (89,838) |
| (1f) | Deferred tax liabilities                                     | (91)        | -          | (91)        |
| (1g) | Net admitted deferred tax asset/(net deferred tax liability) | \$ (80,198) | \$ (9,549) | \$ (89,747) |

NOTES TO THE FINANCIAL STATEMENTS

Admission Calculation Components SSAP No. 101

|      |                                                                                                                                                                                                            | December 31, 2018 |                   |              |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------|
|      |                                                                                                                                                                                                            | Ordinary          | Capital           | Total        |
| (2a) | Federal income taxes paid in prior years recoverable through loss carrybacks                                                                                                                               | \$ -              | \$ -              | \$ -         |
| (2b) | Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from (2a) above) after application of the threshold limitation (the less of (2b)1 and (2b)2 below) | \$ 124,346        | \$ 14,073         | \$ 138,419   |
|      | 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date                                                                                                             | \$ 124,346        | \$ 14,073         | \$ 138,419   |
|      | 2. Adjusted gross deferred tax assets allowed per limit threshold                                                                                                                                          | XXX               | XXX               | \$ 3,690,771 |
| (2c) | Adjusted gross deferred tax assets (excluding the amount of deferred tax asset from 2(a) and 2(b) above) offset by gross deferred tax liabilities                                                          | \$ -              | \$ -              | \$ -         |
| (2d) | Deferred tax assets admitted as the result of application of SSAP No. 101 Total ((2a) + (2b) + (2c))                                                                                                       | \$ 124,346        | \$ 14,073         | \$ 138,419   |
|      |                                                                                                                                                                                                            | December 31, 2017 |                   |              |
|      |                                                                                                                                                                                                            | Ordinary          | Capital           | Total        |
| (2a) | Federal income taxes paid in prior years recoverable through loss carrybacks                                                                                                                               | \$ -              | \$ -              | \$ -         |
| (2b) | Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from (2a) above) after application of the threshold limitation (the less of (2b)1 and (2b)2 below) | \$ 204,635        | \$ 23,622         | \$ 228,257   |
|      | 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date                                                                                                             | \$ 204,635        | \$ 23,622         | \$ 228,257   |
|      | 2. Adjusted gross deferred tax assets allowed per limit threshold                                                                                                                                          | XXX               | XXX               | \$ 3,621,816 |
| (2c) | Adjusted gross deferred tax assets (excluding the amount of deferred tax asset from 2(a) and 2(b) above) offset by gross deferred tax liabilities                                                          | \$ -              | \$ -              | \$ -         |
| (2d) | Deferred tax assets admitted as the result of application of SSAP No. 101 Total ((2a) + (2b) + (2c))                                                                                                       | \$ 204,635        | \$ 23,622         | \$ 228,257   |
|      |                                                                                                                                                                                                            | Change            |                   |              |
|      |                                                                                                                                                                                                            | Ordinary          | Capital           | Total        |
| (2a) | Federal income taxes paid in prior years recoverable through loss carrybacks                                                                                                                               | \$ -              | \$ -              | \$ -         |
| (2b) | Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from (2a) above) after application of the threshold limitation (the less of (2b)1 and (2b)2 below) | \$ (80,289)       | \$ (9,549)        | \$ (89,838)  |
|      | 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date                                                                                                             | \$ (80,289)       | \$ (9,549)        | \$ (89,838)  |
|      | 2. Adjusted gross deferred tax assets allowed per limit threshold                                                                                                                                          | XXX               | XXX               | \$ 68,955    |
| (2c) | Adjusted gross deferred tax assets (excluding the amount of deferred tax asset from 2(a) and 2(b) above) offset by gross deferred tax liabilities                                                          | \$ -              | \$ -              | \$ -         |
| (2d) | Deferred tax assets admitted as the result of application of SSAP No. 101 Total ((2a) + (2b) + (2c))                                                                                                       | \$ (80,289)       | \$ (9,549)        | \$ (89,838)  |
|      |                                                                                                                                                                                                            | December 31, 2018 | December 31, 2017 |              |
| (3a) | Ratio percentage used to determine recovery period and threshold limitation amount                                                                                                                         | 22668.570%        | 20425.200%        |              |
| (3b) | Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in (2b)2 above                                                                                           | \$ 24,605,140     | \$                | 24,145,438   |

NOTES TO THE FINANCIAL STATEMENTS

Impact of Tax Planning Strategies

|      |                                                                                                                            | December 31, 2018 |            |             |
|------|----------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|
|      |                                                                                                                            | Ordinary          | Capital    | Total       |
| (4a) | Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage |                   |            |             |
| (1)  | Adjusted Gross DTAs amount from Note 9A1(c)                                                                                | \$ 124,346        | \$ 74,032  | \$ 198,378  |
| (2)  | Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies                   | 0.00%             | 0.00%      | 0.00%       |
| (3)  | Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)                                                                   | \$ 124,346        | \$ 14,073  | \$ 138,419  |
| (4)  | Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of planning strategies      | 0.00%             | 10.17%     | 10.17%      |
|      |                                                                                                                            | December 31, 2017 |            |             |
|      |                                                                                                                            | Ordinary          | Capital    | Total       |
| (4a) | Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage |                   |            |             |
| (1)  | Adjusted Gross DTAs amount from Note 9A1(c)                                                                                | \$ 204,635        | \$ 54,273  | \$ 258,908  |
| (2)  | Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies                   | 0.00%             | 0.00%      | 0.00%       |
| (3)  | Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)                                                                   | \$ 204,635        | \$ 23,622  | \$ 228,257  |
| (4)  | Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of planning strategies      | 0.00%             | 10.35%     | 10.35%      |
|      |                                                                                                                            | Change            |            |             |
|      |                                                                                                                            | Ordinary          | Capital    | Total       |
| (4a) | Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage |                   |            |             |
| (1)  | Adjusted Gross DTAs amount from Note 9A1(c)                                                                                | \$ (80,289)       | \$ 19,759  | \$ (60,530) |
| (2)  | Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies                   | 0.00%             | 0.00%      | 0.00%       |
| (3)  | Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)                                                                   | \$ (80,289)       | \$ (9,549) | \$ (89,838) |
| (4)  | Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of planning strategies      | 0.00%             | -0.18%     | -0.18%      |
| (4b) | Does this Company's tax-planning strategies include the use of reinsurance?                                                | Yes [ ]           | No [ X ]   |             |

B. There are no temporary differences for which deferred tax liabilities are not recognized.

C. Current income taxes incurred consist of the following major components:

|                                                | December 31, 2018 | December 31, 2017 | Change      |
|------------------------------------------------|-------------------|-------------------|-------------|
| 1. Current Income Tax                          |                   |                   |             |
| (a) Federal                                    | \$ 119,321        | \$ 160,968        | \$ (41,647) |
| (b) Foreign                                    | -                 | -                 | -           |
| (c) Subtotal                                   | \$ 119,321        | \$ 160,968        | \$ (41,647) |
| (d) Federal income tax on net capital gains    | 12,625            | (3,840)           | 16,465      |
| (e) Utilization of capital loss carry-forwards | -                 | -                 | -           |
| (f) Other                                      | -                 | -                 | -           |
| (g) Federal and foreign income taxes incurred  | \$ 131,946        | \$ 157,128        | \$ (25,182) |

NOTES TO THE FINANCIAL STATEMENTS

|    |                                                                   | December 31, | December 31, |             |
|----|-------------------------------------------------------------------|--------------|--------------|-------------|
|    |                                                                   | 2018         | 2017         | Change      |
| 2. | Deferred Tax Assets                                               |              |              |             |
|    | (a) Ordinary:                                                     |              |              |             |
|    | (1) Discounting of unpaid losses                                  | \$ -         | \$ -         | \$ -        |
|    | (2) Unearned premium reserve                                      | -            | -            | -           |
|    | (3) Policyholder reserves                                         | -            | -            | -           |
|    | (4) Investments                                                   | -            | -            | -           |
|    | (5) Deferred acquisition costs                                    | -            | -            | -           |
|    | (6) Policyholder dividends accrual                                | -            | -            | -           |
|    | (7) Fixed Assets                                                  | -            | -            | -           |
|    | (8) Compensation benefits accrual                                 | -            | -            | -           |
|    | (9) Pension accrual                                               | -            | -            | -           |
|    | (10) Receivables - nonadmitted                                    | -            | 138          | (138)       |
|    | (11) Net operating loss carry-forward                             | 289          | -            | 289         |
|    | (12) Tax credit carry-forward                                     | -            | -            | -           |
|    | (13) Other (including items <5% of total ordinary tax assets)     | -            | -            | -           |
|    | (14) Nonadmitted miscellaneous                                    | -            | -            | -           |
|    | (15) Intangibles                                                  | -            | -            | -           |
|    | (16) Capitalized R&E                                              | -            | -            | -           |
|    | (17) Nonadmitted premiums and agent bal                           | 124,057      | 204,497      | (80,440)    |
|    | (18) Premium deficiency reserve                                   | -            | -            | -           |
|    | (99) Subtotal                                                     | \$ 124,346   | \$ 204,635   | \$ (80,289) |
|    | (b) Statutory valuation allowance adjustment                      | \$ -         | \$ -         | \$ -        |
|    | (c) Nonadmitted                                                   | -            | -            | -           |
|    | (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)        | \$ 124,346   | \$ 204,635   | \$ (80,289) |
|    | (e) Capital:                                                      |              |              |             |
|    | (1) Investments                                                   | \$ 74,032    | \$ 54,273    | \$ 19,759   |
|    | (2) Net capital loss carry-forward                                | -            | -            | -           |
|    | (3) Real estate                                                   | -            | -            | -           |
|    | (4) Other (including items <5% of total capital tax assets)       | -            | -            | -           |
|    | (99) Subtotal                                                     | \$ 74,032    | \$ 54,273    | \$ 19,759   |
|    | (f) Statutory valuation allowance adjustment                      | \$ -         | \$ -         | \$ -        |
|    | (g) Nonadmitted                                                   | 59,959       | 30,651       | 29,308      |
|    | (h) Admitted capital deferred tax assets (2e99 - 2f - 2g)         | \$ 14,073    | \$ 23,622    | \$ (9,549)  |
|    | (i) Admitted deferred tax assets (2d + 2h)                        | \$ 138,419   | \$ 228,257   | \$ (89,838) |
| 3. | Deferred Tax Liabilities                                          |              |              |             |
|    | (a) Ordinary:                                                     |              |              |             |
|    | (1) Investments                                                   | \$ -         | \$ 91        | \$ (91)     |
|    | (2) Fixed assets                                                  | -            | -            | -           |
|    | (3) Deferred and uncollected premium                              | -            | -            | -           |
|    | (4) Policyholder reserves                                         | -            | -            | -           |
|    | (5) Other (including items <5% of total ordinary tax liabilities) | -            | -            | -           |
|    | (6) Compensation and benefit accrual                              | -            | -            | -           |
|    | (7) Guaranty assessments                                          | -            | -            | -           |
|    | (8) Asset acquisitions                                            | -            | -            | -           |
|    | (9) Surplus note interest accrual                                 | -            | -            | -           |
|    | (10) Pension accrual                                              | -            | -            | -           |
|    | (11) Other liabilities                                            | -            | -            | -           |
|    | (12) Unrealized miscellaneous                                     | -            | -            | -           |
|    | (99) Subtotal                                                     | \$ -         | \$ 91        | \$ (91)     |
|    | (b) Capital:                                                      |              |              |             |
|    | (1) Investments                                                   | \$ -         | \$ -         | \$ -        |
|    | (2) Real estate                                                   | -            | -            | -           |
|    | (3) Other (including items <5% of total capital tax liabilities)  | -            | -            | -           |
|    | (99) Subtotal                                                     | \$ -         | \$ -         | \$ -        |
|    | (c) Deferred tax liabilities (3a99 + 3b99)                        | \$ -         | \$ 91        | \$ (91)     |
| 4. | Net deferred tax asset/(liability) (2i - 3c)                      | \$ 138,419   | \$ 228,167   | \$ (89,747) |

NOTES TO THE FINANCIAL STATEMENTS

5. The change in deferred income taxes is comprised of the following (this analysis is exclusive of the nonadmitted assets as the Change in Nonadmitted Assets are reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

|                                                      | December 31, 2018 | December 31, 2017 | Change          |
|------------------------------------------------------|-------------------|-------------------|-----------------|
| (a) Adjusted gross deferred tax assets               | \$ 198,378        | \$ 258,908        | \$ (60,531)     |
| (b) Deferred tax liabilities                         | -                 | 91                | (91)            |
| (c) Net deferred tax assets (liabilities)            | \$ 198,378        | \$ 258,818        | \$ (60,440)     |
| (d) Tax effect of unrealized gains (losses)          |                   |                   | -               |
| (e) Tax effect of unrealized postretirement benefits |                   |                   | -               |
| (f) Change in deferred income tax                    |                   | \$                | <u>(60,440)</u> |

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to pre-tax income. The significant book to tax adjustments causing this difference are as follows:

|                                                                         | December 31, 2018 | December 31, 2017 |
|-------------------------------------------------------------------------|-------------------|-------------------|
| (a) Current income taxes incurred                                       | \$ 131,946        | \$ 157,128        |
| (b) Change in deferred income tax                                       | 60,440            | 18,292            |
| (c) Total income tax reported                                           | \$ 192,386        | \$ 175,420        |
| (d) Income before taxes                                                 | \$ 740,560        | \$ 709,223        |
| (e) Federal statutory tax rate                                          | 21%               | 35%               |
| (f) Expected income tax expense (benefit) at 21% and 35% statutory rate | \$ 155,518        | \$ 248,228        |
| (1) Tax-exempt income                                                   | \$ (32,206)       | \$ (69,644)       |
| (2) Dividends received deduction                                        | -                 | -                 |
| (3) Nondeductible expenses                                              | -                 | -                 |
| (4) Deferred tax benefit on nonadmitted assets                          | 80,578            | (175,709)         |
| (5) Change in tax reserves                                              | -                 | -                 |
| (6) Tax credits                                                         | -                 | -                 |
| (7) Other                                                               | -                 | -                 |
| (8) Extraordinary distribution                                          | -                 | -                 |
| (9) COLI - change in CSV                                                | -                 | -                 |
| (10) Dividends - Return of Capital                                      | -                 | -                 |
| (11) Tax Attribute Expiration                                           | -                 | -                 |
| (12) Impact of enacted tax law changes                                  | (11,504)          | 172,545           |
| (g) Total                                                               | <u>\$ 192,386</u> | <u>\$ 175,420</u> |

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

1. As of December 31, operating loss or tax credit carryforwards are available as follows:

|                              | Amount   | Origination | Expiration |
|------------------------------|----------|-------------|------------|
| Operating loss carryforwards | \$ -     | 2002-2011   | 2017-2027  |
| Operating loss carryforwards | \$ -     | 2011        | 2031       |
| Operating loss carryforwards | \$ 1,376 | 2012        | 2032       |
| Operating loss carryforwards | \$ -     | 2013        | 2033       |
| Operating loss carryforwards | \$ -     | 2014        | 2034       |
| Operating loss carryforwards | \$ -     | 2015        | 2035       |
| Operating loss carryforwards | \$ -     | 2016        | 2036       |
| Operating loss carryforwards | \$ -     | 2017        | 2037       |
| Operating loss carryforwards | \$ -     | 2018        | 2038       |
| Business credits             | \$ -     | 2009        | 2029       |
| Business credits             | \$ -     | 2010        | 2030       |
| Business credits             | \$ -     | 2011        | 2031       |
| Business credits             | \$ -     | 2012        | 2032       |
| Business credits             | \$ -     | 2013        | 2033       |
| Business credits             | \$ -     | 2014        | 2034       |
| Business credits             | \$ -     | 2015        | 2035       |
| Business credits             | \$ -     | 2016        | 2036       |
| Business credits             | \$ -     | 2017        | 2037       |
| Business credits             | \$ -     | 2018        | 2038       |

2. The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

|      |             |
|------|-------------|
| 2018 | \$ -        |
| 2017 | <u>\$ -</u> |

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

NOTES TO THE FINANCIAL STATEMENTS

F. Consolidated Federal Income Tax Return

1. The company's federal income tax return is consolidated with the following entities:

|                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| Nationwide Mutual Insurance Company              | Nationwide Global Holdings, Inc.                 |
| AGMC Reinsurance, Ltd                            | Nationwide Global Ventures, Inc.                 |
| Allied General Agency Company                    | Nationwide Indemnity Company                     |
| Allied Group, Inc.                               | Nationwide Insurance Company of America          |
| Allied Holding (Delaware), Inc.                  | Nationwide Insurance Company of Florida          |
| Allied Insurance Company of America              | Nationwide Investment Services Corporation       |
| Allied Property & Casualty Insurance Company     | Nationwide Life and Annuity Insurance Company    |
| Allied Texas Agency, Inc.                        | Nationwide Life Insurance Company                |
| AMCO Insurance Company                           | Nationwide Lloyds                                |
| American Marine Underwriters                     | Nationwide Member Solutions Agency, Inc.         |
| Crestbrook Insurance Company                     | Nationwide Property & Casualty Insurance Company |
| Depositors Insurance Company                     | Nationwide Retirement Solutions, Inc.            |
| DVM Insurance Agency, Inc.                       | Nationwide Trust, FSB                            |
| Eagle Captive Reinsurance, LLC                   | NBS Distributors, Inc.                           |
| Freedom Specialty Insurance Company              | NBS Insurance Agency, Inc.                       |
| Harleysville Group Inc.                          | NWD Asset Management Holdings, Inc.              |
| Harleysville Insurance Co. of New York           | NWD Investment Management, Inc.                  |
| Harleysville Insurance Company                   | On Your Side Nationwide Insurance Agency, Inc.   |
| Harleysville Insurance Company of New Jersey     | Premier Agency, Inc.                             |
| Harleysville Life Insurance Company              | Registered Investment Advisors Services, Inc.    |
| Harleysville Lake States Insurance Company       | Riverview International Group, Inc.              |
| Harleysville Preferred Insurance Company         | Scottsdale Indemnity Company                     |
| Harleysville Worcester Insurance Company         | Scottsdale Insurance Company                     |
| Jefferson National Financial Corporation         | Scottsdale Surplus Lines Insurance Company       |
| Jefferson National Securities Corporation        | THI Holdings (Delaware), Inc.                    |
| JNF Advisors, Inc.                               | Titan Auto Insurance of New Mexico, Inc.         |
| Lone Star General Agency, Inc.                   | Titan Indemnity Company                          |
| National Casualty Company                        | Titan Insurance Company                          |
| Nationwide Advantage Mortgage Company            | Titan Insurance Services, Inc.                   |
| Nationwide Affinity Insurance Company of America | Veterinary Pet Insurance Company                 |
| Nationwide Agribusiness Insurance Company        | Victoria Automobile Insurance Company            |
| Nationwide Assurance Company                     | Victoria Fire & Casualty Company                 |
| Nationwide Cash Management Company               | Victoria National Insurance Company              |
| Nationwide Corporation                           | Victoria Select Insurance Company                |
| Nationwide Financial Assignment Company          | Victoria Specialty Insurance Company             |
| Nationwide Financial General Agency, Inc.        | VPI Services, Inc.                               |
| Nationwide Financial Services, Inc.              | Western Heritage Insurance Company               |
| Nationwide General Insurance Company             |                                                  |

2. The method of allocation among the companies is subject to the resolution approved by the Board of Directors. Allocation is based upon separate return or sub-group aggregated separate return calculations with the company being reimbursed for the actual Federal income tax benefit of its net operating losses which are actually used to reduce the taxable income of other companies in the consolidated return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

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

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT)

Not applicable.

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

A. Nature of Relationships

The Company is a wholly owned subsidiary of Harleysville Group Inc. (HGI). HGI is owned by Allied Holdings (Delaware), Inc., who in turn is owned by Mutual, which, as a mutual entity, is not directly or indirectly owned or controlled by any other company, corporation, and group of companies, partnership or individual. Mutual is operated by and solely in the interests of its policyholders.

Bonds and stocks, if any, owned, acquired or disposed of in any year by the Company in any subsidiary or affiliate are set forth in Schedule D of either this statement or those of prior years. Intercompany relationships and specific holdings are detailed in the Nationwide Corporate Organizational Chart, which appears as Schedule Y of this statement.

The Company is a party to various reinsurance agreements including a pooling agreement with several affiliated companies. See Note 26.

Effective February 19, 2018, the Company entered into an agreement with Nationwide Cash Management Company (NCMC) a subsidiary of Mutual, under which NCMC acts as a common agent in handling the purchases and sales of short-term investments for the respective accounts of the participants. The amount on deposit with NCMC was \$1,135,833 as of December 31, 2018.

B. Detail of Transactions Greater than ½ % of Admitted Assets

Not applicable.

C. Change in Terms of Intercompany Arrangements

See Note 26 for details.

NOTES TO THE FINANCIAL STATEMENTS

D. Amounts Due to or from Related Parties

Affiliate receivables and payables are the result of cost sharing and intercompany service agreements between the Company and its affiliates in which settlement has not yet occurred. Affiliate receivables are presented gross of affiliate payables when the Company has the right to offset. The gross amounts due from affiliates were \$2,921 and \$157 as of December 31, 2018 and 2017, respectively. The gross amounts due to affiliates were \$4,984,197 and \$2,674,093 as of December 31, 2018 and 2017, respectively. These arrangements are subject to written agreements which require that intercompany balances be settled within 30 days.

E. Guarantees or Undertakings for Related Parties

The Company has no guarantees or contingent commitments to affiliates.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company and various affiliates share a home office, other facilities, equipment, common management and administrative services. Pursuant to a cost sharing agreement between the companies, the amounts associated with these services are subject to allocation based on standard allocation techniques and procedures acceptable under general cost accounting techniques and procedures in conformity with the NAIC SAP. Measures used to determine the allocation among companies includes individual employee estimates of time spent, special cost studies, claims counts, policies in force, direct written premiums, paid losses, pro rata share of employees or their salaries and other methods agreed to by the participating companies. The Company does not believe amounts recognized under the intercompany agreement are materially different than what would have been recognized had the Company operated on a stand-alone basis.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Harleysville Group Inc., an insurance holding company domiciled in the State of Delaware.

H. Amount Deducted for Investment in Upstream Company

Not applicable.

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

The Company does not hold any investments in affiliates.

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

Not applicable.

K. Investment in a foreign insurance subsidiary

Not applicable.

L. Downstream Holding Company

The Company does not hold any investments in affiliates.

M. Investments in non-insurance SCA entities

Not applicable.

N. Investments in insurance SCA entities

Not applicable.

O. SCA Loss Tracking

Not applicable.

**Note 11 - Debt**

Not applicable.

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

Not applicable.

**Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

A. Outstanding Shares

The Company has 25,000 shares of \$157 par value common stock authorized, 15,000 shares issued, and 15,000 shares outstanding as of December 31, 2018.

B. Dividend Rate of Preferred Stock

Not applicable.

C. Dividend Restrictions

The maximum amount of dividends which can be paid to shareholders by a State of Ohio domiciled insurance company without prior approval of the Director of Insurance is limited to, together with that of other dividends or distributions made within the preceding twelve months, the greater of either 10% of surplus as regards policyholders as of the preceding December 31, or the net income for the twelve month period ending December 31 of the previous calendar year. Additionally, any dividend or distribution paid from other than earned surplus shall require prior approval of the Director of Insurance. Subject to applicable regulatory approval(s), dividends are paid as determined by the insurer's board of directors.

NOTES TO THE FINANCIAL STATEMENTS

D. Dividends Paid

The Company did not pay any dividends during 2018 and 2017.

E. Profits Available for Ordinary Dividends

Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to shareholders.

F. Restrictions on Surplus

There is no restriction on the use of the Company's unassigned surplus and such surplus is held for the benefit of the shareholder.

G. Advances to Surplus Not Repaid

Not applicable.

H. Stock Held by Company for Special Purposes

Not applicable.

I. Changes in Special Surplus Funds

Not applicable.

J. Changes in Unassigned Funds

Not applicable.

K. Surplus Notes

Not applicable.

L. and M. Quasi Reorganizations

Not applicable.

**Note 14 – Contingencies**

A. Contingent Commitments

The Company has no commitments or contingent commitment to affiliates or other entities. As indicated in Note 10 E, the Company has made no guarantees on behalf of affiliates.

B. Assessments

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

As outlined in Note 26, the Company participated in a 100% pooling reinsurance agreement with Mutual. Therefore, the accrued liability for guaranty fund and other assessments and the related premium tax benefit have been ceded to Mutual.

C. Gain Contingencies

Not applicable.

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Product Warranties

Not applicable.

F. Joint and Several Liabilities

Not applicable.

G. All Other Contingencies

Various lawsuits arise against the Company in the normal course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company.

**Note 15 – Leases**

Not applicable.

NOTES TO THE FINANCIAL STATEMENTS

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

Not applicable.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

1. There was no securities lending activity during the period.
2. No servicing assets or liabilities were recognized during the period.
3. No servicing assets or liabilities were recognized during the period.
4. There were no assets securitized during the period.
5. There were no transfers of financial assets accounted for as a secured borrowing (excluding any repurchase and reverse repurchase transactions that may be disclosed under notes 5 F. through 5 I. above).
6. There were no transfers of receivables with recourse.
7. There were no dollar repurchase or reverse dollar repurchase agreements open as of December 31, 2018.

C. Wash Sales

Not applicable.

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

Not applicable.

**Note 19 - Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable.

**Note 20 – Fair Value Measurements**

A. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources while unobservable inputs reflect the Company's view of market assumptions in the absence of observable market information. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. In determining fair value, the Company uses various methods including market, income and cost approaches.

The Company categorizes its financial instruments into a three-level hierarchy based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument in its entirety.

The Company categorizes assets and liabilities held at fair value in the statutory statements of assets and liabilities, surplus and other funds as follows:

*Level 1.* Unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date and mutual funds where the value per share (unit) is determined and published daily and is the basis for current transactions.

*Level 2.* Unadjusted quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means. Primary inputs to this valuation technique may include comparative trades, bid/asks, interest rate movements, U.S. Treasury rates, London Interbank Offered Rate, prime rates, cash flows, maturity dates, call ability, estimated prepayments and/or underlying collateral values.

*Level 3.* Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimates of the assumptions market participants would use at the measurement date in pricing the asset or liability. Consideration is given to the risk inherent in both the method of valuation and the valuation inputs. Primary inputs to this valuation technique include broker quotes and comparative trades.

The Company reviews its fair value hierarchy classifications for assets and liabilities quarterly. Changes in observability of significant valuation inputs identified during these reviews may trigger reclassifications. Reclassifications are reported as transfers at the beginning of the period in which the change occurs.

Independent pricing services are most often utilized to determine the fair value of bonds and stocks for which market quotations or quotations on comparable securities are available. For these bonds and stocks, the Company obtains the pricing services' methodologies, pricing from additional sources, inputs and assumptions and classifies the investments accordingly in the fair value hierarchy.

A corporate pricing matrix is used in valuing certain corporate bonds. The corporate pricing matrix was developed using publicly available spreads for privately placed corporate securities with varying weighted average lives and credit quality ratings. The weighted average life and credit quality rating of a particular bond to be priced using the corporate pricing matrix are important inputs into the model and are used to determine a corresponding spread that is added to the appropriate U.S. Treasury yield to create an estimated market yield for that bond. The estimated market yield and other relevant factors are then used to estimate the fair value of the particular bond.

Non-binding broker quotes are also utilized to determine the fair value of certain bonds when deemed appropriate or when quotes are not available from independent pricing services or a corporate pricing matrix. These bonds are classified with the lowest priority in the fair value hierarchy as only one broker quote is ordinarily obtained, the investment is not traded on an exchange, the pricing is not available to other entities and/or the transaction volume in the same or similar investments has decreased. Inputs used in the development of prices are not provided to the Company by the brokers as the brokers often do not provide the necessary transparency into their quotes and methodologies. At least annually, the Company performs reviews and tests to ensure that quotes are a reasonable estimate of the investments' fair value. Price movements of broker quotes are subject to validation and require approval from the Company's management. Management uses its knowledge of the investment and current market conditions to determine if the price is indicative of the investment's fair value.

The Company carries short-term investments at amortized cost, which approximates fair value.

NOTES TO THE FINANCIAL STATEMENTS

No assets or liabilities were held at fair value as of December 31, 2018.

B. & C. The following table summarizes the carrying value and fair value of the Company's assets not held at fair value as of December 31, 2018:

|                        | Aggregate Fair Value | Admitted Assets | Level 1     | Level 2      | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------|----------------------|-----------------|-------------|--------------|---------|-----------------------|----------------------------------|
| Assets                 |                      |                 |             |              |         |                       |                                  |
| Bonds                  | \$23,435,039         | \$23,588,752    | \$7,099,612 | \$16,335,427 | \$-     | \$-                   | \$-                              |
| Short-term investments | 1,135,832            | 1,135,832       | -           | 1,135,832    | -       | -                     | -                                |
| Total Assets           | \$24,570,871         | \$24,724,584    | \$7,099,612 | \$17,471,259 | \$-     | \$-                   | \$-                              |

D. Not Practicable to Estimate Fair Value

Not applicable.

E. Measured using net asset value

Not applicable.

Note 21 - Other Items

A. Unusual or Infrequent Items

Not applicable.

B. Troubled Debt Restructuring for Debtors

Not applicable.

C. Other Disclosures

The Company re-domesticated from Pennsylvania to Ohio effective December 1, 2017.

D. Business Interruption Insurance Recoveries

Not applicable.

E. State Transferable and Non-Transferable Tax Credits

Not applicable.

F. Subprime Mortgage Related Risk Exposure

1. The Company evaluates many characteristics when classifying collateral as subprime, including the credit quality of the borrower as defined by Fair Isaac Credit Organization (FICO) scores, as well as other factors, such as loan-to-value ratios and type of real estate.
2. The Company has no direct exposure through investments in subprime mortgage loans.
3. Direct exposure through other investments:

|                                           | Actual Cost  | Book/Adjusted Carrying Value (excluding interest) | Fair Value   | Other Than Temporary Impairment Losses Recognized |
|-------------------------------------------|--------------|---------------------------------------------------|--------------|---------------------------------------------------|
| a. Residential mortgage backed securities | \$ 1,938,750 | \$ 1,951,697                                      | \$ 1,984,676 | \$ -                                              |
| b. Commercial mortgage backed securities  | -            | -                                                 | -            | -                                                 |
| c. Collateralized debt obligations        | -            | -                                                 | -            | -                                                 |
| d. Structured securities                  | -            | -                                                 | -            | -                                                 |
| e. Equity investments in SCAs             | -            | -                                                 | -            | -                                                 |
| f. Other assets                           | -            | -                                                 | -            | -                                                 |
| g. Total                                  | \$ 1,938,750 | \$ 1,951,697                                      | \$ 1,984,676 | \$ -                                              |

4. The Company has no exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

G. Insurance-Linked Securities

Not applicable.

Note 22 - Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 20, 2019 for the statutory statement issued on February 22, 2019.

There were no material Type I events occurring subsequent to the end of the year that merited recognition or disclosure in these statements that have not already been reflected as required.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 20, 2019 for the statutory statement issued on February 22, 2019.

There were no material Type II events occurring subsequent to the end of the year that merited disclosure in these statements that have not already been reflected as required.

NOTES TO THE FINANCIAL STATEMENTS

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverables

The Company has unsecured aggregate reinsurance recoverable for paid and unpaid losses, including IBNR, loss adjustment expenses and unearned premiums, from an individual reinsurer that exceeds 3% of policyholders' surplus. The amount is shown below by reinsurer.

| NAIC Group | Reinsurer                           | FEIN #     | Unsecured Reinsurance<br>(in thousands) |
|------------|-------------------------------------|------------|-----------------------------------------|
| 0140       | Nationwide Mutual Insurance Company | 31-4177100 | \$339,887                               |

B. Reinsurance Recoverable in Dispute

The Company does not have reinsurance recoverables in dispute for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus from an individual reinsurer or exceed 10% of policyholders' surplus in aggregate.

C. Reinsurance Assumed and Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2018.

| (in thousands)                     | Assumed Reinsurance |                   | Ceded Reinsurance |                   | Net             |                   |
|------------------------------------|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|
|                                    | Premium Reserve     | Commission Equity | Premium Reserve   | Commission Equity | Premium Reserve | Commission Equity |
| a. Affiliates                      | \$-                 | \$-               | \$26,147          | \$4,714           | \$(26,147)      | \$(4,714)         |
| b. All Others                      | -                   | -                 | 361               | 23                | (361)           | (23)              |
| c. Total                           | \$-                 | \$-               | \$26,508          | \$4,737           | \$(26,508)      | \$(4,737)         |
| d. Direct Unearned Premium Reserve |                     |                   | \$26,508          |                   |                 |                   |

2. Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. Amounts accrued at December 31, 2018 are as follows:

| (in thousands)                          |         |         |         |     |
|-----------------------------------------|---------|---------|---------|-----|
| Reinsurance                             | Direct  | Assumed | Ceded   | Net |
| a. Contingent Commissions               | \$1,337 | \$-     | \$1,337 | \$- |
| b. Sliding Scale Adjustments            | -       | -       | -       | -   |
| c. Other Profit Commission Arrangements | -       | -       | -       | -   |
| d. Total                                | \$1,337 | \$-     | \$1,337 | \$- |

3. The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

No reinsurance recoverables were written off during 2018.

E. Commutation of Ceded Reinsurance

The Company did not enter into any commutation of reinsurance during 2018.

F. Retroactive Reinsurance

There was no retroactive reinsurance affected during 2018.

G. Reinsurance Accounted for as a Deposit

There were no reinsurance agreements that were accounted for as deposits during 2018.

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

There was no transfer of any property and casualty run-off agreements requiring approval of regulators and qualifying under SSAP No. 62R, Property and Casualty Reinsurance, to receive property & casualty run-off accounting treatment.

I. Certified Reinsurer Rating Downgrades or Status Subject to Revocation

Not applicable.

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

The Company is a participant in the Nationwide Pool (as disclosed in Note 26) with a zero pool percentage and as such has zero net incurred losses and loss adjustment expenses.

Note 26 - Intercompany Pooling Arrangements

Nationwide Mutual Insurance Company is the lead company in the Nationwide Pool. Each pool member company contributes 100% of its underwriting results to the Nationwide Pool though the reinsurance pooling agreement.

NOTES TO THE FINANCIAL STATEMENTS

Effective January 1, 2017, Nationwide Mutual Insurance Company’s assumed pooling percentage was changed to 72% and Nationwide Mutual Fire Insurance Company’s assumed pooling percentage was changed to 23%.

Effective January 1, 2017, Nationwide Assurance Company (NAIC #10723), Titan Indemnity Company (NAIC #13242), Nationwide Lloyds (NAIC #42110), Nationwide Insurance Company of America (NAIC #25453), Nationwide Insurance Company of Florida (NAIC #10948), and Veterinary Pet Insurance Company (NAIC #42285) were added as parties to the Nationwide Pool with 0% retrocession.

As of December 31, 2018 and December 31, 2017, the companies in the Nationwide Pool assuming a proportionate share of the pool are:

|                                          | NAIC # | 2018 Pool | 2017 Pool |
|------------------------------------------|--------|-----------|-----------|
| Nationwide Mutual Insurance Company      | 23787  | 72.0%     | 72.0%     |
| Nationwide Mutual Fire Insurance Company | 23779  | 23.0%     | 23.0%     |
| Scottsdale Insurance Company             | 41297  | 4.0%      | 4.0%      |
| Farmland Mutual Insurance Company        | 13838  | 1.0%      | 1.0%      |

Effective January 1, 2019, the companies in the Nationwide Pool assuming a proportionate share of the pool are: Nationwide Mutual Insurance Company 72.0%, Nationwide Mutual Fire Insurance Company 23.0%, Scottsdale Insurance Company 4.0% and Nationwide General Insurance Company 1.0%.

All of the other companies in the Nationwide Pool have a 0% retrocession. The zero percent participants in the Nationwide Pool as of December 31, 2018 are: Nationwide General Insurance Company (NAIC #23760), Nationwide Property and Casualty Insurance Company (NAIC #37877), Nationwide Affinity Insurance Company of America (NAIC #26093), Crestbrook Insurance Company (NAIC #18961), Allied Insurance Company of America (NAIC #10127), Nationwide Assurance Company (NAIC #10723), Nationwide Lloyds (NAIC #42110), Nationwide Insurance Company of Florida (NAIC #10948), AMCO Insurance Company (NAIC #19100), Allied Property and Casualty Insurance Company (NAIC #42579), Depositors Insurance Company (NAIC #42587), Nationwide Agribusiness Insurance Company (NAIC #28223), Nationwide Insurance Company of America (NAIC #25453), Titan Indemnity Company (NAIC #13242), Victoria Fire & Casualty Company (NAIC #42889), Victoria Select Insurance Company (NAIC #10105), Victoria National Insurance Company (NAIC #10778), Harleysville Preferred Insurance Company (NAIC #35696), Harleysville Insurance Company of New Jersey (NAIC #42900), Harleysville Worcester Insurance Company (NAIC #26182), Harleysville Insurance Company of New York (NAIC #10674), Harleysville Lake States Insurance Company (NAIC #14516), Harleysville Insurance Company (NAIC #23582) and Veterinary Pet Insurance Company (NAIC #42285).

Effective January 1, 2019, Victoria Select Insurance Company was removed from the Nationwide Pool and entered into a 100% quota share reinsurance agreement with Nationwide Mutual Insurance Company. Nationwide Mutual Insurance Company then cedes 100% of the business to the Nationwide Pool.

Effective January 1, 2019, in conjunction with the merger of Titan Indemnity Company with and into Titan Insurance Company on January 1, 2019, Titan Indemnity Company terminated its participation in the Nationwide Pool and the assets and liabilities were commuted back to Titan Indemnity Company.

All lines of business are subject to the pooling agreements.

There are no discrepancies related to the pooled business between the assumed and ceded reinsurance schedules of the pool participants.

Amounts due to/from the lead entity and pool participants as of December 31, 2018:

| Name of Insurer                                    | Amounts Receivable | Amounts Payable |
|----------------------------------------------------|--------------------|-----------------|
| Nationwide Mutual Insurance Company (Lead Insurer) | \$ 398,963,835     | \$ 84,170,616   |
| Nationwide Mutual Fire Insurance Company           | \$ 23,225,164      | \$ 11,027,538   |
| Scottsdale Insurance Company                       | \$ 6,518           | \$ 5,871,405    |
| Farmland Mutual Insurance Company                  | \$ 49,629,146      | \$ 44,991,795   |
| Nationwide General Insurance Company               | \$ 14,357,730      | \$ 12,919,329   |
| Nationwide Property & Casualty Insurance Company   | \$ 20,085,689      | \$ 24,505,207   |
| Nationwide Affinity Insurance Company of America   | \$ 17,028          | \$ 80,739,301   |
| Crestbrook Insurance Company                       | \$ 1,360,074       | \$ 20,174,243   |
| Allied Insurance Company of America                | \$ 11,860,447      | \$ 9,789,682    |
| AMCO Insurance Company                             | \$ 52,938,992      | \$ 137,058,203  |
| Allied Property & Casualty Insurance Company       | \$ 7,537,239       | \$ 54,968,116   |
| Depositors Insurance Company                       | \$ 267,255         | \$ 19,552,728   |
| Nationwide Agribusiness Insurance Company          | \$ 55,030,458      | \$ 70,678,172   |
| Victoria Fire & Casualty Company                   | \$ 6,968,769       | \$ 35,609       |
| Victoria Select Insurance Company                  | \$ 2,831           | \$ 485,370      |
| Victoria National Insurance Company                | \$ -               | \$ 440          |
| Harleysville Worcester Insurance Company           | \$ 4,213           | \$ 1,107,345    |
| Harleysville Insurance Company of New Jersey       | \$ 24              | \$ 547,628      |
| Harleysville Preferred Insurance Company           | \$ 171             | \$ 5,043,564    |
| Harleysville Lake States Insurance Company         | \$ 34              | \$ 1,088,611    |
| Harleysville Insurance Company                     | \$ 6,211,179       | \$ 35,121       |
| Harleysville Insurance Company of New York         | \$ 2,921           | \$ 4,984,197    |
| Nationwide Assurance Company                       | \$ 51,749,215      | \$ 53,028,030   |
| Nationwide Lloyds                                  | \$ 617,645         | \$ 16           |
| Nationwide Insurance Company of Florida            | \$ 6,070           | \$ 3,190,675    |
| Nationwide Insurance Company of America            | \$ 4,760,498       | \$ 43,709,513   |
| Titan Indemnity Company                            | \$ 330             | \$ 3,071,252    |
| Veterinary Pet Insurance Company                   | \$ -               | \$ 12,967,836   |

Effective January 1, 2017, the 100% quota share reinsurance agreements between Nationwide Mutual Insurance Company and Nationwide Assurance Company, Titan Insurance Company, Titan Indemnity Company, Nationwide Lloyds, Nationwide Insurance Company of America, and Nationwide Insurance Company of Florida were terminated and the assets and liabilities were commuted back to the respective ceding company.

NOTES TO THE FINANCIAL STATEMENTS

As of December 31, 2018, National Casualty Company and Colonial County Mutual Insurance Company remain covered under separate 100% quota share reinsurance agreements with Nationwide Mutual Insurance Company. Nationwide Mutual Insurance Company then cedes 100% of this business to the Nationwide Pool.

Effective January 1, 2017, the 100% quota share reinsurance agreement between Scottsdale Insurance Company and Veterinary Pet Insurance Company was terminated and the assets and liabilities were commuted back to Veterinary Pet Insurance Company.

As of December 31, 2018, the following companies remain covered under a separate 100% quota share reinsurance agreement with Scottsdale Insurance Company: Scottsdale Surplus Lines Insurance Company, Scottsdale Indemnity Company and Freedom Specialty Insurance Company. Scottsdale Insurance Company then cedes 100% of this business to the Nationwide Pool.

**Note 27 - Structured Settlements**

Not applicable.

**Note 28 - Health Care Receivables**

Not applicable.

**Note 29 – Participating Policies**

Not applicable.

**Note 30 - Premium Deficiency Reserves**

The Company's liability for premium deficiency reserves as of December 31, 2018 is as follows:

|                                                                   |                  |
|-------------------------------------------------------------------|------------------|
| 1. Liability carried for premium deficiency reserves              | \$0.00           |
| 2. Date of the most recent evaluation of this liability           | January 23, 2019 |
| 3. Was anticipated investment income utilized in the calculation? | Yes              |

**Note 31 – High Deductibles**

Not applicable.

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

Not applicable.

**Note 33 - Asbestos/Environmental Reserves**

The company is a participant in the Nationwide Pool with zero pool percentage and as such has no asbestos/environmental reserves.

The historical results of asbestos/environmental claims are presented in Note 33, Asbestos/Environmental Reserves, of the Company's ultimate parent, Nationwide Mutual Insurance Company, and affiliates Nationwide Mutual Fire Insurance Company, Scottsdale Insurance Company, and Farmland Mutual Insurance Company, based on their respective pooling percentages in the Nationwide Mutual Pooling agreement.

**Note 34 – Subscriber Savings Accounts**

Not applicable.

**Note 35 – Multiple Peril Crop Insurance**

Not applicable.

**Note 36 – Financial Guaranty Insurance**

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [ X ]    No [   ]
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ]    No [   ]    N/A [   ]
- 1.3

State regulating?    OHIO
- 1.4

Is the reporting entity publicly traded or a member of publicly traded group?

Yes [   ]    No [ X ]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [   ]    No [ X ]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2016
- 3.2

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

12/31/2016
- 3.3

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

06/28/2018
- 3.4

By what department or departments?  
PA
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [   ]    No [   ]    N/A [ X ]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [   ]    No [   ]    N/A [ X ]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11

sales of new business?

Yes [   ]    No [ X ]
- 4.12

renewals?

Yes [   ]    No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21

sales of new business?

Yes [   ]    No [ X ]
- 4.22

renewals?

Yes [   ]    No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If the answer is YES, complete and file the merger history data file with the NAIC.

Yes [   ]    No [ X ]
- 5.2

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

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

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [   ]    No [ X ]
- 6.2

If yes, give full information:

- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [   ]    No [ X ]
- 7.2

If yes,
- 7.21

State the percentage of foreign control

%
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1           | 2              |
|-------------|----------------|
| Nationality | Type of Entity |
|             |                |

- 8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [   ]    No [ X ]
- 8.2

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

- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ X ]    No [   ]

- 8.4

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

| 1                                         | 2                      | 3   | 4   | 5    | 6   |
|-------------------------------------------|------------------------|-----|-----|------|-----|
| Affiliate Name                            | Location (City, State) | FRB | OCC | FDIC | SEC |
| Nationwide Trust Company, FSB             | Columbus, OH           | No  | Yes | No   | No  |
| Nationwide Investment Services Corp.      | Columbus, OH           | No  | No  | No   | Yes |
| Nationwide Investment Advisors, LLC       | Columbus, OH           | No  | No  | No   | Yes |
| Nationwide Securities, LLC                | Columbus, OH           | No  | No  | No   | Yes |
| Nationwide Fund Advisors                  | Columbus, OH           | No  | No  | No   | Yes |
| Nationwide Fund Distributors, LLC         | Columbus, OH           | No  | No  | No   | Yes |
| Nationwide Asset Management, LLC          | Columbus, OH           | No  | No  | No   | Yes |
| Jefferson National Securities Corporation | Louisville, KY         | No  | No  | No   | Yes |
| JNF Advisors, Inc.                        | Louisville, KY         | No  | No  | No   | Yes |

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

KPMG LLP, 191 W NATIONWIDE BLVD., SUITE 500, COLUMBUS, OH 43215

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes ☐ No ☒

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes ☐ No ☒

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes ☒ No ☐ N/A ☐

10.6

If the response to 10.5 is no or n/a, please explain:

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
G. Chris Nyce, FCAS, MAAA, KPMG LLP, Three Radnor Corporate Center Suite 105, 100 Matsonford Road Radnor, PA 19087

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes ☐ No ☒

12.11

Name of real estate holding company

N/A

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

\$

12.2

If yes, provide explanation

N/A

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

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

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes ☐ No ☐

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes ☐ No ☐

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes ☐ No ☐ N/A ☐

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒

14.21

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

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒

14.31

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

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes ☐ No ☒

15.2

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

| 1<br>American Bankers Association (ABA)<br>Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger<br>the Letter of Credit | 4<br>Amount |
|-----------------------------------------------------------|--------------------------------------|-------------------------------------------------------------|-------------|
|                                                           |                                      |                                                             | \$          |

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes ☒ No ☐

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes ☒ No ☐

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes ☒ No ☐

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes ☐ No ☒

20.1

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

20.11

To directors or other officers

\$0

20.12

To stockholders not officers

\$0

20.13

Trustees, supreme or grand (Fraternal only)

\$0

20.2

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

20.21

To directors or other officers

\$0

20.22

To stockholders not officers

0

20.23

Trustees, supreme or grand (Fraternal only)

0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes ☐ No ☒

21.2

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

21.21

Rented from others

\$0

21.22

Borrowed from others

\$0

21.23

Leased from others

\$0

21.24

Other

\$0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

|       |                                                                                                                                                                             |                                               |                                              |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| 22.1  | Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments? | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ] |
| 22.2  | If answer is yes:                                                                                                                                                           |                                               |                                              |
| 22.21 | Amount paid as losses or risk adjustment                                                                                                                                    | \$                                            | 0                                            |
| 22.22 | Amount paid as expenses                                                                                                                                                     | \$                                            | 0                                            |
| 22.23 | Other amounts paid                                                                                                                                                          | \$                                            | 0                                            |
| 23.1  | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?                                                       | Yes [ <input checked="" type="checkbox"/> X ] | No [ <input type="checkbox"/> ]              |
| 23.2  | If yes, indicate any amounts receivable from parent included in the Page 2 amount:                                                                                          | \$                                            | 0                                            |

INVESTMENT

|        |                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                               |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|
| 24.01  | Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?                                                                                         | Yes [ <input checked="" type="checkbox"/> X ] | No [ <input type="checkbox"/> ]                                               |
| 24.02  | If no, give full and complete information, relating thereto:                                                                                                                                                                                                                                                                                                 |                                               |                                                                               |
| 24.03  | For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).<br><u>N/A</u>                                                                |                                               |                                                                               |
| 24.04  | Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?                                                                                                                                                                                                       | Yes [ <input type="checkbox"/> ]              | No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ] |
| 24.05  | If answer to 24.04 is yes, report amount of collateral for conforming programs.                                                                                                                                                                                                                                                                              | \$                                            |                                                                               |
| 24.06  | If answer to 24.04 is no, report amount of collateral for other programs                                                                                                                                                                                                                                                                                     | \$                                            | 0                                                                             |
| 24.07  | Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?                                                                                                                                                                                                   | Yes [ <input type="checkbox"/> ]              | No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ] |
| 24.08  | Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?                                                                                                                                                                                                                                                     | Yes [ <input type="checkbox"/> ]              | No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ] |
| 24.09. | Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?                                                                                                                                                                                           | Yes [ <input type="checkbox"/> ]              | No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ] |
| 24.10  | For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:                                                                                                                                                                                                                                |                                               |                                                                               |
| 24.101 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:                                                                                                                                                                                                                                                                     | \$                                            | N/A                                                                           |
| 24.102 | Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:                                                                                                                                                                                                                                                   | \$                                            | N/A                                                                           |
| 24.103 | Total payable for securities lending reported on the liability page:                                                                                                                                                                                                                                                                                         | \$                                            | N/A                                                                           |
| 25.1   | Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) | Yes [ <input checked="" type="checkbox"/> X ] | No [ <input type="checkbox"/> ]                                               |
| 25.2   | If yes, state the amount thereof at December 31 of the current year:                                                                                                                                                                                                                                                                                         |                                               |                                                                               |
| 25.21  | Subject to repurchase agreements                                                                                                                                                                                                                                                                                                                             | \$                                            | 0                                                                             |
| 25.22  | Subject to reverse repurchase agreements                                                                                                                                                                                                                                                                                                                     | \$                                            | 0                                                                             |
| 25.23  | Subject to dollar repurchase agreements                                                                                                                                                                                                                                                                                                                      | \$                                            | 0                                                                             |
| 25.24  | Subject to reverse dollar repurchase agreements                                                                                                                                                                                                                                                                                                              | \$                                            | 0                                                                             |
| 25.25  | Placed under option agreements                                                                                                                                                                                                                                                                                                                               | \$                                            | 0                                                                             |
| 25.26  | Letter stock or securities restricted as sale – excluding FHLB Capital Stock                                                                                                                                                                                                                                                                                 | \$                                            | 0                                                                             |
| 25.27  | FHLB Capital Stock                                                                                                                                                                                                                                                                                                                                           | \$                                            | 0                                                                             |
| 25.28  | On deposit with states                                                                                                                                                                                                                                                                                                                                       | \$                                            | 3,476,023                                                                     |
| 25.29  | On deposit with other regulatory bodies                                                                                                                                                                                                                                                                                                                      | \$                                            | 0                                                                             |
| 25.30  | Pledged as collateral – excluding collateral pledged to an FHLB                                                                                                                                                                                                                                                                                              | \$                                            | 0                                                                             |
| 25.31  | Pledged as collateral to FHLB – including assets backing funding agreements                                                                                                                                                                                                                                                                                  | \$                                            | 0                                                                             |
| 25.32  | Other                                                                                                                                                                                                                                                                                                                                                        | \$                                            | 0                                                                             |

25.3

For category (25.26) provide the following:

| 1                     | 2           | 3      |
|-----------------------|-------------|--------|
| Nature of Restriction | Description | Amount |
|                       |             | \$     |

|      |                                                                                                                                                                  |                                  |                                                                               |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------|
| 26.1 | Does the reporting entity have any hedging transactions reported on Schedule DB?                                                                                 | Yes [ <input type="checkbox"/> ] | No [ <input checked="" type="checkbox"/> X ]                                  |
| 26.2 | If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?<br>If no, attach a description with this statement. | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> X ] |

|      |                                                                                                                                                                               |                                  |                                              |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| 27.1 | Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? | Yes [ <input type="checkbox"/> ] | No [ <input checked="" type="checkbox"/> X ] |
| 27.2 | If yes, state the amount thereof at December 31 of the current year:                                                                                                          | \$                               | 0                                            |

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

|                             |                                                                                                                                                                                                       |   |   |                      |                     |                             |                                   |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------------------|---------------------|-----------------------------|-----------------------------------|
| 28.01                       | For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:                                                                  |   |   |                      |                     |                             |                                   |
|                             | <table><tr><td>1</td><td>2</td></tr><tr><td>Name of Custodian(s)</td><td>Custodian's Address</td></tr><tr><td>The Bank of New York Mellon</td><td>1 Wall Street, New York, NY 10286</td></tr></table> | 1 | 2 | Name of Custodian(s) | Custodian's Address | The Bank of New York Mellon | 1 Wall Street, New York, NY 10286 |
| 1                           | 2                                                                                                                                                                                                     |   |   |                      |                     |                             |                                   |
| Name of Custodian(s)        | Custodian's Address                                                                                                                                                                                   |   |   |                      |                     |                             |                                   |
| The Bank of New York Mellon | 1 Wall Street, New York, NY 10286                                                                                                                                                                     |   |   |                      |                     |                             |                                   |

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

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

|       |                                                                                                                       |                                  |                                              |
|-------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| 28.03 | Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? | Yes [ <input type="checkbox"/> ] | No [ <input checked="" type="checkbox"/> X ] |
|-------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|

|       |                                                              |   |   |   |
|-------|--------------------------------------------------------------|---|---|---|
| 28.04 | If yes, give full and complete information relating thereto: |   |   |   |
|       | 1                                                            | 2 | 3 | 4 |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

| Old Custodian | New Custodian | Date of Change | Reason |
|---------------|---------------|----------------|--------|
|               |               |                |        |

28.05

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

|                                                                                                                    |             |
|--------------------------------------------------------------------------------------------------------------------|-------------|
| 1                                                                                                                  | 2           |
| Name of Firm or Individual                                                                                         | Affiliation |
| Members of the investment staff designated by the Chief Investment Officer as detailed in the Corporate Resolution | I           |

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [ ] No [ ]

28.06

For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

|                                        |                            |                               |                 |                                             |
|----------------------------------------|----------------------------|-------------------------------|-----------------|---------------------------------------------|
| 1                                      | 2                          | 3                             | 4               | 5                                           |
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
|                                        |                            |                               |                 |                                             |

29.1

Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2

If yes, complete the following schedule:

|               |                     |                              |
|---------------|---------------------|------------------------------|
| 1             | 2                   | 3                            |
| CUSIP         | Name of Mutual Fund | Book/Adjusted Carrying Value |
|               |                     | \$                           |
| 29.2999 TOTAL |                     | \$                           |

29.3

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

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

30.

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

|      |                  |                            |               |                                                                           |
|------|------------------|----------------------------|---------------|---------------------------------------------------------------------------|
|      |                  | 1                          | 2             | 3                                                                         |
|      |                  | Statement (Admitted) Value | Fair Value    | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 30.1 | Bonds            | \$ 23,588,752              | \$ 23,435,040 | \$ (153,712)                                                              |
| 30.2 | Preferred Stocks | \$ 0                       | \$ 0          | \$ 0                                                                      |
| 30.3 | Totals           | \$ 23,588,752              | \$ 23,435,040 | \$ (153,712)                                                              |

30.4

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

For fixed maturity and marketable equity securities for which market quotations generally are available, Nationwide generally uses independent pricing services to assist in determining the fair value measurement. For certain fixed maturity securities not priced by independent services (generally private placement securities without quoted market prices), an internally developed pricing model or "corporate pricing matrix" is most often used. The corporate pricing matrix is developed by obtaining private spreads versus the U.S. Treasury yield for corporate securities with varying weighted average lives and bond ratings. The weighted average life and bond rating of a particular fixed maturity security to be priced using the corporate matrix are important inputs into the model and are used to determine a corresponding spread that is added to the U.S. Treasury yield to create an estimated market yield for that bond. The estimated market yield and other relevant factors are then used to estimate the fair value of the particular fixed maturity security. Nationwide also utilized broker quotes to assist in pricing securities or to validate modeled prices.

31.1

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

Yes [ X ] No [ ]

31.2

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

Yes [ ] No [ X ]

31.3

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

Nationwide relies on broker valuations only when an approved third party vendor evaluation is not available. Any exceptions are approved by Risk Management and the Middle Office and reviewed by the Investments Pricing Committee. The brokers used to value securities are deemed to be main market makers for each individual security and therefore have in depth knowledge of the particular issue.

32.1

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

Yes [ X ] No [ ]

32.2

If no, list exceptions:

33.

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.

Issuer or obligor is current on all contracted interest and principal payments.

c.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [ X ]

OTHER

15.3

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

35.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$

0

35.2

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

| 1<br>Name                                                                                              | 2<br>Amount Paid |
|--------------------------------------------------------------------------------------------------------|------------------|
| All payments are made by Nationwide Mutual Insurance Company and are reported in its Annual Statement. | \$               |

36.1

Amount of payments for legal expenses, if any?

\$

0

36.2

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

| 1<br>Name                                                                                              | 2<br>Amount Paid |
|--------------------------------------------------------------------------------------------------------|------------------|
| All payments are made by Nationwide Mutual Insurance Company and are reported in its Annual Statement. | \$               |

37.1

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

\$

0

37.2

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

| 1<br>Name                                                                                              | 2<br>Amount Paid |
|--------------------------------------------------------------------------------------------------------|------------------|
| All payments are made by Nationwide Mutual Insurance Company and are reported in its Annual Statement. | \$               |

## PART 2 – PROPERTY & CASUALTY INTERROGATORIES

16

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                                               |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|
| 7.1  | Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer’s losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 7.2  | If yes, indicate the number of reinsurance contracts containing such provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div>0</div>                                  |                                                                               |
| 7.3  | If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes [ <input type="checkbox"/> ]              | No [ <input type="checkbox"/> ]                                               |
| 8.1  | Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 8.2  | If yes, give full information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                               |
| 9.1  | Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:<br>(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;<br>(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;<br>(c) Aggregate stop loss reinsurance coverage;<br>(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;<br>(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or<br>(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 9.2  | Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:<br>(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or<br>(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.                                                                                                                                                                                                                                                                                                                                                                    | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 9.3  | If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:<br>(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;<br>(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and<br>(c) A brief discussion of management’s principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                               |
| 9.4  | Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, <i>Property and Casualty Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:<br>(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles (“SAP”) and as a deposit under generally accepted accounting principles (“GAAP”); or<br>(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 9.5  | If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                               |
| 9.6  | The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:<br>(a) The entity does not utilize reinsurance; or<br>(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or<br>(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 10.  | If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes [ <input checked="" type="checkbox"/> X ] | No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]              |
| 11.1 | Has the reporting entity guaranteed policies issued by any other entity and now in force?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ]                                  |
| 11.2 | If yes, give full information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                               |
| 12.1 | If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:<br>12.11 Unpaid losses<br>12.12 Unpaid underwriting expenses (including loss adjustment expenses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                            | 0                                                                             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                            | 0                                                                             |
| 12.2 | Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                                            | 0                                                                             |
| 12.3 | If the reporting entity underwrites commercial insurance risks, such as workers’ compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes [ <input type="checkbox"/> ]              | No [ <input checked="" type="checkbox"/> X ] N/A [ <input type="checkbox"/> ] |
| 12.4 | If yes, provide the range of interest rates charged under such notes during the period covered by this statement:<br>12.41 From<br>12.42 To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | %<br>%                                                                        |
| 12.5 | Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity’s reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes [ <input checked="" type="checkbox"/> X ] | No [ <input type="checkbox"/> ]                                               |
| 12.6 | If yes, state the amount thereof at December 31 of current year:<br>12.61 Letters of Credit<br>12.62 Collateral and other funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                            | 750,000                                                                       |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                            | 0                                                                             |
| 13.1 | Largest net aggregate amount insured in any one risk (excluding workers' compensation):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                            | 0                                                                             |

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

13.2

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

Yes ☐ No ☒

13.3

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

1

14.1

Is the reporting entity a cedant in a multiple cedant reinsurance contract?

Yes ☒ No ☐

14.2

If yes, please describe the method of allocating and recording reinsurance among the cedants:  
Companies that are not part of the Nationwide Mutual Insurance Company Pooling and Quota Share Arrangements receive a fair and equitable allocation of ceded premium and loss. The terms of the Nationwide Pooling and Quota Share Agreements govern the allocation and recording of ceded premium and loss for the participating companies.

14.3

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

Yes ☐ No ☒

14.4

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

Yes ☐ No ☒

14.5

If the answer to 14.4 is no, please explain:  
Written agreements are in place for all multi-cedent reinsurance treaties that cover any company that does not participate in the Nationwide Mutual Insurance Company Pooling and Quota Share Arrangements.

15.1

Has the reporting entity guaranteed any financed premium accounts?

Yes ☐ No ☒

15.2

If yes, give full information

16.1

Does the reporting entity write any warranty business?

Yes ☐ No ☒

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

|                  | 1                      | 2                    | 3                      | 4                       | 5                     |
|------------------|------------------------|----------------------|------------------------|-------------------------|-----------------------|
|                  | Direct Losses Incurred | Direct Losses Unpaid | Direct Written Premium | Direct Premium Unearned | Direct Premium Earned |
| 16.11 Home       | \$ 0                   | \$ 0                 | \$ 0                   | \$ 0                    | \$ 0                  |
| 16.12 Products   | \$ 0                   | \$ 0                 | \$ 0                   | \$ 0                    | \$ 0                  |
| 16.13 Automobile | \$ 0                   | \$ 0                 | \$ 0                   | \$ 0                    | \$ 0                  |
| 16.14 Other*     | \$ 0                   | \$ 0                 | \$ 0                   | \$ 0                    | \$ 0                  |

\* Disclose type of coverage:

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that is exempt from the statutory provision for unauthorized reinsurance?

Yes ☐ No ☒

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

|       |                                                                                                                                |      |
|-------|--------------------------------------------------------------------------------------------------------------------------------|------|
| 17.11 | Gross amount of unauthorized reinsurance in Schedule F-Part 3 exempt from the statutory provision for unauthorized reinsurance | \$ 0 |
| 17.12 | Unfunded portion of Interrogatory 17.11                                                                                        | \$ 0 |
| 17.13 | Paid losses and loss adjustment expenses portion of Interrogatory 17.11                                                        | \$ 0 |
| 17.14 | Case reserves portion of Interrogatory 17.11                                                                                   | \$ 0 |
| 17.15 | Incurred but not reported portion of Interrogatory 17.11                                                                       | \$ 0 |
| 17.16 | Unearned premium portion of Interrogatory 17.11                                                                                | \$ 0 |
| 17.17 | Contingent commission portion of Interrogatory 17.11                                                                           | \$ 0 |

18.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

18.2

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

\$ 0

18.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

18.4

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

\$ 0

19.

Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least 2 states?

Yes ☒ No ☐

19.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☐

FIVE-YEAR HISTORICAL DATA

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

|                                                                                                                                                                             | 1<br>2018   | 2<br>2017  | 3<br>2016   | 4<br>2015   | 5<br>2014   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-------------|-------------|
| <b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>                                                                                                         |             |            |             |             |             |
| 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....                                                                       | 10,408,052  | 16,420,435 | 24,634,905  | 28,813,154  | 28,523,329  |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....                                                                                                                         | 3,585,163   | 4,936,932  | 6,723,112   | 8,922,003   | 8,131,666   |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....                                                                                                   | 39,957,060  | 58,607,428 | 82,568,011  | 108,758,542 | 110,394,586 |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....                                                                                                  |             |            |             |             |             |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....                                                                                                               |             |            |             |             |             |
| 6. Total (Line 35).....                                                                                                                                                     | 53,950,275  | 79,964,795 | 113,926,028 | 146,493,699 | 147,049,581 |
| <b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>                                                                                                                       |             |            |             |             |             |
| 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....                                                                       |             |            |             |             |             |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....                                                                                                                         |             |            |             |             |             |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....                                                                                                   |             |            |             |             |             |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....                                                                                                 |             |            |             |             |             |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....                                                                                                              |             |            |             |             |             |
| 12. Total (Line 35).....                                                                                                                                                    | 0           | 0          | 0           | 0           | 0           |
| <b>Statement of Income (Page 4)</b>                                                                                                                                         |             |            |             |             |             |
| 13. Net underwriting gain (loss) (Line 8).....                                                                                                                              |             |            |             |             |             |
| 14. Net investment gain (loss) (Line 11).....                                                                                                                               | 727,935     | 713,063    | 716,939     | 654,020     | 914,734     |
| 15. Total other income (Line 15).....                                                                                                                                       |             |            | 553         |             |             |
| 16. Dividends to policyholders (Line 17).....                                                                                                                               |             |            |             |             |             |
| 17. Federal and foreign income taxes incurred (Line 19).....                                                                                                                | 119,321     | 160,968    | 51,796      | 221,197     | 150,599     |
| 18. Net income (Line 20).....                                                                                                                                               | 608,614     | 552,095    | 665,696     | 432,823     | 764,135     |
| <b>Balance Sheet Lines (Pages 2 and 3)</b>                                                                                                                                  |             |            |             |             |             |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....                                                                                  | 51,937,208  | 59,409,092 | 67,057,139  | 73,712,152  | 75,122,530  |
| 20. Premiums and considerations (Page 2, Col. 3):                                                                                                                           |             |            |             |             |             |
| 20.1 In course of collection (Line 15.1).....                                                                                                                               | 4,255,178   | 5,438,706  | 8,300,975   | 8,397,261   | 9,418,798   |
| 20.2 Deferred and not yet due (Line 15.2).....                                                                                                                              | 13,496,877  | 20,821,650 | 24,329,918  | 30,755,738  | 32,186,850  |
| 20.3 Accrued retrospective premiums (Line 15.3).....                                                                                                                        |             |            |             |             |             |
| 21. Total liabilities excluding protected cell business (Page 3, Line 26).....                                                                                              | 27,193,649  | 35,035,487 | 43,243,833  | 50,423,754  | 52,371,934  |
| 22. Losses (Page 3, Line 1).....                                                                                                                                            |             |            |             |             |             |
| 23. Loss adjustment expenses (Page 3, Line 3).....                                                                                                                          |             |            |             |             |             |
| 24. Unearned premiums (Page 3, Line 9).....                                                                                                                                 |             |            |             |             |             |
| 25. Capital paid up (Page 3, Lines 30 & 31).....                                                                                                                            | 2,355,000   | 2,355,000  | 2,350,000   | 2,350,000   | 2,350,000   |
| 26. Surplus as regards policyholders (Page 3, Line 37).....                                                                                                                 | 24,743,559  | 24,373,605 | 23,813,306  | 23,288,398  | 22,750,596  |
| <b>Cash Flow (Page 5)</b>                                                                                                                                                   |             |            |             |             |             |
| 27. Net cash from operations (Line 11).....                                                                                                                                 | (1,658,661) | 995,583    | (3,419,598) | (622,129)   | 936,416     |
| <b>Risk-Based Capital Analysis</b>                                                                                                                                          |             |            |             |             |             |
| 28. Total adjusted capital.....                                                                                                                                             | 24,743,559  | 24,373,605 | 23,813,306  | 23,288,398  | 22,750,596  |
| 29. Authorized control level risk-based capital.....                                                                                                                        | 108,543     | 118,214    | 117,587     | 142,169     | 154,942     |
| <b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b><br>(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0                          |             |            |             |             |             |
| 30. Bonds (Line 1).....                                                                                                                                                     | 95.2        | 94.0       | 92.4        | 81.2        | 88.8        |
| 31. Stocks (Lines 2.1 & 2.2).....                                                                                                                                           |             |            |             |             |             |
| 32. Mortgage loans on real estate (Lines 3.1 & 3.2).....                                                                                                                    |             |            |             |             |             |
| 33. Real estate (Lines 4.1, 4.2 & 4.3).....                                                                                                                                 |             |            |             |             |             |
| 34. Cash, cash equivalents and short-term investments (Line 5).....                                                                                                         | 4.8         | 6.0        | 7.6         | 18.8        | 11.2        |
| 35. Contract loans (Line 6).....                                                                                                                                            |             |            |             |             |             |
| 36. Derivatives (Line 7).....                                                                                                                                               |             |            |             |             |             |
| 37. Other invested assets (Line 8).....                                                                                                                                     |             |            |             |             |             |
| 38. Receivables for securities (Line 9).....                                                                                                                                |             |            |             |             |             |
| 39. Securities lending reinvested collateral assets (Line 10).....                                                                                                          |             |            |             |             |             |
| 40. Aggregate write-ins for invested assets (Line 11).....                                                                                                                  |             |            |             |             |             |
| 41. Cash, cash equivalents and invested assets (Line 12).....                                                                                                               | 100.0       | 100.0      | 100.0       | 100.0       | 100.0       |
| <b>Investments in Parent, Subsidiaries and Affiliates</b>                                                                                                                   |             |            |             |             |             |
| 42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....                                                                                                                |             |            |             |             |             |
| 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....                                                                                                     |             |            |             |             |             |
| 44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....                                                                                                        |             |            |             |             |             |
| 45. Affiliated short-term investments<br>(subtotals included in Schedule DA, Verification, Column 5, Line 10).....                                                          |             |            |             |             |             |
| 46. Affiliated mortgage loans on real estate.....                                                                                                                           |             |            |             |             |             |
| 47. All other affiliated.....                                                                                                                                               |             |            |             |             |             |
| 48. Total of above lines 42 to 47.....                                                                                                                                      | 0           | 0          | 0           | 0           | 0           |
| 49. Total investment in parent included in Lines 42 to 47 above.....                                                                                                        |             |            |             |             |             |
| 50. Percentage of investments in parent, subsidiaries and affiliates to surplus<br>as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)..... | 0.0         |            |             |             |             |

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
FIVE-YEAR HISTORICAL DATA

(Continued)

|                                                                                                                                                                                                   | 1          | 2          | 3          | 4          | 5           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|-------------|
|                                                                                                                                                                                                   | 2018       | 2017       | 2016       | 2015       | 2014        |
| <b>Capital and Surplus Accounts (Page 4)</b>                                                                                                                                                      |            |            |            |            |             |
| 51. Net unrealized capital gains (losses) (Line 24).....                                                                                                                                          |            |            |            |            |             |
| 52. Dividends to stockholders (Line 35).....                                                                                                                                                      |            |            |            |            | (6,000,000) |
| 53. Change in surplus as regards policyholders for the year (Line 38).....                                                                                                                        | 369,954    | 560,299    | 524,908    | 537,802    | (4,999,182) |
| <b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>                                                                                                                                        |            |            |            |            |             |
| 54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....                                                                                            | 18,035,002 | 21,181,625 | 26,530,642 | 18,813,519 | 12,971,622  |
| 55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....                                                                                                                                              | 1,574,447  | 3,752,193  | 5,349,745  | 3,007,944  | 4,707,696   |
| 56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....                                                                                                                        | 45,810,623 | 56,140,172 | 67,157,637 | 48,241,478 | 39,524,386  |
| 57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....                                                                                                                       |            |            |            |            |             |
| 58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....                                                                                                                                    |            |            |            |            |             |
| 59. Total (Line 35).....                                                                                                                                                                          | 65,420,072 | 81,073,990 | 99,038,024 | 70,062,941 | 57,203,704  |
| <b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>                                                                                                                                                   |            |            |            |            |             |
| 60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....                                                                                            | (2)        |            |            |            |             |
| 61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....                                                                                                                                              |            |            |            |            |             |
| 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....                                                                                                                        |            |            |            |            |             |
| 63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....                                                                                                                       |            |            |            |            |             |
| 64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....                                                                                                                                    |            |            |            |            |             |
| 65. Total (Line 35).....                                                                                                                                                                          | (2)        | 0          | 0          | 0          | 0           |
| <b>Operating Percentages (Page 4)</b><br>(Item divided by Page 4, Line 1) x 100.0                                                                                                                 |            |            |            |            |             |
| 66. Premiums earned (Line 1).....                                                                                                                                                                 | 100.0      | 100.0      | 100.0      | 100.0      | 100.0       |
| 67. Losses incurred (Line 2).....                                                                                                                                                                 |            |            |            |            |             |
| 68. Loss expenses incurred (Line 3).....                                                                                                                                                          |            |            |            |            |             |
| 69. Other underwriting expenses incurred (Line 4).....                                                                                                                                            |            |            |            |            |             |
| 70. Net underwriting gain (loss) (Line 8).....                                                                                                                                                    |            |            |            |            |             |
| <b>Other Percentages</b>                                                                                                                                                                          |            |            |            |            |             |
| 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15<br>divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....                                                    |            |            |            |            |             |
| 72. Losses and loss expenses incurred to premiums earned<br>(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....                                                                          |            |            |            |            |             |
| 73. Net premiums written to policyholders' surplus (Page 8, Part 1B,<br>Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....                                                         |            |            |            |            |             |
| <b>One Year Loss Development (\$000 omitted)</b>                                                                                                                                                  |            |            |            |            |             |
| 74. Development in estimated losses and loss expenses incurred prior<br>to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....                                                       |            |            |            |            |             |
| 75. Percent of development of losses and loss expenses incurred to policyholders' surplus<br>of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....                      |            |            |            |            |             |
| <b>Two Year Loss Development (\$000 omitted)</b>                                                                                                                                                  |            |            |            |            |             |
| 76. Development in estimated losses and loss expenses incurred 2 years before the<br>current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....                              |            |            |            |            |             |
| 77. Percent of development of losses and loss expenses incurred to<br>reported policyholders' surplus of second prior-year end<br>(Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)..... |            |            |            |            |             |

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

Yes[ ] No[ ]

If no, please explain:

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

**Sch. P - Pt. 2**  
**NONE**

**Sch. P - Pt. 3**  
**NONE**

**Sch. P - Pt. 4**  
**NONE**

HARLEYSVILLE INSURANCE COMPANY OF NEW YORK  
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

|              |                               | 1<br><br>Active<br>Status<br>(a) | Gross Premiums, Including Policy and<br>Membership Fees Less Return Premiums<br>and Premiums on Policies Not Taken |                                    | 4<br><br>Dividends Paid<br>or Credited<br>to Policyholders<br>on Direct<br>Business | 5<br><br>Direct Losses<br>Paid<br>(Deducting<br>Salvage) | 6<br><br>Direct Losses<br>Incurred | 7<br><br>Direct Losses<br>Unpaid | 8<br><br>Finance and<br>Service<br>Charges<br>not Included<br>in Premiums | 9<br><br>Direct Premiums<br>Written for<br>Federal Pur-<br>chasing Groups<br>(Incl. in Col. 2) |
|--------------|-------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|----------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|              |                               |                                  | 2<br><br>Direct Premiums<br>Written                                                                                | 3<br><br>Direct Premiums<br>Earned |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| States, Etc. |                               |                                  |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 1.           | Alabama.....AL                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 2.           | Alaska.....AK                 | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 3.           | Arizona.....AZ                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 4.           | Arkansas.....AR               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 5.           | California.....CA             | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 6.           | Colorado.....CO               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 7.           | Connecticut.....CT            | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 8.           | Delaware.....DE               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 9.           | District of Columbia.....DC   | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 10.          | Florida.....FL                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 11.          | Georgia.....GA                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 12.          | Hawaii.....HI                 | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 13.          | Idaho.....ID                  | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 14.          | Illinois.....IL               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 15.          | Indiana.....IN                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 16.          | Iowa.....IA                   | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 17.          | Kansas.....KS                 | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 18.          | Kentucky.....KY               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 19.          | Louisiana.....LA              | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 20.          | Maine.....ME                  | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 21.          | Maryland.....MD               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 22.          | Massachusetts.....MA          | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 23.          | Michigan.....MI               | Q.....                           |                                                                                                                    |                                    | 109                                                                                 |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 24.          | Minnesota.....MN              | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 25.          | Mississippi.....MS            | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 26.          | Missouri.....MO               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 27.          | Montana.....MT                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 28.          | Nebraska.....NE               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 29.          | Nevada.....NV                 | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 30.          | New Hampshire.....NH          | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 31.          | New Jersey.....NJ             | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 32.          | New Mexico.....NM             | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 33.          | New York.....NY               | L.....                           | 53,950,276                                                                                                         | 67,425,877                         | 36,708                                                                              | 65,420,292                                               | 9,083,301                          | 263,026,579                      | 94,711                                                                    |                                                                                                |
| 34.          | North Carolina.....NC         | Q.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    | 0                                |                                                                           |                                                                                                |
| 35.          | North Dakota.....ND           | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 36.          | Ohio.....OH                   | L.....                           |                                                                                                                    |                                    |                                                                                     | 31                                                       | 31                                 | 0                                |                                                                           |                                                                                                |
| 37.          | Oklahoma.....OK               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 38.          | Oregon.....OR                 | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 39.          | Pennsylvania.....PA           | L.....                           |                                                                                                                    |                                    |                                                                                     | (336)                                                    | (336)                              | 0                                | (3)                                                                       |                                                                                                |
| 40.          | Rhode Island.....RI           | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 41.          | South Carolina.....SC         | L.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 42.          | South Dakota.....SD           | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 43.          | Tennessee.....TN              | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 44.          | Texas.....TX                  | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 45.          | Utah.....UT                   | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 46.          | Vermont.....VT                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 47.          | Virginia.....VA               | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 48.          | Washington.....WA             | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 49.          | West Virginia.....WV          | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 50.          | Wisconsin.....WI              | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 51.          | Wyoming.....WY                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 52.          | American Samoa.....AS         | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 53.          | Guam.....GU                   | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 54.          | Puerto Rico.....PR            | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 55.          | US Virgin Islands.....VI      | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 56.          | Northern Mariana Islands...MP | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 57.          | Canada.....CAN                | N.....                           |                                                                                                                    |                                    |                                                                                     |                                                          |                                    |                                  |                                                                           |                                                                                                |
| 58.          | Aggregate Other Alien.....OT  | XXX.....                         | 0                                                                                                                  | 0                                  | 0                                                                                   | 0                                                        | 0                                  | 0                                | 0                                                                         | 0                                                                                              |
| 59.          | Totals.....                   | XXX.....                         | 53,950,276                                                                                                         | 67,425,877                         | 36,817                                                                              | 65,419,987                                               | 9,082,996                          | 263,026,579                      | 94,708                                                                    | 0                                                                                              |

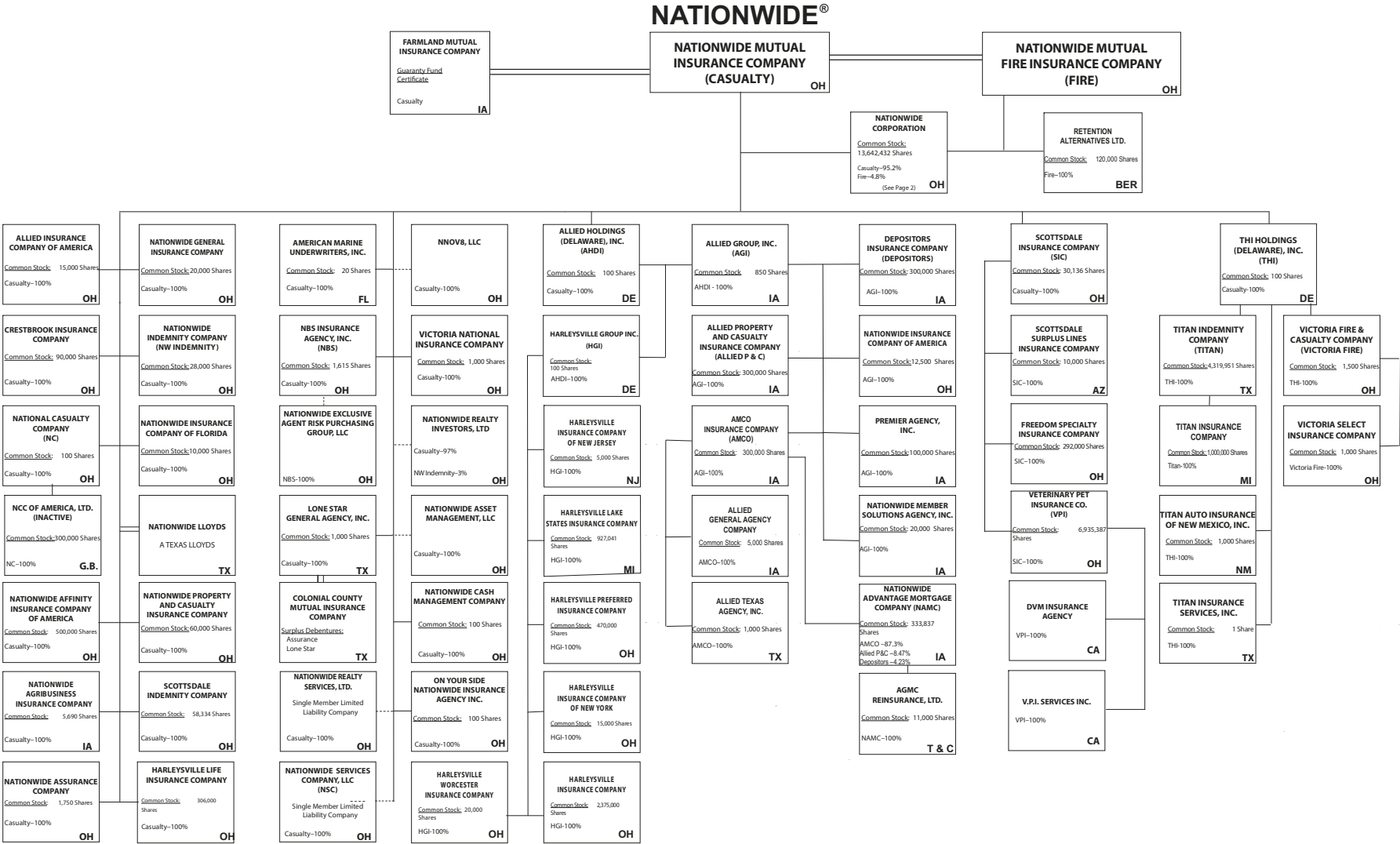
DETAILS OF WRITE-INS

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

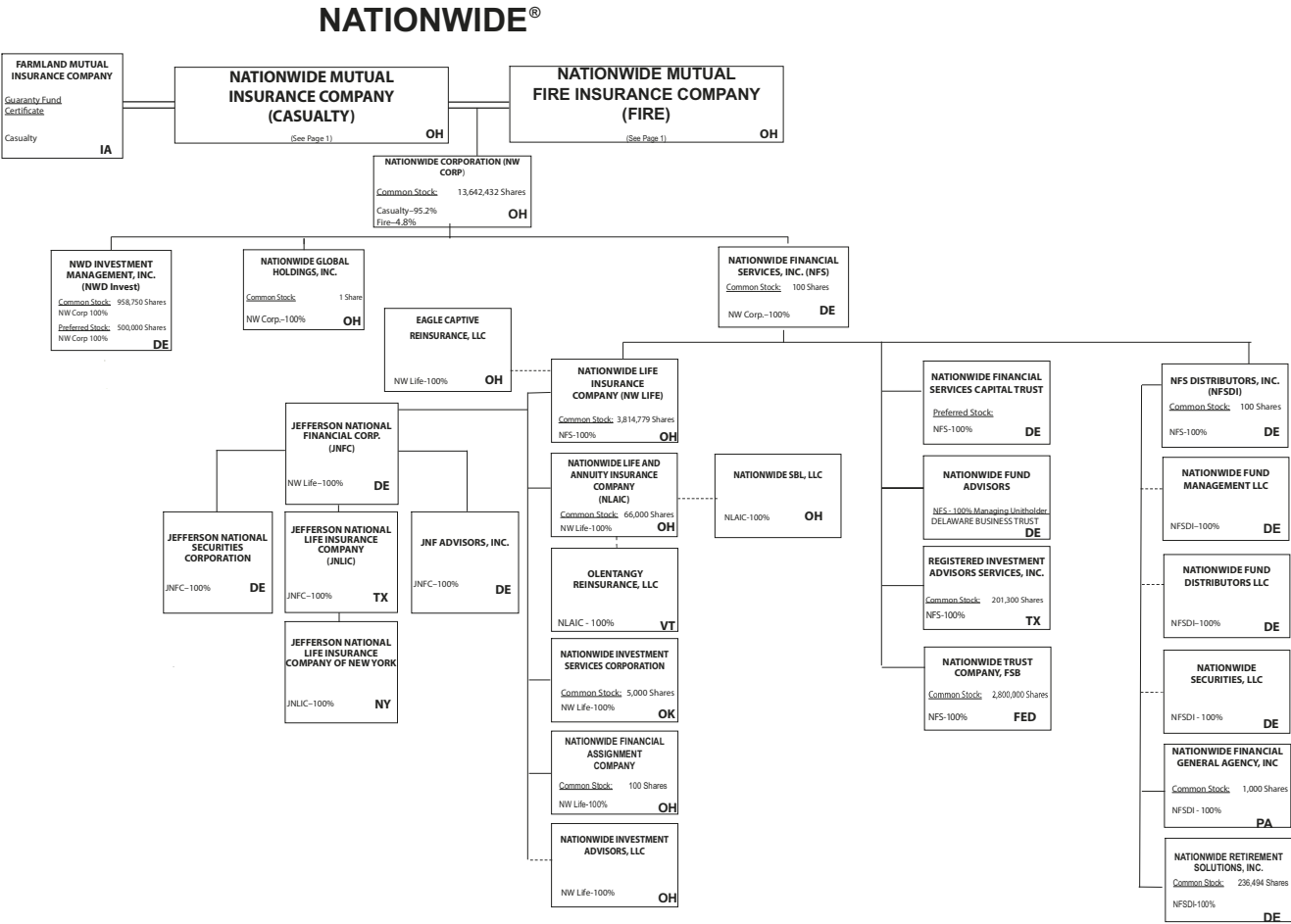
Explanation of Basis of Allocation of Premiums by States, etc.

Property coverage: O/T auto allocations are based on state where each property is physically located; auto coverage: premium associated with each vehicle is based on principal garage; worker's compensation: premium allocation is based on each employee's main work place; liability coverage: the premium allocated to the state consistent with the premium determination by physical location; where a single premium amount is determined for multiple locations, the premium is allocated to the state of principal office.

|                                                                                                                                                    |  |   |  |                                                                         |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------------|----|
| (a) Active Status Counts:                                                                                                                          |  |   |  |                                                                         |    |
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....                                                                       |  | 4 |  | R - Registered - Non-domiciled RRGs.....                                | 0  |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state<br>(other than their state of domicile - See DSLI)..... |  | 0 |  | Q - Qualified - Qualified or accredited reinsurer.....                  | 2  |
| D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write<br>surplus lines in the state of domicile.....                  |  | 0 |  | N - None of the above - Not allowed to write business in the state..... | 51 |



December 31, 2018 Page 1



Subsidiary Companies — Solid Line  
Contractual Association = Double Line  
Limited Liability Company - - Dotted Line

(Nationwide Corp. subsidiaries)

NATIONWIDE INSURANCE COMPANIES

| NAIC<br>Group<br>Code | Group Name | NAIC<br>Company<br>Code | State of<br>Domicile | Federal ID<br>Number | Name of Company                                       |
|-----------------------|------------|-------------------------|----------------------|----------------------|-------------------------------------------------------|
| 0140                  | Nationwide | 10127                   | OH                   | 27-0114983           | Allied Insurance Company of America                   |
| 0140                  | Nationwide | 42579                   | IA                   | 42-1201931           | Allied Property and Casualty Insurance Company        |
| 0140                  | Nationwide | 19100                   | IA                   | 42-6054959           | AMCO Insurance Company                                |
| 0140                  | Nationwide | 29262                   | TX                   | 74-1061659           | Colonial County Mutual Insurance Company              |
| 0140                  | Nationwide | 18961                   | OH                   | 68-0066866           | Crestbrook Insurance Company                          |
| 0140                  | Nationwide | 42587                   | IA                   | 42-1207150           | Depositors Insurance Company                          |
| 0140                  | Nationwide | 15821                   | OH                   | 42-4523959           | Eagle Captive Reinsurance, LLC                        |
| 0140                  | Nationwide | 13838                   | IA                   | 42-0618271           | Farmland Mutual Insurance Company                     |
| 0140                  | Nationwide | 22209                   | OH                   | 75-6013587           | Freedom Specialty Insurance Company                   |
| 0140                  | Nationwide | 23582                   | PA                   | 41-0417250           | Harleysville Insurance Company                        |
| 0140                  | Nationwide | 42900                   | NJ                   | 23-2253669           | Harleysville Insurance Company of New Jersey          |
| 0140                  | Nationwide | 10674                   | PA                   | 23-2864924           | Harleysville Insurance Company of New York            |
| 0140                  | Nationwide | 14516                   | MI                   | 38-3198542           | Harleysville Lake States Insurance Company            |
| 0140                  | Nationwide | 64327                   | PA                   | 23-1580983           | Harleysville Life Insurance Company                   |
| 0140                  | Nationwide | 35696                   | PA                   | 23-2384978           | Harleysville Preferred Insurance Company              |
| 0140                  | Nationwide | 26182                   | PA                   | 04-1989660           | Harleysville Worcester Insurance Company              |
| 0140                  | Nationwide | 64017                   | TX                   | 75-0300900           | Jefferson National Life Insurance Company             |
| 0140                  | Nationwide | 15727                   | NY                   | 47-1180302           | Jefferson National Life Insurance Company of New York |
| 0140                  | Nationwide | 11991                   | OH                   | 38-0865250           | National Casualty Company                             |
| 0140                  | Nationwide | 26093                   | OH                   | 48-0470690           | Nationwide Affinity Insurance Company of America      |
| 0140                  | Nationwide | 28223                   | IA                   | 42-1015537           | Nationwide Agribusiness Insurance Company             |
| 0140                  | Nationwide | 10723                   | OH                   | 95-0639970           | Nationwide Assurance Company                          |
| 0140                  | Nationwide | 23760                   | OH                   | 31-4425763           | Nationwide General Insurance Company                  |
| 0140                  | Nationwide | 10070                   | OH                   | 31-1399201           | Nationwide Indemnity Company                          |
| 0140                  | Nationwide | 25453                   | OH                   | 95-2130882           | Nationwide Insurance Company of America               |
| 0140                  | Nationwide | 10948                   | OH                   | 31-1613686           | Nationwide Insurance Company of Florida               |
| 0140                  | Nationwide | 92657                   | OH                   | 31-1000740           | Nationwide Life and Annuity Insurance Company         |
| 0140                  | Nationwide | 66869                   | OH                   | 31-4156830           | Nationwide Life Insurance Company                     |
| 0140                  | Nationwide | 42110                   | TX                   | 75-1780981           | Nationwide Lloyds                                     |
| 0140                  | Nationwide | 23779                   | OH                   | 31-4177110           | Nationwide Mutual Fire Insurance Company              |
| 0140                  | Nationwide | 23787                   | OH                   | 31-4177100           | Nationwide Mutual Insurance Company                   |
| 0140                  | Nationwide | 37877                   | OH                   | 31-0970750           | Nationwide Property & Casualty Insurance Company      |
| 0140                  | Nationwide | 13999                   | VT                   | 27-1712056           | Olentangy Reinsurance, LLC                            |
| 0140                  | Nationwide | 15580                   | OH                   | 31-1117969           | Scottsdale Indemnity Company                          |
| 0140                  | Nationwide | 41297                   | OH                   | 31-1024978           | Scottsdale Insurance Company                          |
| 0140                  | Nationwide | 10672                   | AZ                   | 86-0835870           | Scottsdale Surplus Lines Insurance Company            |
| 0140                  | Nationwide | 13242                   | TX                   | 74-2286759           | Titan Indemnity Company                               |
| 0140                  | Nationwide | 36269                   | MI                   | 86-0619597           | Titan Insurance Company                               |
| 0140                  | Nationwide | 42285                   | OH                   | 95-3750113           | Veterinary Pet Insurance Company                      |
| 0140                  | Nationwide | 42889                   | OH                   | 34-1394913           | Victoria Fire & Casualty Company                      |
| 0140                  | Nationwide | 10778                   | OH                   | 34-1842604           | Victoria National Insurance Company                   |
| 0140                  | Nationwide | 10105                   | OH                   | 34-1777972           | Victoria Select Insurance Company                     |

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