



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

Infinity Casualty Insurance Company

NAIC Group Code.....	0215, 3495 (Current Period) (Prior Period)	NAIC Company Code.....	21792	Employer's ID Number.....	58-1132392
Organized under the Laws of OH		State of Domicile or Port of Entry		OH	
Incorporated/Organized..... June 13, 1972				Country of Domicile US	
Statutory Home Office		1400 Provident Tower, One East Fourth Street .. Cincinnati .. OH 45202 (Street and Number) (City or Town, State, Country and Zip Code)		Commenced Business..... September 1, 1972	
Main Administrative Office		2201 4th Avenue North .. Birmingham .. AL 35203-3863 (Street and Number) (City or Town, State, Country and Zip Code)		205-870-4000 (Area Code) (Telephone Number)	
Mail Address		P.O. Box 830189 .. Birmingham .. AL 35283-0189 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)		205-870-4000 (Area Code) (Telephone Number)	
Primary Location of Books and Records		2201 4th Avenue North .. Birmingham .. AL 35203-3863 (Street and Number) (City or Town, State, Country and Zip Code)		205-870-4000 (Area Code) (Telephone Number)	
Internet Web Site Address		www.infinityauto.com		205-803-8326 (Area Code) (Telephone Number)	
Statutory Statement Contact		Rachelle Shealy Talley (Name) rachelle.talley@kemper.com (E-Mail Address)		205-803-8080 (Fax Number)	

POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056

OFFICERS

Name	Title	Name	Title
Glen Nelson Godwin	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Amy Kay Jordan	Vice President & Treasurer/Controller		

OTHER

Troy Perry Ballard	Assistant Treasurer	Robert Harold Bateman Jr.	Senior Vice President & CFO
Mary Linn Clark	Assistant Treasurer	Timothy Michael Kelly	Assistant Treasurer
James Henry Romaker	Assistant Secretary	Mitchell Silverman	Assistant Secretary

DIRECTORS OR TRUSTEES

Troy Perry Ballard	Robert Harold Bateman Jr.	Glen Nelson Godwin	Amy Kay Jordan
James Henry Romaker	Duane Allen Sanders #	Samuel James Simon	

State of..... Alabama
County of.... Jefferson

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.

Glen Nelson Godwin

Samuel James Simon

Amy Kay Jordan

President & CEO

Senior Vice President & Secretary

Vice President & Treasurer/Controller

Subscribed and sworn to before me

This 20th 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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(127)	(127)					
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(127)	(127)	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....	9,554,252	9,260,892			2,401,359	5,558,414	7,542,184	4,622,435	44,484	246,531	359,630	953,945
19.3 Commercial auto no-fault (personal injury protection).....												111,731
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....	3,863,067	3,840,982			924,964	2,234,365	2,288,525	177,227	11,223	10,365	10,730	385,677
21.2 Commercial auto physical damage.....												45,173
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	13,417,319	13,101,874	0	3,326,323	7,792,779	9,830,709	4,799,662	55,707	256,896	370,360	1,339,622	156,904

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....1,111,125.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 0 5 1 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 0 6 0 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....								.308	.314	.(69)	.20	
19.2 Other private passenger auto liability.....								.(864)	.(903)	.24	.(18)	.3
19.3 Commercial auto no-fault (personal injury protection).....												1,000
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....								.(6,206)	.(6,204)	.(1)		
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(7,070)	(6,799)	.337	0	(87)	.23	2,000

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	24,453	5,580		18,873		3,906	3,906		.752	752	2,363	978
17.2 Other liability-claims-made.....	18,255	12,946		7,954		7,283	9,731		1,403	1,874	1,688	698
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....	14,381,554	12,649,093		7,251,244	6,837,292	8,880,562	7,755,785	239,762	413,618	.932,977	1,389,542	574,871
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	3,044,740	2,783,757		1,531,159	(2,636)	(2,638)	(2)					
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0		0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	17,469,002	15,451,376		8,809,230	7,959,147	10,031,357	7,894,814	259,869	434,730	.965,775	1,687,772	.698,252

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35617,087.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 5 9 1 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire.....													
2.1 Allied lines.....													
2.2 Multiple peril crop.....													
2.3 Federal flood.....													
2.4 Private crop.....													
2.5 Private flood.....													
3. Farmowners multiple peril.....													
4. Homeowners multiple peril.....													
5.1 Commercial multiple peril (non-liability portion).....													
5.2 Commercial multiple peril (liability portion).....													
6. Mortgage guaranty.....													
8. Ocean marine.....													
9. Inland marine.....													
10. Financial guaranty.....													
11. Medical professional liability.....													
12. Earthquake.....													
13. Group accident and health (b).....													
14. Credit A&H (group and individual).....													
15.1 Collectively renewable A&H (b).....													
15.2 Non-cancelable A&H (b).....													
15.3 Guaranteed renewable A&H (b).....													
15.4 Non-renewable for stated reasons only (b).....													
15.5 Other accident only.....													
15.6 Medicare Title XVIII exempt from state taxes or fees.....													
15.7 All other A&H (b).....													
15.8 Federal employees health benefits plan premium.....													
16. Workers' compensation.....													
17.1 Other liability-occurrence.....	24,453	5,580		18,873		3,906	3,906		.752	752	2,363	978	
17.2 Other liability-claims-made.....	18,255	12,946		7,954		7,283	9,731		1,403	1,874	1,688	698	
17.3 Excess workers' compensation.....													
18. Products liability.....													
19.1 Private passenger auto no-fault (personal injury protection).....	195,487	216,762		46,513	143,528	86,068	92,932	1,272	(57,949)	.34,497	13,416	9,195	
19.2 Other private passenger auto liability.....	10,292,656	10,070,592		2,585,858	6,509,934	8,092,416	5,578,312	.219,085	285,412	.562,699	1,004,619	149,822	
19.3 Commercial auto no-fault (personal injury protection).....													
19.4 Other commercial auto liability.....	14,381,554	12,649,093		7,251,244	6,837,292	8,880,562	7,755,785	.239,762	413,618	.932,977	1,389,542	.574,871	
21.1 Private passenger auto physical damage.....	4,261,780	4,270,034		1,037,271	2,510,117	2,552,936	178,117	12,297	.6,167	.15,382	.413,040	.67,288	
21.2 Commercial auto physical damage.....	3,044,740	2,783,757		1,531,159	1,124,862	1,142,805	125,310	.20,107	.19,012	.30,169	.294,179	.121,705	
22. Aircraft (all perils).....													
23. Fidelity.....													
24. Surety.....													
26. Burglary and theft.....													
27. Boiler and machinery.....													
28. Credit.....													
30. Warranty.....													
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a).....	32,218,925	30,008,764	0	12,478,872	17,125,733	20,765,976	13,744,093	.492,523	.668,415	.1,578,350	3,118,847	.924,557	

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....1,773,769.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 1 6 0 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF IOWA DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....							28,942	36,749		(4,284)	397	345
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....							(933)	(1,874)	(1,549)	(28)	20	345
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(933)	27,068	35,200	0	(4,312)	417	690

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....452.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 1 5 1 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												743
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												743
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,486

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 2 5 0 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....						4,125	4,159	34	(17)			
19.2 Other private passenger auto liability.....						(7)	1					142
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												142
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	4,125	4,152	35	(17)	0	0	284

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


 * 2 1 7 9 2 2 0 1 8 4 3 0 3 6 1 0 0 *

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												480
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												480
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	960

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....	195,487	216,762		.46,513	139,403	81,601	.92,584	1,272	.(57,863)	.34,477	13,416	9,195
19.2 Other private passenger auto liability.....	738,404	809,700		184,499	954,469	525,086	918,122	174,601	.46,243	.202,299	50,674	34,729
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....	398,713	429,052		112,307	286,311	275,979	2,793	1,074	(4,174)	4,624	27,363	18,753
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0		0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	1,332,604	1,455,514		343,319	1,380,183	882,666	1,013,499	.176,947	(15,794)	241,400	91,453	62,677

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....45,105.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....						(1,714)	(2,325)	897		(3,005)	367	
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(477)	(545)	(351)		4	.8	
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(2,191)	(2,870)	546	0	(3,001)	375	704

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

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

DETAILS OF WRITE-INS

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

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

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)


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

NAIC Group Code....0215 NAIC Company Code....21792

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												300
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												300
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	600

DETAILS OF WRITE-INS

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

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

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

SCHEDULE F - PART 1

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

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

Affiliates - U. S. Intercompany Pooling

31-0943862..	22268.....	Infinity Insurance Company.....	IN.....	709	.....	.....	0	.....	.....	.....	.....	.....	.....	.....
0199999.	Affiliates - U. S. Intercompany Pooling.....	.....	.....	709	0	0	0	0	0	0	0	0	0	0
0899999.	Total Affiliates.....	.....	.....	709	0	0	0	0	0	0	0	0	0	0
9999999.	Totals.....	.....	.....	709	0	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

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

NONE

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Special	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Col. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		

Authorized Affiliates-U.S. Intercompany Pooling

31-0943862.	22268...	Infinity Insurance Company.....	IN.....	32,219	(1)	6,274	1,421	7,470	1,795	12,479		29,438		6		29,432		
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....			32,219	(1)	0	6,274	1,421	7,470	1,795	12,479	0	29,438	0	6	0	29,432	0
0899999.	Total Authorized Affiliates.....			32,219	(1)	0	6,274	1,421	7,470	1,795	12,479	0	29,438	0	6	0	29,432	0
1499999.	Total Authorized Excluding Protected Cells.....			32,219	(1)	0	6,274	1,421	7,470	1,795	12,479	0	29,438	0	6	0	29,432	0
4399999.	Total Authorized, Unauthorized and Certified Excluding Protected Cells.....			32,219	(1)	0	6,274	1,421	7,470	1,795	12,479	0	29,438	0	6	0	29,432	0
9999999.	Totals (Sum of 4399999 and 4499999).....			32,219	(1)	0	6,274	1,421	7,470	1,795	12,479	0	29,438	0	6	0	29,432	0

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

ID Number from Col. 1	Name of Reinsurer from Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										31	32	33	34	35	36
		21	22	23	24				Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 28 * 120%)	Stressed Recoverable (Col. 29)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24; Not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)

Authorized Affiliates-U.S. Intercompany Pooling

31-0943862.	Infinity Insurance Company.....					6	29,432	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....	0	0	XXX	0	6	29,432	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999.	Total Authorized Affiliates.....	0	0	XXX	0	6	29,432	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1499999.	Total Authorized Excluding Protected Cells.....	0	0	XXX	0	6	29,432	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.	0	0	XXX	0	6	29,432	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
9999999.	Totals (Sum of 4399999 and 4499999).....	0	0	XXX	0	6	29,432	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number from Col. 1	Name of Reinsurer from Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44	45	46	47	48	49	50	51	52	53											
		37	Overdue																									
			38	39	40	41	42																					

Authorized Affiliates-U.S. Intercompany Pooling

31-0943862.	Infinity Insurance Company.....	.....(1)	.....0	.....0	.....0	.....0	.....(1)	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....	.....(1)	.....0	.....0	.....0	.....0	.....0	.....(1)	.....0	.....0	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0
0899999.	Total Authorized Affiliates.....	.....(1)	.....0	.....0	.....0	.....0	.....0	.....(1)	.....0	.....0	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0
1499999.	Total Authorized Excluding Protected Cells.....	.....(1)	.....0	.....0	.....0	.....0	.....0	.....(1)	.....0	.....0	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.	.....(1)	.....0	.....0	.....0	.....0	.....0	.....(1)	.....0	.....0	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0
9999999.	Totals (Sum of 4399999 and 4499999).....	.....(1)	.....0	.....0	.....0	.....0	.....0	.....(1)	.....0	.....0	.....(1)	.....0	.....0	.....0	.....0	.....0	.....0

Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4
NONE

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		
2.		
3.		
4.		
5.		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated YES or NO
6. Infinity Insurance Company.....	29,438	32,219	YES.....
7.			
8.			
9.			
10.			

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

Infinity Casualty Insurance Company
SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	7,521,487		7,521,487
2. Premiums and considerations (Line 15).....	6,097		6,097
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	(1,188)	1,188	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	120,415		120,415
6. Net amount recoverable from reinsurers.....		29,341,989	29,341,989
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	7,646,811	29,343,177	36,989,988
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....		16,960,369	16,960,369
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	9,416	(89,968)	(80,552)
11. Unearned premiums (Line 9).....		12,478,872	12,478,872
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	6,097	(6,096)	1
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	1,445,324		1,445,324
19. Total liabilities excluding protected cell business (Line 26).....	1,460,837	29,343,177	30,804,014
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	6,185,974	XXX	6,185,974
22. Totals (Line 38).....	7,646,811	29,343,177	36,989,988

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

If yes, give full explanation:

See Note 26 in the Notes to Financial Statements.

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....(2)	.....0	.....(0)	.....	.....(0)	.....	.....3	....XXX.....
2. 2009.....	.....0	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2010.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2011.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2012.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2013.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2014.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2016.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2017.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2018.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....(2)	.....0	.....(0)	.....0	.....(0)	.....0	.....3	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....0	.....0	.....2	.....2	.....0	.....0	.....0	.....	.....0	.....0	.....	.....0	.....0
2. 2009....0	.....
3. 2010....0	.....
4. 2011....0	.....
5. 2012....0	.....
6. 2013....0	.....
7. 2014....0	.....
8. 2015....0	.....
9. 2016....0	.....
10. 2017....0	.....
11. 2018....0	.....
12. Totals....	.....0	.....0	.....2	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2009..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
3. 2010..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
4. 2011..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
5. 2012..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
6. 2013..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
7. 2014..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
8. 2015..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
9. 2016..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
10. 2017..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
11. 2018..	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....1	.....(1)	.....0	.....(0)	.....0	.....(0)	.....0	.....1	....XXX.....
2. 2009.....	508	1	507	312	(0)	18	0	64	0	3	395	146	
3. 2010.....	560	1	559	384	(0)	21	(0)	68	0	5	472	170	
4. 2011.....	636	1	634	436	(0)	21	(0)	74	0	5	531	187	
5. 2012.....	750	1	749	515	(2)	22	(0)	86	(0)	5	625	216	
6. 2013.....	834	1	833	542	(6)	21	(0)	92	(0)	5	662	220	
7. 2014.....	838	1	837	533	(10)	17	(1)	89	(1)	5	652	214	
8. 2015.....	829	1	828	543	(23)	15	(4)	86	(2)	4	672	217	
9. 2016.....	835	1	834	523	(42)	10	(6)	86	(4)	4	671	213	
10. 2017.....	808	1	807	456	(79)	5	(10)	78	(9)	4	639	198	
11. 2018.....	873	88	785	265	(235)	2	(14)	63	(25)	3	603	189	
12. Totals....	XXX.....	XXX.....	XXX.....	4,508	(398)	151	(36)	788	(42)	45	5,924	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....8	.....8	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2009....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2012....	1	1	1	1	0	0	0	0	0	0	0	0	0
6. 2013....	5	5	3	3	0	0	0	0	0	0	0	0	1
7. 2014....	4	4	7	7	1	1	1	1	1	1	0	0	1
8. 2015....	7	7	18	18	2	2	1	1	2	2	0	0	2
9. 2016....	17	17	26	26	4	4	3	3	4	4	0	0	3
10. 2017....	41	41	41	41	6	6	4	4	9	9	0	0	5
11. 2018....	123	123	164	164	7	7	8	8	33	33	0	0	26
12. Totals....	207	207	261	261	20	20	18	18	51	51	0	0	38

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	77.7	9.0	77.8		XXX.....	0	0
2. 2009.....	395	0	395	77.7	9.0	77.8			0.10	0	0
3. 2010.....	473	0	472	84.4	23.3	84.6			0.10	0	0
4. 2011.....	532	1	531	83.7	70.7	83.8			0.10	0	0
5. 2012.....	626	1	625	83.5	61.4	83.5			0.10	0	0
6. 2013.....	664	2	662	79.6	141.6	79.5			0.10	0	0
7. 2014.....	654	2	652	78.0	143.1	77.9			0.10	0	0
8. 2015.....	675	2	672	81.4	227.5	81.2			0.10	0	0
9. 2016.....	673	2	671	80.6	173.7	80.5			0.10	0	0
10. 2017.....	641	3	639	79.4	282.3	79.2			0.10	0	0
11. 2018.....	665	62	603	76.2	71.1	76.7			0.10	0	0
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0	0

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....(0)	.....	.....	.....	.....0	.....	.....0	.....(0)	....XXX.....
2. 2009.....	....38	....3	....35	....22	....2	....1	....0	....3	....0	.....0	....25	....6
3. 2010.....	....45	....3	....42	....27	....1	....1	....0	....3	....0	.....0	....30	....7
4. 2011.....	....50	....4	....46	....27	....1	....2	....0	....3	....0	.....0	....31	....8
5. 2012.....	....57	....5	....53	....38	....2	....2	....0	....4	....(0)	.....0	....41	....9
6. 2013.....	....67	....6	....62	....41	....2	....2	....0	....5	....(0)	.....1	....45	....10
7. 2014.....	....80	....8	....72	....55	....4	....3	....0	....6	....(0)	.....0	....59	....11
8. 2015.....	....96	....10	....86	....70	....(0)	....3	....(1)	....6	....(1)	.....1	....82	....14
9. 2016.....	....111	....7	....104	....68	....(12)	....2	....(2)	....7	....(2)	.....1	....92	....15
10. 2017.....	....123	....5	....118	....58	....(27)	....1	....(4)	....6	....(3)	.....1	....99	....15
11. 2018.....	....141	....20	....121	....30	....(54)	....0	....(5)	....5	....(6)	.....0	....99	....15
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....437	....(81)	....17	....(10)	....47	....(12)	....5	....603	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	....0	....0	....	....	....	....	....	....	....	....	....	....0	....0
2. 2009....	....	....	....	....	....0	....0	....	....	....0	....0	....	....0	....0
3. 2010....	....	....	....	....	....0	....0	....	....	....0	....0	....	....0	....0
4. 2011....	....0	....0	....0	....0	....0	....0	....	....	....0	....0	....	....0	....0
5. 2012....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....	....0	....0
6. 2013....	....1	....1	....0	....0	....0	....0	....0	....0	....0	....0	....	....0	....0
7. 2014....	....3	....3	....0	....0	....0	....0	....0	....0	....0	....0	....	....0	....0
8. 2015....	....6	....6	....2	....2	....1	....1	....0	....0	....1	....1	....	....0	....0
9. 2016....	....14	....14	....4	....4	....2	....2	....0	....0	....2	....2	....	....0	....0
10. 2017....	....18	....18	....13	....13	....3	....3	....1	....1	....3	....3	....	....0	....1
11. 2018....	....24	....24	....43	....43	....2	....2	....3	....3	....7	....7	....	....0	....2
12. Totals....	....66	....66	....62	....62	....8	....8	....5	....5	....13	....13	....0	....0	....3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....	....	....XXX.....	....0	....0
2. 2009.....	....26	....2	....25	....70.2	....59.1	....71.0	....	....	....0.10	....0	....0
3. 2010.....	....31	....2	....30	....69.7	....48.1	....71.4	....	....	....0.10	....0	....0
4. 2011.....	....32	....1	....31	....64.5	....29.1	....67.6	....	....	....0.10	....0	....0
5. 2012.....	....43	....2	....41	....75.7	....53.3	....77.6	....	....	....0.10	....0	....0
6. 2013.....	....49	....4	....45	....73.3	....69.3	....73.6	....	....	....0.10	....0	....0
7. 2014.....	....67	....7	....59	....83.3	....95.7	....82.0	....	....	....0.10	....0	....0
8. 2015.....	....90	....8	....82	....93.5	....81.4	....94.9	....	....	....0.10	....0	....0
9. 2016.....	....99	....7	....92	....89.3	....95.1	....88.9	....	....	....0.10	....0	....0
10. 2017.....	....103	....5	....99	....83.9	....94.2	....83.5	....	....	....0.10	....0	....0
11. 2018.....	....113	....15	....99	....80.5	....74.3	....81.5	....	....	....0.10	....0	....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....0	....0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....
2. 2009.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2010.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2011.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2012.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2013.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2014.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2015.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2016.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2017.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2018.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....0	.....0	.....0	.....0	.....	.....	.....0	.....0	.....0	.....0	.....(0)	.....0	.....0
2. 2009....0	.....	.....0
3. 2010....0	.....	.....0
4. 2011....0	.....	.....0
5. 2012....0	.....	.....0
6. 2013....0	.....	.....0
7. 2014....0	.....	.....0
8. 2015....0	.....	.....0
9. 2016....0	.....	.....0
10. 2017....0	.....	.....0
11. 2018....0	.....	.....0
12. Totals....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(0)	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....(0)	.....0
2. 2009.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
3. 2010.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
4. 2011.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
5. 2012.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
6. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
7. 2014.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
8. 2015.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
9. 2016.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
10. 2017.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
11. 2018.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....(0)	.....0

Sch. P - Pt. 1E
NONE

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

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

Sch. P - Pt. 1G
NONE

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....	.....(0)	.....	.....	.....	.....	.....	.....0	....XXX.....
2. 2009.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2010.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2011.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2012.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2013.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2014.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2016.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2017.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2018.....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....0	....(0)	....0	....0	....0	....0	....0	....0	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	....0	....0	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
2. 2009....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
3. 2010....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
4. 2011....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
5. 2012....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
6. 2013....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
7. 2014....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
8. 2015....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
9. 2016....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
10. 2017....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
11. 2018....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0
12. Totals....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2009.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
3. 2010.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
4. 2011.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
5. 2012.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
6. 2013.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
7. 2014.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
8. 2015.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
9. 2016.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
10. 2017.....	....0	....0	....0	....0	....0	....0	.....	.....	....0.10	....0	.....0
11. 2018.....	....0	....0	....0	82.2	121.5	0.0	.....	.....	....0.10	....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....0	....0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
2. 2009.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2010.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2011.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2012.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2013.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2014.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2016.....	.....0	.....0	.....0	.....	.....	.....	.....	.....0	.....	.....	.....0	.....0
10. 2017.....	.....0	.....0	.....0	.....0	.....0	.....(0)	.....0	.....(0)	.....0	.....0	.....0	.....0
11. 2018.....	.....0	.....0	.....0	.....(0)	.....0	.....(0)	.....0	.....(0)	.....0	.....0	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....(0)	.....0	.....(0)	.....0	.....(0)	.....0	.....0	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
2. 2009....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
3. 2010....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
4. 2011....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
5. 2012....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
6. 2013....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
7. 2014....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
8. 2015....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
9. 2016....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
10. 2017....	.....0	.....0	.....0	.....0	.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2018....	.....0	.....0	.....0	.....0	.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
3. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
4. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
5. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
6. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
7. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
8. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....	.....	.....0.10	.....0	.....0
9. 2016.....	.....0	.....0	.....0	16.4	.....0	62.0	.....	.....	.....0.10	.....0	.....0
10. 2017.....	.....0	.....0	.....0	34.8	27.3	57.3	.....	.....	.....0.10	.....0	.....0
11. 2018.....	.....0	.....0	.....0	90.9	90.1	92.7	.....	.....	.....0.10	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....0	....0

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
2. 2017.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
3. 2018.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
4. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
2. 2017....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
3. 2018....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....	.....
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense		Unpaid	Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2017..	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	....XXX.....	.....0	.....0
3. 2018..	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	....XXX.....	.....0	.....0
4. Totals	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....10	.....13	.....1	.....(0)	.....0	.....(3)	.....4	.....2	.....XXX.....
2. 2017.....	453	7	446	297	14	1	(1)	42	(3)	87	329	178	
3. 2018.....	481	51	430	256	12	1	(1)	32	(4)	40	282	157	
4. Totals.....	XXX.....	XXX.....	XXX.....	.....563	.....39	.....3	.....(2)	.....74	.....(10)	.....132	.....613	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....(2)	.....(2)	.....0	.....0	.....0	.....0	.....0	.....0	.....3	.....3	.....	.....0	.....0
2. 2017....	.....(3)	.....(3)	.....2	.....2	.....0	.....0	.....0	.....0	.....3	.....3	.....	.....0	.....0
3. 2018....	.....(18)	.....(18)	.....29	.....29	.....0	.....0	.....1	.....1	.....7	.....7	.....	.....0	.....4
4. Totals....	.....(24)	.....(24)	.....31	.....31	.....0	.....0	.....2	.....2	.....13	.....13	.....0	.....0	.....4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2017.	....341	....12	....329	....75.3	....175.2	....73.7	.....	.....	....0.10	.....0	.....0
3. 2018.	....309	....26	....282	....64.1	....51.9	....65.6	.....	.....	....0.10	.....0	.....0
4. Totals	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

Sch. P - Pt. 1K
NONE

Sch. P - Pt. 1L
NONE

Sch. P - Pt. 1M
NONE

Sch. P - Pt. 1N
NONE

Sch. P - Pt. 1O
NONE

Sch. P - Pt. 1P
NONE

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

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

Sch. P - Pt. 1S
NONE

Sch. P - Pt. 1T
NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior....	1	1	1	2	2	4	4	5	5	5	0	0
2. 2009....											0	0
3. 2010....	XXX										0	0
4. 2011....	XXX	XXX									0	0
5. 2012....	XXX	XXX	XXX								0	0
6. 2013....	XXX	XXX	XXX	XXX							0	0
7. 2014....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals	0	0

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

1. Prior....	162	122	108	101	102	97	96	96	96	96	(0)	0
2. 2009....	357	336	335	334	333	331	330	330	330	330	(0)	0
3. 2010....	XXX	385	400	404	406	404	406	404	405	405	0	1
4. 2011....	XXX	XXX	425	454	459	458	459	457	457	457	0	0
5. 2012....	XXX	XXX	XXX	523	542	543	543	540	538	539	0	(1)
6. 2013....	XXX	XXX	XXX	XXX	589	591	577	570	570	569	(1)	(0)
7. 2014....	XXX	XXX	XXX	XXX	XXX	573	575	564	565	562	(3)	(2)
8. 2015....	XXX	XXX	XXX	XXX	XXX	XXX	586	585	584	584	(0)	(1)
9. 2016....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	598	585	581	(4)	(17)
10. 2017....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	553	551	(1)	XXX
11. 2018....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	515	XXX	XXX
										12. Totals	(9)	(21)

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

1. Prior....	16	11	10	9	.8	.8	8	8	.8	.8	(0)	(0)
2. 2009....	30	27	26	24	22	22	22	22	22	22	0	(0)
3. 2010....	XXX	34	32	.29	28	27	27	27	27	27	0	(0)
4. 2011....	XXX	XXX	33	32	29	28	28	28	28	28	(0)	0
5. 2012....	XXX	XXX	XXX	42	39	38	38	38	37	37	(0)	(1)
6. 2013....	XXX	XXX	XXX	XXX	53	42	43	42	41	41	(1)	(2)
7. 2014....	XXX	XXX	XXX	XXX	XXX	54	52	54	55	54	(1)	(0)
8. 2015....	XXX	XXX	XXX	XXX	XXX	XXX	68	70	74	74	(0)	.4
9. 2016....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	80	84	4	.5
10. 2017....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	90	1	XXX
11. 2018....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	XXX	XXX
										12. Totals	2	.7

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

1. Prior....											(0)	(0)	
2. 2009....											0	0	
3. 2010....	XXX										0	0	
4. 2011....	XXX	XXX									0	0	
5. 2012....	XXX	XXX	XXX								0	0	
6. 2013....	XXX	XXX	XXX	XXX							0	0	
7. 2014....	XXX	XXX	XXX	XXX							0	0	
8. 2015....	XXX	XXX	XXX	XXX							0	0	
9. 2016....	XXX	XXX	XXX	XXX							0	0	
10. 2017....	XXX	XXX	XXX	XXX							0	XXX	
11. 2018....	XXX	XXX	XXX	XXX							XXX	XXX	
											12. Totals	(0)	(0)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior....											0	0	
2. 2009....											0	0	
3. 2010....	XXX										0	0	
4. 2011....	XXX	XXX									0	0	
5. 2012....	XXX	XXX	XXX								0	0	
6. 2013....	XXX	XXX	XXX	XXX							0	0	
7. 2014....	XXX	XXX	XXX	XXX	XX						0	0	
8. 2015....	XXX	XXX	XXX	XXX	XXX						0	0	
9. 2016....	XXX	XXX	XXX	XXX	XXX						0	0	
10. 2017....	XXX	XXX	XXX	XXX	XXX						0	XXX	
11. 2018....	XXX	XXX	XXX	XXX	XXX						XXX	XXX	
											12. Totals	0	0

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
2. 2009...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
3. 2010...	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
4. 2011...	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0	0
5. 2012...	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0	0
6. 2013...	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0	0
7. 2014...	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0	0
8. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0	0
9. 2016...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0	0
10. 2017...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	0	XXX
11. 2018...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals	0	0

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

1. Prior...	0	0
2. 2009...	0	0
3. 2010...	XXX	0	0
4. 2011...	XXX	XXX	0	0
5. 2012...	XXX	XXX	XXX	0	0
6. 2013...	XXX	XXX	XXX	XXX	0	0
7. 2014...	XXX	XXX	XXX	XXX	XX	0	0
8. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2016...	XXX	0	0						
10. 2017...	XXX	0	XXX							
11. 2018...	XXX	XXX	XXX									
										12. Totals	0	0

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

1. Prior...	0	0
2. 2009...	0	0
3. 2010...	XXX	0	0
4. 2011...	XXX	XXX	0	0
5. 2012...	XXX	XXX	XXX	0	0
6. 2013...	XXX	XXX	XXX	XXX	0	0
7. 2014...	XXX	XXX	XXX	XXX	XXX	0	0
8. 2015...	XXX	0	0						
9. 2016...	XXX	0	0							
10. 2017...	XXX	0	XXX								
11. 2018...	XXX	XXX	XXX									
										12. Totals	0	0

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior...	.1	.0	0	0	.1	.1	.1	.1	.1	.1	0	0
2. 2009...	0	0
3. 2010...	XXX	0	0
4. 2011...	XXX	XXX	0	0
5. 2012...	XXX	XXX	XXX	0	0
6. 2013...	XXX	XXX	XXX	XXX	0	0
7. 2014...	XXX	XXX	XXX	XXX	XXX	0	0
8. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2016...	XXX	0	0						
10. 2017...	XXX	0	XXX								
11. 2018...	XXX	XXX	XXX									
										12. Totals	0	0

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior...	0	0
2. 2009...	0	0
3. 2010...	XXX	0	0
4. 2011...	XXX	XXX	0	0
5. 2012...	XXX	XXX	XXX	0	0
6. 2013...	XXX	XXX	XXX	XXX	0	0
7. 2014...	XXX	XXX	XXX	XXX	XXX	0	0
8. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2016...	XXX	0	0						
10. 2017...	XXX	0	0	(0)	XXX							
11. 2018...	XXX	0	0	XXX	XXX							
										12. Totals	(0)	0

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....0.....
2. 2017....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0.....	....XXX.....
3. 2018....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
										4. Totals	.....0.....	.....0.....

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior....XXX.....15.....7.....6.....(1).....(8).....							
2. 2017....XXX.....291.....285.....(7).....XXX.....								
3. 2018....XXX.....246.....XXX.....XXX.....									
										4. Totals(7).....(8).....	

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior....XXX.....0.....0.....									
2. 2017....XXX.....0.....XXX.....									
3. 2018....XXX.....											
										4. Totals0.....0.....

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

1. Prior....XXX.....0.....0.....									
2. 2017....XXX.....0.....XXX.....									
3. 2018....XXX.....											
										4. Totals0.....0.....

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior....0.....0.....
2. 2009....0.....0.....
3. 2010....XXX.....0.....0.....
4. 2011....XXX.....XXX.....0.....0.....
5. 2012....XXX.....XXX.....XXX.....0.....0.....
6. 2013....XXX.....0.....0.....									
7. 2014....XXX.....0.....0.....									
8. 2015....XXX.....0.....0.....									
9. 2016....XXX.....0.....0.....									
10. 2017....XXX.....0.....XXX.....									
11. 2018....XXX.....											
											12. Totals0.....

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

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

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

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior....	.....000	.....0	.....1	.....1	.....1	.....2	.....2	.....2	.....3	.....5	.....0	.....0
2. 2009....												
3. 2010....	....XXX											
4. 2011....	....XXX	....XXX										
5. 2012....	....XXX	....XXX	....XXX									
6. 2013....	....XXX	....XXX	....XXX	....XXX								
7. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2017....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2018....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

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

1. Prior....	.....000	.....55	.....78	.....87	.....93	.....93	.....94	.....95	.....95	.....96	.....0	.....0
2. 2009....	.....154	.....270	.....309	.....322	.....326	.....328	.....329	.....330	.....330	.....330	.....81	.....64
3. 2010....	....XXX	.....182	.....332	.....374	.....390	.....396	.....401	.....403	.....404	.....405	.....95	.....75
4. 2011....	....XXX	....XXX	.....201	.....374	.....423	.....442	.....450	.....454	.....456	.....457	.....106	.....81
5. 2012....	....XXX	....XXX	....XXX	.....246	.....446	.....503	.....523	.....531	.....535	.....539	.....121	.....95
6. 2013....	....XXX	....XXX	....XXX	....XXX	.....272	.....478	.....531	.....550	.....558	.....569	.....123	.....96
7. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	.....272	.....472	.....523	.....542	.....562	.....121	.....92
8. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....283	.....490	.....540	.....584	.....123	.....92
9. 2016....	....XXX291	.....485	.....581	.....119	.....91						
10. 2017....	....XXX266	.....551	.....107	.....86							
11. 2018....	....XXX515	.....78	.....84								

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

1. Prior....	.....000	.....4	.....7	.....8	.....8	.....8	.....8	.....8	.....8	.....8	.....0	.....0
2. 2009....	.....9	.....16	.....21	.....21	.....22	.....22	.....22	.....22	.....22	.....22	.....4	.....2
3. 2010....	....XXX	.....10	.....19	.....23	.....26	.....26	.....27	.....27	.....27	.....27	.....5	.....3
4. 2011....	....XXX	....XXX	.....11	.....22	.....25	.....27	.....27	.....28	.....28	.....28	.....5	.....3
5. 2012....	....XXX	....XXX	....XXX	.....15	.....27	.....33	.....35	.....36	.....37	.....37	.....6	.....3
6. 2013....	....XXX	....XXX	....XXX	....XXX	.....15	.....31	.....36	.....38	.....39	.....41	.....6	.....3
7. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	.....19	.....36	.....44	.....49	.....54	.....7	.....4
8. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....25	.....50	.....61	.....74	.....9	.....5
9. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....28	.....53	.....84	.....9	.....5
10. 2017....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....29	.....90	.....9	.....5
11. 2018....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....88	.....7	.....5

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

1. Prior....	.....000											
2. 2009....												
3. 2010....	....XXX											
4. 2011....	....XXX	....XXX										
5. 2012....	....XXX	....XXX	....XXX									
6. 2013....	....XXX	....XXX	....XXX	....XXX								
7. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2017....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2018....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior....	.....000											
2. 2009....												
3. 2010....	....XXX											
4. 2011....	....XXX	....XXX										
5. 2012....	....XXX	....XXX	....XXX									
6. 2013....	....XXX	....XXX	....XXX	....XXX								
7. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2017....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2018....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

NONE

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	.....000.....											
2. 2009.....												
3. 2010.....	....XXX.....											
4. 2011.....	....XXX.....	....XXX.....										
5. 2012.....	....XXX.....	....XXX.....	....XXX.....									
6. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

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

1. Prior.....	.....000.....											
2. 2009.....												
3. 2010.....	....XXX.....											
4. 2011.....	....XXX.....	....XXX.....										
5. 2012.....	....XXX.....	....XXX.....	....XXX.....									
6. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			

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

1. Prior.....	.....000.....										....XXX.....	....XXX.....
2. 2009.....											....XXX.....	....XXX.....
3. 2010.....	....XXX.....										....XXX.....	....XXX.....
4. 2011.....	....XXX.....	....XXX.....									....XXX.....	....XXX.....
5. 2012.....	....XXX.....	....XXX.....	....XXX.....								....XXX.....	....XXX.....
6. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							....XXX.....	....XXX.....
7. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						....XXX.....	....XXX.....
8. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					....XXX.....	....XXX.....
9. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				....XXX.....	....XXX.....
10. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			....XXX.....	....XXX.....
11. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....		....XXX.....	....XXX.....

NONE**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	.....000.....	.....0.....	.....0.....	.....0.....	.....1.....	.....1.....	.....1.....	.....1.....	.....1.....	.....1.....		
2. 2009.....												
3. 2010.....	....XXX.....											
4. 2011.....	....XXX.....	....XXX.....										
5. 2012.....	....XXX.....	....XXX.....	....XXX.....									
6. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....					
10. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				
11. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....		.....0.....	

NONE**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....	.....000.....											
2. 2009.....												
3. 2010.....	....XXX.....											
4. 2011.....	....XXX.....	....XXX.....										
5. 2012.....	....XXX.....	....XXX.....	....XXX.....									
6. 2013.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....								
7. 2014.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....							
8. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....						
9. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....				.....0.....	
10. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....		.....0.....	.....0.....	.....0.....
11. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0.....	.....0.....

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....000.....	.....8.....	.....6.....	.....1.....	.....(0).....
2. 2017....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....275.....	.....285.....	.....114.....	.....65.....
3. 2018....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....XXX.....	.....246.....	.....96.....	.....58.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior....XXX.....000.....8.....6.....1.....(0).....						
2. 2017....XXX.....275.....285.....114.....65.....							
3. 2018....XXX.....XXX.....246.....96.....58.....							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior....XXX.....000.....XXX.....XXX.....						
2. 2017....XXX.....XXX.....XXX.....							
3. 2018....XXX.....XXX.....XXX.....							

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

1. Prior....XXX.....000.....XXX.....XXX.....						
2. 2017....XXX.....XXX.....XXX.....							
3. 2018....XXX.....XXX.....XXX.....							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior....	....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
2. 2009....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
3. 2010....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
4. 2011....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
5. 2012....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
6. 2013....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
7. 2014....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
8. 2015....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	....XXX.....	....XXX.....
9. 2016....	....XXX.....	....XXX.....	....XXX.....						
10. 2017....	....XXX.....	....XXX.....	....XXX.....							
11. 2018....XXX.....	.....	....XXX.....	....XXX.....								

Sch. P - Pt. 3N
NONE

Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

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

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

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

Infinity Casualty Insurance Company**SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....0					.....1	.....2	.....2	.....2	
2. 2009.....										
3. 2010.....	....XXX									
4. 2011.....	....XXX	....XXX								
5. 2012.....	....XXX	....XXX	....XXX							
6. 2013.....	....XXX	....XXX	....XXX	....XXX						
7. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX					
8. 2015.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
9. 2016.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			
10. 2017.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX		
11. 2018.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	

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

1. Prior.....	.....87	.....32	.....13	.....6	.....4	.....1	.....0	.....0	.....0	
2. 2009.....	.....97	.....27	.....9	.....5	.....3	.....1	.....0	.....0	.....0	
3. 2010.....	....XXX	....85	....28	....9	....6	....2	....2	....0	....0	
4. 2011.....	....XXX	....XXX	....102	....33	....13	....5	....4	....1	....1	
5. 2012.....	....XXX	....XXX	....XXX	....142	....40	....16	....10	....6	....1	
6. 2013.....	....XXX	....XXX	....XXX	....XXX	....178	....54	....23	....12	....5	
7. 2014.....	....XXX	....XXX	....XXX	....XXX	....XXX	....165	....49	....21	....15	
8. 2015.....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....168	....40	....25	
9. 2016.....	....XXX175	....46							
10. 2017.....	....XXX160								
11. 2018.....XXX									

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

1. Prior.....83110					
2. 2009.....13431000			
3. 2010.....XXX15621000		
4. 2011.....XXXXXX1441010		
5. 2012.....XXXXXXXXX1621110	
6. 2013.....XXXXXXXXXXXX222210	
7. 2014.....XXXXXXXXXXXXXXX18322	
8. 2015.....XXXXXXXXXXXXXXXXXX2232	
9. 2016.....XXX287							
10. 2017.....XXX33								
11. 2018.....XXX									

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

1. Prior.....										
2. 2009.....										
3. 2010.....XXX									
4. 2011.....XXXXXX								
5. 2012.....XXXXXXXXX							
6. 2013.....XXXXXXXXXXXX						
7. 2014.....XXXXXXXXXXXXXXX					
8. 2015.....XXXXXXXXXXXXXXXXXX				
9. 2016.....XXX									
10. 2017.....XXX									
11. 2018.....XXX									

NONE**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2009.....										
3. 2010.....XXX									
4. 2011.....XXXXXX								
5. 2012.....XXXXXXXXX							
6. 2013.....XXXXXXXXXXXX						
7. 2014.....XXXXXXXXXXXXXXX					
8. 2015.....XXXXXXXXXXXXXXXXXX				
9. 2016.....XXX									
10. 2017.....XXX									
11. 2018.....XXX									

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

1. Prior.....
2. 2009.....
3. 2010.....	XXX.....
4. 2011.....	XXX.....	XXX.....
5. 2012.....	XXX.....	XXX.....	XXX.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
9. 2016.....	XXX.....						
10. 2017.....	XXX.....								
11. 2018.....	XXX.....									

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

1. Prior.....
2. 2009.....
3. 2010.....	XXX.....
4. 2011.....	XXX.....	XXX.....
5. 2012.....	XXX.....	XXX.....	XXX.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
8. 2015.....	XXX.....						
9. 2016.....	XXX.....							
10. 2017.....	XXX.....								
11. 2018.....	XXX.....									

NONE**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....000000
2. 2009.....
3. 2010.....	XXX.....
4. 2011.....	XXX.....	XXX.....
5. 2012.....	XXX.....	XXX.....	XXX.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
8. 2015.....	XXX.....						
9. 2016.....	XXX.....							
10. 2017.....	XXX.....								
11. 2018.....	XXX.....									

NONE**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....
2. 2009.....
3. 2010.....	XXX.....
4. 2011.....	XXX.....	XXX.....
5. 2012.....	XXX.....	XXX.....	XXX.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
8. 2015.....	XXX.....						
9. 2016.....	XXX.....							
10. 2017.....	XXX.....	0								
11. 2018.....	XXX.....									

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
2. 2017.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
3. 2018.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....XXX.....38.....3.....							
2. 2017.....XXX.....32.....								
3. 2018.....XXX.....									

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....XXX.....									
2. 2017.....XXX.....									
3. 2018.....XXX.....									

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

1. Prior.....XXX.....									
2. 2017.....XXX.....									
3. 2018.....XXX.....									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....
2. 2009.....
3. 2010.....XXX.....
4. 2011.....XXX.....XXX.....
5. 2012.....XXX.....XXX.....XXX.....
6. 2013.....XXX.....XXX.....XXX.....XXX.....
7. 2014.....XXX.....XXX.....XXX.....XXX.....XXX.....
8. 2015.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....
9. 2016.....XXX.....						
10. 2017.....XXX.....							
11. 2018.....XXX.....									

NONE

Sch. P - Pt. 4N
NONE

Sch. P - Pt. 4O
NONE

Sch. P - Pt. 4P
NONE

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

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

Sch. P - Pt. 4S
NONE

Sch. P - Pt. 4T
NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0	0	0	0	0	0	0			0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	29	5	.2	1	0	.0	0	0	0	0
2. 2009.....	53	.75	.80	81	.81	.81	81	.81	.81	.81
3. 2010.....	XXX	.61	.88	93	.93	.94	94	.95	.95	.95
4. 2011.....	XXX	XXX	.70	99	104	105	105	106	106	106
5. 2012.....	XXX	XXX	XXX	82	113	118	120	121	121	121
6. 2013.....	XXX	XXX	XXX	XXX	.85	115	121	123	123	123
7. 2014.....	XXX	XXX	XXX	XXX	XXX	.83	114	119	121	121
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	85	117	122	123
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.86	115	.119
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.79	.107
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.78

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	7	2	1	0	0	.0	0	0	0	0
2. 2009.....	22	4	.1	0	0	.0	0	0	0	0
3. 2010.....	XXX	.26	.4	2	1	.1	1	0	0	0
4. 2011.....	XXX	XXX	.26	.5	2	.1	1	0	0	0
5. 2012.....	XXX	XXX	XXX	27	6	.2	1	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX	.28	.6	.3	1	.1	.1
7. 2014.....	XXX	XXX	XXX	XXX	XXX	.28	6	2	.1	.1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	29	6	.3	.2
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.27	.6	.3
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.26	.5
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.26

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	12	2	.0	0	0	.0	0	0	0	0
2. 2009.....	134	145	145	146	146	146	146	146	146	146
3. 2010.....	XXX	155	168	169	169	169	170	170	170	170
4. 2011.....	XXX	XXX	173	186	187	187	187	187	187	187
5. 2012.....	XXX	XXX	XXX	200	215	216	216	216	216	216
6. 2013.....	XXX	XXX	XXX	XXX	204	218	219	219	220	220
7. 2014.....	XXX	XXX	XXX	XXX	XXX	196	212	213	214	214
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	201	216	217	217
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200	212	213
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186	198
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	189

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
2. 2009.....	2.....3	3.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4
3. 2010.....	XXX.....3	3.....4	4.....4	4.....4	4.....5	5.....5	5.....5	5.....5	5.....5	5.....5
4. 2011.....	XXX.....XXX	XXX.....3	3.....4	4.....4	5.....5	5.....5	5.....5	5.....5	5.....5	5.....5
5. 2012.....	XXX.....XXX	XXX.....XXX	XXX.....4	4.....4	5.....5	5.....6	6.....6	6.....6	6.....6	6.....6
6. 2013.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....4	4.....6	6.....6	6.....6	6.....6	6.....6	6.....6
7. 2014.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	5.....5	7.....7	7.....7	7.....7	7.....7	7.....7
8. 2015.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	6.....6	8.....8	9.....9	9.....9	9.....9
9. 2016.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	7.....7	9.....9	9.....9	9.....9
10. 2017.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	7.....7	9.....9	9.....9
11. 2018.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	7.....7

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
2. 2009.....	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
3. 2010.....	XXX.....1	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
4. 2011.....	XXX.....XXX	XXX.....1	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
5. 2012.....	XXX.....XXX	XXX.....XXX	XXX.....1	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
6. 2013.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....1	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0
7. 2014.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....2	2.....1	0.....0	0.....0	0.....0	0.....0
8. 2015.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	2.....1	1.....0	0.....0	0.....0	0.....0
9. 2016.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	2.....2	1.....1	0.....0	0.....0
10. 2017.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....2	1.....1	0.....0
11. 2018.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....2	0.....0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	1.....1	(0).....(0)	0.....0	0.....0	0.....0	0.....0	(0).....(0)	0.....0	0.....0	0.....0
2. 2009.....	5.....5	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6
3. 2010.....	XXX.....7	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7
4. 2011.....	XXX.....XXX	XXX.....7	7.....7	8.....8	8.....8	8.....8	8.....8	8.....8	8.....8	8.....8
5. 2012.....	XXX.....XXX	XXX.....XXX	XXX.....8	8.....8	9.....9	9.....9	9.....9	9.....9	9.....9	9.....9
6. 2013.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....9	9.....10	10.....10	10.....10	10.....10	10.....10	10.....10
7. 2014.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....10	10.....11	11.....11	11.....11	11.....11	11.....11
8. 2015.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....13	13.....14	14.....14	14.....14	14.....14
9. 2016.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....14	14.....15	15.....15	15.....15
10. 2017.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....14	14.....15	15.....15
11. 2018.....	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....XXX	XXX.....15	0.....0

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....0	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

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

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

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....0	.....0	.....0	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	(0).....	.....	.....	.....	.....	0.....	0.....	0.....	0.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	0.....0
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....0

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

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

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

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....	38	38	38	38	38	38	38	38	38	38	38
3. 2010.....	XXX	45	45	45	45	45	45	45	45	45	45
4. 2011.....	XXX	XXX	50	50	50	50	50	50	50	50	50
5. 2012.....	XXX	XXX	XXX	57	57	57	57	57	57	57	57
6. 2013.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	67
7. 2014.....	XXX	XXX	XXX	XXX	XXX	80	80	80	80	80	80
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	96	96	96	96	96
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	111	111	111	111	111
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141
13. Earned Prem.(P-Pt 1).....	38	45	50	57	67	80	96	111	123	141	XXX.....

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....	3	3	3	3	3	3	3	3	3	3	3
3. 2010.....	XXX	3	3	3	3	3	3	3	3	3	3
4. 2011.....	XXX	XXX	4	4	4	4	4	4	4	4	4
5. 2012.....	XXX	XXX	XXX	5	5	5	5	5	5	5	5
6. 2013.....	XXX	XXX	XXX	XXX	6	6	6	6	6	6	6
7. 2014.....	XXX	XXX	XXX	XXX	XXX	8	8	8	8	8	8
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7	7
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	20
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20
13. Earned Prem.(P-Pt 1).....	3	3	4	5	6	8	10	7	5	20	XXX.....

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Earned Prem.(P-Pt 1).....											XXX.....

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Earned Prem.(P-Pt 1).....											XXX.....

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....											XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....											XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....								0	0	XXX	0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....								0	0	XXX	0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....										XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											0
2. 2009.....											0
3. 2010.....	XXX										0
4. 2011.....	XXX	XXX									0
5. 2012.....	XXX	XXX	XXX								0
6. 2013.....	XXX	XXX	XXX	XXX							0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....										XXX	0

Sch. P - Pt. 6N - Sn. 1

NONE

Sch. P - Pt. 6N - Sn. 2

NONE

Sch. P - Pt. 6O - Sn. 1

NONE

Sch. P - Pt. 6O - Sn. 2

NONE

Sch. P - Pt. 6R - Sn. 1A

NONE

Sch. P - Pt. 6R - Sn. 2A

NONE

Sch. P - Pt. 6R - Sn. 1B

NONE

Sch. P - Pt. 6R - Sn. 2B

NONE

Sch. P - Pt. 7A - Sn. 1

NONE

Sch. P - Pt. 7A - Sn. 2

NONE

Sch. P - Pt. 7A - Sn. 3

NONE

Sch. P - Pt. 7A - Sn. 4

NONE

Sch. P - Pt. 7A - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 1

NONE

Sch. P - Pt. 7B - Sn. 2

NONE

Sch. P - Pt. 7B - Sn. 3

NONE

Sch. P - Pt. 7B - Sn. 4

NONE

Sch. P - Pt. 7B - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 6

NONE

Sch. P - Pt. 7B - Sn. 7

NONE

Infinity Casualty Insurance Company

SCHEDULE P INTERROGATORIES

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

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

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

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

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

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior.....		
1.602 2009.....		
1.603 2010.....		
1.604 2011.....		
1.605 2012.....		
1.606 2013.....		
1.607 2014.....		
1.608 2015.....		
1.609 2016.....		
1.610 2017.....		
1.611 2018.....		
1.612 Totals.....	0	0

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

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

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

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

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

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

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

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

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

7.2 An extended statement may be attached.

Effective 12/1/18, the Company's parent, Infinity Insurance Company, entered into a 100% quota share agreement with Trinity Universal Insurance Company, an affiliate. The result is that members of the Infinity Insurance Pool will have no net reserves as of 12/31/18. For pooling information see Note 26 in the Notes to Financial Statements.

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0215	Kemper Corporation.....	00000...	95-4255452...		860748	New York Stock Exchange	Kemper Corporation.....	DE.....	UIP.....						N.....
0215	Kemper Corporation.....	10920...	77-0475915...				Alliance United Insurance Company.....	CA.....	IA.....	Kemper Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		Y.....
0215	Kemper Corporation.....	00000...	77-0472398...				Alliance United Insurance Services, LLC.....	CA.....	NIA.....	Alliance United Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	03-0483872...				Infinity Property and Casualty Corporation.....	OH.....	UIP.....	Kemper Corporation.....			Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	20-4363792...				Infinity Financial Centers, LLC.....	DE.....	NIA.....	Infinity Property and Casualty Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	22268...	31-0943862...				Infinity Insurance Company.....	IN.....	UDP.....	Infinity Property and Casualty Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	74-2641866...				Infinity Agency of Texas.....	TX.....	NIA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	39497...	75-1227771...				Infinity Assurance Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	11738...	34-0927698...				Infinity Auto Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	75-2280915...				Leader Mananging General Agency, Inc.....	TX.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	34-1852743...				Leader Group, Inc.....	OH.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	21792...	58-1132392...				Infinity Casualty Insurance Company.....	OH.....	RE.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	58-1293110...				Infinity Insurance Agency, Inc.....	AL.....	DS.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	10061...	34-1767787...				Infinity Indemnity Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	10195...	34-1785809...				Infinity Preferred Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	16802...	73-0772113...				Infinity Safeguard Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	38873...	58-1806192...				Infinity Security Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	20260...	31-1333017...				Infinity Select Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	12599...	58-1806189...				Infinity Standard Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	58-1080659...				Infinity Property and Casualty Services, Inc.....	GA.....	NIA.....	Infinity Standard Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	58-0642684...				Casualty Underwriters, Inc.....	GA.....	NIA.....	Infinity Property and Casualty Services, Inc.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	13820...	43-6030348...				Infinity County Mutual Insurance Company.....	TX.....	IA.....	Infinity Insurance Company.....	Management.....		Kemper Corporation.....		N.....7.
0215	Kemper Corporation.....	00000...	31-1357130...				The Infinity Group, Inc.....	IN.....	NIA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	27-3557296...				KAHG LLC.....	IL.....	NIA.....	Kemper Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		N.....1.
0215	Kemper Corporation.....	00000...	36-4105161...				Kemper Corporate Services, Inc.....	IL.....	NIA.....	Kemper Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	19887...	75-0620550...				Trinity Universal Insurance Company.....	TX.....	IA.....	Kemper Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		Y.....
0215	Kemper Corporation.....	38156...	39-1344101...				Alpha Property & Casualty Insurance Company	WI.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...					Capitalla Senior Liquid Loan Fund I, LLC.....	NC.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....50.000	Kemper Corporation.....		N.....6.
0215	Kemper Corporation.....	37524...	75-1636168...				Charter Indemnity Company.....	TX.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	00000...	04-3294619...				Direct Response Corporation.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	43044...	04-2794993...				Response Insurance Company.....	IL.....	IA.....	Direct Response Corporation.....	Ownership.....	....100.000	Kemper Corporation.....		Y.....
0215	Kemper Corporation.....	39004...	91-1119010...				Kemper Financial Indemnity Company.....	IL.....	IA.....	Response Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....
0215	Kemper Corporation.....	26050...	39-1341441...				Response Worldwide Insurance Company.....	IL.....	IA.....	Response Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....		N.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0215	Kemper Corporation.....	26085..	36-3423817..				Warner Insurance Company.....	IL.....	IA.....	Direct Response Corporation.....	Ownership.....	....100.000	Kemper Corporation.....	Y.....	
0215	Kemper Corporation.....	20133..	61-6027355..				Response Worldwide Direct Auto Insurance Company	IL.....	IA.....	Warner Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
0215	Kemper Corporation.....	19852..	95-1466743..				Financial Indemnity Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
.....	Kemper Corporation.....	00000..	75-1865314..				Kemper General Agency, Inc.....	TX.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
0215	Kemper Corporation.....	10914..	36-4230019..				Kemper Independence Insurance Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
.....	Kemper Corporation.....	00000..	98-0426067..				Meristar Industries LLC.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	1.....
0215	Kemper Corporation.....	31968..	62-0928337..				Meristar Insurance Company.....	IL.....	IA.....	Meristar Industries LLC.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
.....	Kemper Corporation.....	00000..	20-3046396..				Security One Agency LLC.....	IL.....	NIA.....	Meristar Industries LLC.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
.....	Kemper Corporation.....	00000..	75-2538407..				NCM Management Corporation.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
0215	Kemper Corporation.....	29351..	74-1084315..				Unitrin County Mutual Insurance Company.....	TX.....	IA.....	NCM Management Corporation.....	Management.....		Kemper Corporation.....	N.....	4.....
.....	Kemper Corporation.....	00000..					Senior Loan Fund JV, I LLC.....	NY.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	....50.000	Kemper Corporation.....	N.....	5.....
0215	Kemper Corporation.....	12998..	72-6019774..				Union National Fire Insurance Company.....	LA.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
1-26	0215	Kemper Corporation.....	11142..	23-1614367..			United Casualty Insurance Company of America	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	10881..	13-3974181..			Unitrin Advantage Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	16063..	52-1752227..			Unitrin Auto and Home Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	10226..	36-4013825..			Unitrin Direct Insurance Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	10915..	36-4230008..			Unitrin Direct Property & Casualty Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	.....	Kemper Corporation.....	00000..	75-2874538..			Kemper Personal Insurance General Agency, Inc.	TX.....	NIA.....	Unitrin Direct Property & Casualty Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	25909..	13-5460208..			Unitrin Preferred Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	40703..	39-1401314..			Unitrin Safeguard Insurance Company.....	WI.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	10698..	93-1217821..			Valley Property & Casualty Insurance Company	OR.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	69930..	36-1896670..			United Insurance Company of America.....	IL.....	IA.....	Kemper Corporation.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	66397..	63-0148960..			Mutual Savings Life Insurance Company.....	AL.....	IA.....	United Insurance Company of America.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	31178..	63-0599704..			Mutual Savings Fire Insurance Company.....	AL.....	IA.....	Mutual Savings Life Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	68462..	73-0661453..			Reserve National Insurance Company.....	OK.....	IA.....	United Insurance Company of America.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	.....	Kemper Corporation.....	00000..	73-1281615..			Summerset Marketing Company.....	OK.....	NIA.....	Reserve National Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	.....	Kemper Corporation.....	00000..	73-1354019..			National Association of Self-Employed Business Owners	OK.....	NIA.....	Summerset Marketing Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	.....	Kemper Corporation.....	00000..	73-1288167..			Rural American Consumers a National Association	OK.....	NIA.....	Summerset Marketing Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	0215	Kemper Corporation.....	68357..	43-0476110..			The Reliable Life Insurance Company.....	MO.....	IA.....	United Insurance Company of America.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
	.....	Kemper Corporation.....	00000..	43-1511864..			Family Security Funerals Company.....	TX.....	NIA.....	The Reliable Life Insurance Company.....	Ownership.....	....100.000	Kemper Corporation.....	N.....	
0215	Kemper Corporation.....	29211..	75-0774903..				Capitol County Mutual Fire Insurance Company	TX.....	IA.....	The Reliable Life Insurance Company.....	Management.....		Kemper Corporation.....	N.....	2.....

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? * (Y/N)	16
0215	Kemper Corporation.....	36625...	43-1156323...	.....	.....	.....	Old Reliable Casualty Company.....	MO.....	IA.....	Capitol County Mutual Fire Insurance Company	Management.....	.....	Kemper Corporation.....	N.....	3.....
0215	Kemper Corporation.....	69779...	72-0340280...	.....	.....	.....	Union National Life Insurance Company.....	LA.....	IA.....	United Insurance Company of America.....	Ownership.....	100.000	Kemper Corporation.....	N.....	.....

Asterisk Explanation

1	Each entity listed is a corporation, except for KAHG LLC, UICA Investment Holding LLC, Merastar Industries LLC, Security One Agency LLC and Alliance United Insurance Services LLC (the LLCs), which are limited liability companies. Percentages relate to stock ownership except for the LLCs, in which case the percentage relates to the owner's membership interest in the LLC.
2	Capitol County Mutual Fire Insurance Company (NAIC# 29211, domiciled in the state of Texas) is affiliated with The Reliable Life Insurance Company by virtue of a management agreement.
3	Old Reliable Casualty Company (NAIC# 36625, domiciled in the state of Missouri) is affiliated with Trinity Universal Insurance Company by virtue of its affiliation with Capitol County Mutual Fire Insurance Company.
4	Unitrin County Mutual Insurance Company (NAIC# 29351, domiciled in the state of Texas) is affiliated with NCM Management Corp. by virtue of a management agreement.
5	Senior Loan Fund JV, I LLC (SLFJV) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of SLFJV, with the other 50% vested in Fifth Street Finance Corp.
6	Capitala Senior Liquid Loan Fund I, LLC (CSLLF) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of CSLLF, with the other 50% vested in Capitala Finance Corp.
7	Infinity County Mutual Insurance Company (NAIC# 13820, domiciled in the state of Texas) is affiliated with Infinity Insurance Company by virtue of a management agreement.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	95-4255452.....	Kemper Corporation.....	880,850,000	(453,055,322)				23,062,601			55,000,000	505,857,279
10920.....	77-0475915.....	Alliance United Insurance Company.....	51,200,000	20,000,000				(125,376,184)				(54,176,184)
00000.....	77-0472398.....	Alliance United Insurance Services, LLC.....	(51,200,000)					(1,860,470)				(53,060,470)
00000.....	03-0483872.....	Infinity Property and Casualty Corporation.....	(472,853,194)	343,746,482								(129,106,712)
00000.....	20-4363792.....	Infinity Financial Centers, LLC.....										0
22268.....	31-0943862.....	Infinity Insurance Company.....	(277,646,806)	(260,746,482)					44,964,881	*		(493,428,407)
00000.....	74-2641866.....	Infinity Agency of Texas.....										0
39497.....	75-1227771.....	Infinity Assurance Insurance Company.....								*		0
11738.....	34-0927698.....	Infinity Auto Insurance Company.....								*		0
00000.....	75-2280915.....	Leader Mananging General Agency, Inc.....								*		0
00000.....	34-1852743.....	Leader Group, Inc.....										0
21792.....	58-1132392.....	Infinity Casualty Insurance Company.....								*		0
00000.....	58-1293110.....	Infinity Insurance Agency, Inc.....										0
10061.....	34-1767787.....	Infinity Indemnity Insurance Company.....								*		0
10195.....	34-1785809.....	Infinity Preferred Insurance Company.....								*		0
16802.....	73-0772113.....	Infinity Safeguard Insurance Company.....								*		0
38873.....	58-1806192.....	Infinity Security Insurance Company.....								*		0
20260.....	31-1333017.....	Infinity Select Insurance Company.....								*		0
12599.....	58-1806189.....	Infinity Standard Insurance Company.....								*		0
00000.....	58-1080659.....	Infinity Property and Casualty Services, Inc.....										0
00000.....	58-0642684.....	Casualty Underwriters, Inc.....										0
13820.....	43-6030348.....	Infinity County Mutual Insurance Company.....							(44,964,881)			(44,964,881)
00000.....	31-1357130.....	The Infinity Group, Inc.....										0
00000.....	27-3557296.....	KAHG LLC.....										0
00000.....	36-4105161.....	Kemper Corporate Services, Inc.....						80,922,145				80,922,145
19887.....	75-0620550.....	Trinity Universal Insurance Company.....	(45,650,000)	350,055,322				8,767,020	13,439,054			326,611,396
38156.....	39-1344101.....	Alpha Property & Casualty Insurance Company.....						(13,473,001)				(13,473,001)
00000.....		Capitala Senior Liquid Loan Fund I, LLC.....										(6,343,786)
37524.....	75-1636168.....	Charter Indemnity Company.....						(2,979,910)				(2,979,910)
00000.....	04-3294619.....	Direct Response Corporation.....						876,701				876,701
43044.....	04-2794993.....	Response Insurance Company.....						(1,706,804)				(1,706,804)
39004.....	91-1119010.....	Kemper Financial Indemnity Company.....						(7,706)				(7,706)
26050.....	39-1341441.....	Response Worldwide Insurance Company.....						18,169				18,169
26085.....	36-3423817.....	Warner Insurance Company.....						(6,530)				(6,530)
20133.....	61-6027355.....	Response Worldwide Direct Auto Insurance Company.....						19,690				19,690
19852.....	95-1466743.....	Financial Indemnity Company.....						(42,847,188)				(42,847,188)
00000.....	75-1865314.....	Kemper General Agency, Inc.....										0
10914.....	36-4230019.....	Kemper Independence Insurance Company.....						(53,754,779)				(53,754,779)
00000.....	98-0426067.....	Meristar Industries LLC.....		850,000				2,057				852,057
31968.....	62-0928337.....	Meristar Insurance Company.....						254,736,423				254,736,423
00000.....	20-3046396.....	Security One Agency LLC.....		(850,000)				2,395				(847,605)

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	75-2538407	NCM Management Corporation.....									0	
29351	74-1084315	Unitrin County Mutual Insurance Company.....									(15,952,919)	(13,262,932)
00000		Senior Loan Fund JV, I LLC.....									0	
12998	72-6019774	Union National Fire Insurance Company.....									(8,099,014)	(10,529,830)
11142	23-1614367	United Casualty Insurance Company of America.....									(13,328,999)	(16,874,309)
10881	13-3974181	Unitrin Advantage Insurance Company.....									.334,224	1,121,369
16063	52-1752227	Unitrin Auto and Home Insurance Company.....									(25,617,557)	(25,617,557)
10226	36-4013825	Unitrin Direct Insurance Company.....									(5,987,174)	1,132,727
10915	36-4230008	Unitrin Direct Property & Casualty Company.....									(810,713)	(2,206,102)
00000	75-2874538	Kemper Personal Insurance General Agency, Inc.....									0	
25909	13-5460208	Unitrin Preferred Insurance Company.....									(7,221,137)	(7,221,137)
40703	39-1401314	Unitrin Safeguard Insurance Company.....									(20,034,402)	(20,034,402)
10698	93-1217821	Valley Property & Casualty Insurance Company.....									(3,135,897)	228,050
69930	36-1896670	United Insurance Company of America.....									17,329,538	28,384,117
66397	63-0148960	Mutual Savings Life Insurance Company.....									(20,973,337)	(55,000,000)
31178	63-0599704	Mutual Savings Fire Insurance Company.....									(2,567,445)	(3042,599)
68462	73-0661453	Reserve National Insurance Company.....									(10,045,214)	595,887
00000	73-1281615	Summerset Marketing Company.....									19,000,000	8,954,786
00000	73-1354019	National Association of Self-Employed Business Owners.....									0	0
00000	73-1288167	Rural American Consumers a National Association.....									0	0
68357	43-0476110	The Reliable Life Insurance Company.....									(7,626,421)	(21,976,291)
00000	43-1511864	Family Security Funerals Company.....									0	0
29211	75-0774903	Capitol County Mutual Fire Insurance Company.....									(6,166,625)	(29,602,712)
36625	43-1156323	Old Reliable Casualty Company.....									(2,295,381)	(6,166,625)
69779	72-0340280	Union National Life Insurance Company.....									(362,781)	664,937
9999999	Control Totals.....		0	0	0	0	0	0	0	XXX	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
22268	Infinity Insurance Company	99.10%			
39497	Infinity Assurance Insurance Company	0.10%			
11738	Infinity Auto Insurance Company	0.10%			
21792	Infinity Casualty Insurance Company	0.10%			
10061	Infinity Indemnity Insurance Company	0.10%			
10195	Infinity Preferred Insurance Company	0.10%			
16802	Infinity Safeguard Insurance Company	0.10%			
38873	Infinity Security Insurance Company	0.10%			
20260	Infinity Select Insurance Company	0.10%			
12599	Infinity Standard Insurance Company	0.10%			

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

MARCH FILING

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

APRIL FILING

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

MAY FILING

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

JUNE FILING

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

AUGUST FILING

11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

APRIL FILING

- 29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
- 30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
- 32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
- 33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
- 34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?
- 35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
- 36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?

AUGUST FILING

37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES NO

Annual Statement for the year 2018 of the **Infinity Casualty Insurance Company**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

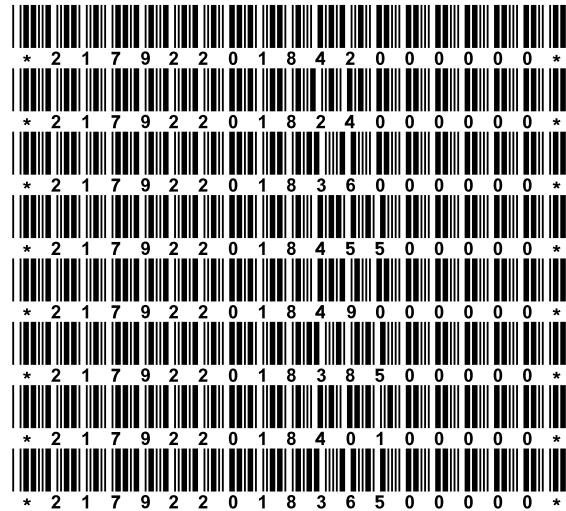
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in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

EXPLANATION:

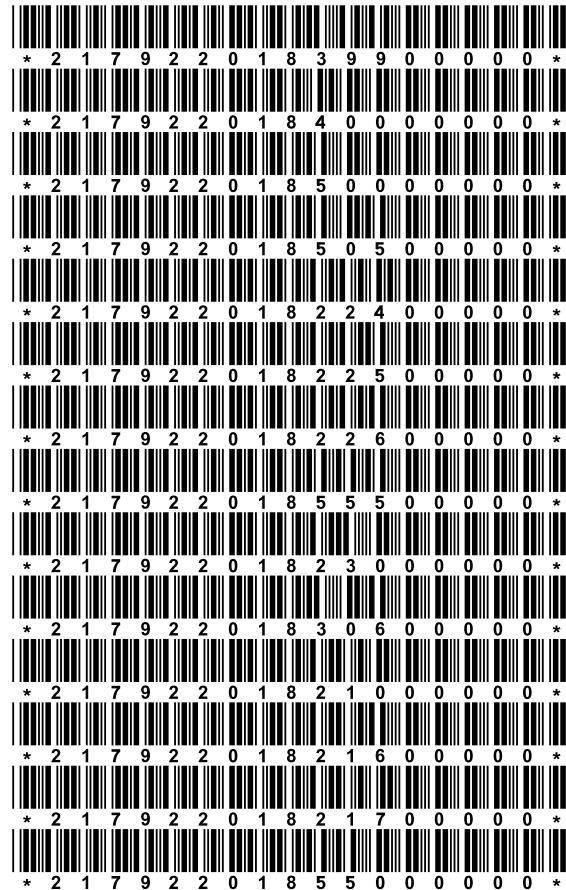
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ar 2018 of the **Infinity Casualty Insurance Company**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35. The data for this supplement is not required to be filed.

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36. The data for this supplement is not required to be filed.

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2018 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Cash Flow	5	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Net Investment Income	12	Schedule P-Part 2K-Fidelity, Surety	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2M-International	59
Five-Year Historical Data	17	Schedule P-Part 2N-Reinsurance – Nonproportional Assumed Property	60
General Interrogatories	15	Schedule P-Part 2O-Reinsurance – Nonproportional Assumed Liability	60
Jurat Page	1	Schedule P-Part 2P-Reinsurance – Nonproportional Assumed Financial Lines	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Notes To Financial Statements	14	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Overflow Page For Write-ins	100	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 1	E01	Schedule P-Part 2T-Warranty	61
Schedule A-Part 2	E02	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule A-Part 3	E03	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule A-Verification Between Years	SI02	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 1	E04	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Part 2	E05	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule B-Part 3	E06	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence	63
Schedule B-Verification Between Years	SI02	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 1	E07	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Part 2	E08	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule BA-Part 3	E09	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1	E10	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3M-International	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3N-Reinsurance – Nonproportional Assumed Property	65
Schedule D-Part 3	E13	Schedule P-Part 3O-Reinsurance – Nonproportional Assumed Liability	65
Schedule D-Part 4	E14	Schedule P-Part 3P-Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule D-Part 5	E15	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3T-Warranty	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DA-Part 1	E17	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DB-Verification	SI14	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule DL-Part 1	E24	Schedule P-Part 4M-International	69
Schedule DL-Part 2	E25	Schedule P-Part 4N-Reinsurance – Nonproportional Assumed Property	70
Schedule E-Part 1-Cash	E26	Schedule P-Part 4O-Reinsurance – Nonproportional Assumed Liability	70
Schedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4P-Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule E-Part 3-Special Deposits	E28	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 1	20	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 2	21	Schedule P-Part 4T-Warranty	71
Schedule F-Part 3	22	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 4	27	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 5	28	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 6	29	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule P-Part 1-Summary	33	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6M-International	86
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6N-Reinsurance – Nonproportional Assumed Property	87
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6O-Reinsurance – Nonproportional Assumed Liability	87
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1M-International	49	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1N-Reinsurance – Nonproportional Assumed Property	50	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1O-Reinsurance – Nonproportional Assumed Liability	51	Schedule P-Interrogatories	93
Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines	52	Schedule T-Exhibit of Premiums Written	94
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule T-Part 2-Interstate Compact	95
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Schedule Y-Detail of Insurance Holding Company System	97
Schedule P-Part 1T-Warranty	56	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Statement of Income	4
Schedule P-Part 2A-Homeowners/Farmowners	57	Summary Investment Schedule	SI01
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58	Underwriting and Investment Exhibit Part 3	11
Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58		