
AMENDED FILING EXPLANATION

An error was discovered between Accident Years on Sch P after the filing was already uploaded to the NAIC website.



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

Infinity Assurance Insurance Company

NAIC Group Code.....	0215, 3495	NAIC Company Code.....	39497	Employer's ID Number.....	75-1227771
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry	OH	Country of Domicile	US
Incorporated/Organized.....	June 3, 1980			Commenced Business.....	July 11, 1980
Statutory Home Office	1400 Provident Tower, One East Fourth Street .. Cincinnati .. OH 45202				
	(Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	2201 4th Avenue North .. Birmingham .. AL 35203-3863			205-870-4000	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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)				
Primary Location of Books and Records	2201 4th Avenue North .. Birmingham .. AL 35203-3863			205-870-4000	
	(Street and Number) (City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)	
Internet Web Site Address	www.infinityauto.com				
Statutory Statement Contact	Rachelle Shealy Talley			205-803-8326	
	(Name)			(Area Code) (Telephone Number)	
	rachelle.talley@kemper.com			205-803-8080	
	(E-Mail Address)			(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

This20thday ofFebruary,2019

My Commission Expires April 15, 2021

a. Is this an original filing?

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No []

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....	13,624	4,070		9,554		2,849	2,849		549	549	1,433	211
17.2 Other liability-claims-made.....	22,754	20,117		10,962		6,968	14,082	5,125	6,467	2,712	2,292	338
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....	1,679,921	1,887,689		757,632	1,698,471	1,128,393	3,565,290	157,526	35,267	273,845	173,353	25,580
19.2 Other private passenger auto liability.....	3,118,212	3,700,230		1,349,992	4,135,653	2,603,042	2,054,566	156,379	66,263	259,222	321,779	47,482
19.3 Commercial auto no-fault (personal injury protection).....	2,980,808	2,782,930		1,521,739	1,314,543	1,544,918	998,467	36,689	79,209	94,008	307,739	45,410
19.4 Other commercial auto liability.....	14,609,543	13,009,911		7,570,343	4,782,735	8,220,816	8,285,893	84,785	318,090	611,224	1,508,320	222,568
21.1 Private passenger auto physical damage.....	1,795,234	2,178,667		777,743	1,130,854	1,109,821	(40,639)	17,525	7,762	22,351	185,388	27,356
21.2 Commercial auto physical damage.....	3,537,296	3,200,591		1,810,315	1,581,971	1,609,665	250,222	16,693	32,567	36,594	365,046	53,866
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).....	27,757,392	26,784,205	0	13,808,280	14,644,227	16,226,472	15,130,730	474,722	546,174	1,300,505	2,865,350	422,811

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 \$.....980,352.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....												
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.....												468
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												468
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	936

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....					58,354	(243,849)	492,128	4,181	54	19,399		
17.1 Other liability-occurrence.....	13,624	4,070		9,554		2,849	2,849		549	549	1,433	211
17.2 Other liability-claims-made.....	22,754	20,117		10,962		6,968	14,082	5,125	6,467	2,712	2,292	338
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....	1,679,921	1,887,689		757,632	1,702,479	1,130,255	3,572,735	157,526	34,648	274,092	173,353	25,580
19.2 Other private passenger auto liability.....	3,118,212	3,700,230		1,349,992	4,146,679	2,623,997	2,104,991	157,370	60,241	261,392	321,779	53,943
19.3 Commercial auto no-fault (personal injury protection).....	2,980,808	2,782,930		1,521,739	1,314,543	1,544,918	998,467	36,689	79,209	94,008	307,739	45,410
19.4 Other commercial auto liability.....	14,609,543	13,009,911		7,570,343	4,782,735	8,220,816	8,285,893	84,785	318,090	611,224	1,508,320	222,568
21.1 Private passenger auto physical damage.....	1,795,234	2,178,667		777,743	1,130,854	1,109,253	(42,208)	17,525	7,703	22,380	185,388	33,817
21.2 Commercial auto physical damage.....	3,537,296	3,200,591		1,810,315	1,581,971	1,609,665	250,222	16,693	32,567	36,594	365,046	53,866
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).....	27,757,392	26,784,205	0	13,808,280	14,717,615	16,004,872	15,679,159	479,894	539,528	1,322,350	2,865,350	435,733

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 \$.....980,352.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....					(792)	(4,142)	24,319	991	(3,122)	707		344
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(472)	(1,395)		(63)	17		344
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	(792)	(4,614)	22,924	991	(3,185)	724	0	688

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF MISSOURI 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.....					(800)	(938)	262		(649)	31		776
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(46)	(59)					776
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	(800)	(984)	203	0	(649)	31	0	1,552

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497 BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
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.....												125
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												125
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	250

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....					58,354	(243,849)	492,128	4,181	54	19,399		
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).....						22	22		(10)			
19.2 Other private passenger auto liability.....												570
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												570
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	58,354	(243,827)	492,150	4,181	44	19,399	0	1,140

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

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.....						(13)	8		(1)			480
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(3)	(3)					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	(16)	5	0	(1)	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)



NAIC Group Code.....0215 NAIC Company Code....39497

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).....					4,008	1,840	7,423		(609)	247		
19.2 Other private passenger auto liability.....					12,618	26,142	25,214		(1,535)	1,329		2,899
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(43)	(71)		4	11		2,898
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	16,626	27,939	32,566	0	(2,140)	1,587	0	5,797

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
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.....						(94)	622		(715)	103		799
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(4)	(41)			1		800
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	(98)	581	0	(715)	104	0	1,599

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

SCHEDULE F - PART 1

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

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

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

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on								16	Reinsurance Payable		19	20	
						7	8	9	10	11	12	13	14		15	17			18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
Authorized Affiliates-U.S. Intercompany Pooling																			
31-0943862.	22268...	Infinity Insurance Company.....	IN.....	.....	.....27,757	.....16	.....	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....	.....1	.....	.....31,874	.....
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....				.....27,757	.....16	.....0	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....0	.....1	.....0	.....31,874	.....0
0899999.	Total Authorized Affiliates.....				.....27,757	.....16	.....0	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....0	.....1	.....0	.....31,874	.....0
Authorized Other U.S. Unaffiliated Insurers																			
75-0784127.	33014...	Transport Insurance Company.....	OH....	.....	.....	.....	.....	.....378	.....	.....114	.....58	.....	.....	.....550	.....	.....	.....	.....550	.....
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....				.....0	.....0	.....0	.....378	.....0	.....114	.....58	.....0	.....0	.....550	.....0	.....0	.....0	.....550	.....0
1499999.	Total Authorized Excluding Protected Cells.....				.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....0
4399999.	Total Authorized, Unauthorized and Certified Excluding Protected Cells.....				.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....0
9999999.	Totals (Sum of 4399999 and 4499999).....				.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....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								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	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)	Stressed Recoverable (Col. 28 * 120%)	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	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.....					.....1	.....31,874	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	...XXX.....	.....XXX.....	.....XXX.....
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....	.....0	.....0	...XXX...	.....0	.....1	.....31,874	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	...XXX.....	.....XXX.....	.....XXX.....
0899999.	Total Authorized Affiliates.....	.....0	.....0	...XXX...	.....0	.....1	.....31,874	.....0	.....0	.....0	.....0	.....0	.....0	.....0	...XXX.....	.....0	.....0
Authorized Other U.S. Unaffiliated Insurers																	
75-0784127.	Transport Insurance Company.....					.....0	.....550	.....0	.....550	.....660	.....0	.....660	.....0	.....660	.....7	.....0	.....66
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....	.....0	.....0	...XXX...	.....0	.....0	.....550	.....0	.....550	.....660	.....0	.....660	.....0	.....660	...XXX.....	.....0	.....66
1499999.	Total Authorized Excluding Protected Cells.....	.....0	.....0	...XXX...	.....0	.....1	.....32,424	.....0	.....550	.....660	.....0	.....660	.....0	.....660	...XXX.....	.....0	.....66
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.	.....0	.....0	...XXX...	.....0	.....1	.....32,424	.....0	.....550	.....660	.....0	.....660	.....0	.....660	...XXX.....	.....0	.....66
9999999.	Totals (Sum of 4399999 and 4499999).....	.....0	.....0	...XXX...	.....0	.....1	.....32,424	.....0	.....550	.....660	.....0	.....660	.....0	.....660	...XXX.....	.....0	.....66

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 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue (Col. 42 / Col. 43)	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	52 Is the Amount in Col. 50 Less than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue					43 Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue (Cols. 38 + 39 + 40 +41)												
Authorized Affiliates-U.S. Intercompany Pooling																			
31-0943862.	Infinity Insurance Company.....	.....16	.....	.....	.....	.....	.....0	.....16	.....	.....	.....16	.....0	.....	.....0.0	.....0.0	.....0.0	.....0.0	YES....	.....0
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....	.....16	.....0	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....0
0899999.	Total Authorized Affiliates.....	.....16	.....0	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....0
Authorized Other U.S. Unaffiliated Insurers																			
75-0784127.	Transport Insurance Company.....	.....	.....	.....	.....	.....	.....0	.....0	.....	.....	.....0	.....0	.....	.....0.0	.....0.0	.....0.0	.....0.0	YES....	.....0
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....0
1499999.	Total Authorized Excluding Protected Cells.....	.....16	.....0	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.....	.....16	.....0	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....0
9999999.	Totals (Sum of 4399999 and 4499999).....	.....16	.....0	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX.	.....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	2	3
Name of Reinsurer	Commission Rate	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	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated YES or NO
6. Infinity Insurance Company.....	.....31,875	.....27,757	.....YES.....
7. Transport Insurance Company.....	.....550	.....	.....NO.....
8. ....	.....	.....	.....
9. ....	.....	.....	.....
10.....	.....	.....	.....

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

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).....	7,020,446		7,020,446
2. Premiums and considerations (Line 15).....	995		995
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	16,193	(16,193)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	78,109		78,109
6. Net amount recoverable from reinsurers.....		32,505,991	32,505,991
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	7,115,743	32,489,798	39,605,541
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....		18,579,646	18,579,646
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	7,483	102,867	110,350
11. Unearned premiums (Line 9).....		13,808,280	13,808,280
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).....	995	(995)	0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	1,462,950		1,462,950
19. Total liabilities excluding protected cell business (Line 26).....	1,471,428	32,489,798	33,961,226
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	5,644,315	XXX	5,644,315
22. Totals (Line 38).....	7,115,743	32,489,798	39,605,541

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:

For pooling information see Note 26 in the Notes to Financial Statements. Other reinsurers included in the restatement are shown on Schedule F, Part 3.

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....(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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0	.....0	.....2	.....2	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 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

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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....8.....	.....8.....	.....0.....	.....0.....	.....0.....	.....0.....	.....	.....	.....0.....	.....0.....	.....	.....0.....	.....0.....
2. 2009.....	.....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.....
4. 2011.....	.....0.....	.....0.....	.....1.....	.....1.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....	.....0.....	.....0.....
5. 2012.....	.....1.....	.....1.....	.....1.....	.....1.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....	.....0.....	.....0.....
6. 2013.....	.....5.....	.....5.....	.....3.....	.....3.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....	.....0.....	.....1.....
7. 2014.....	.....4.....	.....4.....	.....7.....	.....7.....	.....1.....	.....1.....	.....1.....	.....1.....	.....1.....	.....1.....	.....	.....0.....	.....1.....
8. 2015.....	.....7.....	.....7.....	.....18.....	.....18.....	.....2.....	.....2.....	.....1.....	.....1.....	.....2.....	.....2.....	.....	.....0.....	.....2.....
9. 2016.....	.....17.....	.....17.....	.....26.....	.....26.....	.....4.....	.....4.....	.....3.....	.....3.....	.....4.....	.....4.....	.....	.....0.....	.....3.....
10. 2017.....	.....41.....	.....41.....	.....41.....	.....41.....	.....6.....	.....6.....	.....4.....	.....4.....	.....9.....	.....9.....	.....	.....0.....	.....5.....
11. 2018.....	.....123.....	.....123.....	.....164.....	.....164.....	.....7.....	.....7.....	.....8.....	.....8.....	.....33.....	.....33.....	.....	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0.....	.....0.....
2. 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.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....(0).....	.....	.....	.....	.....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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0	.....0	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
2. 2009.....	.....	.....	.....	.....	.....0	.....0	.....	.....	.....0	.....0	.....	.....0	.....
3. 2010.....	.....	.....	.....	.....	.....0	.....0	.....	.....	.....0	.....0	.....	.....0	.....
4. 2011.....	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0.....	.....0.....
2. 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	.....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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(0)	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....(0)	.....0
2. 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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....		.....(0).....						.....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.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....(0).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0	.....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	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0.....	.....0.....
2. 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.....	.....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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....								.....0	.....XXX.....
2. 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
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....(0)	.....0	.....(0)	.....0	.....(0)	.....0	.....0	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 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
11. 2018.....	.....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	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35	36
										Losses Unpaid	Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 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	.....16.4	.....0.0	.....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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 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
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2017.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
3. 2018.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....(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
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	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	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.....
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)	.....(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.....
12. Totals											.....(0)	.....(0)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										00
2. 2009.....										00
3. 2010.....	XXX.....									00
4. 2011.....	XXX.....	XXX.....								00
5. 2012.....	XXX.....	XXX.....	XXX.....							00
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....						00
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....					00
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				00
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			00
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.....
12. Totals										00

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

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

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

1. Prior.....											.....0	.....0
2. 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.....
12. Totals											.....0	.....0

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.....	...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.....
12. Totals											.....0	.....0

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.....	...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.....
12. Totals											.....0	.....0

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

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....											.....0	.....0
2. 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.....
12. Totals											.....0	.....0

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

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

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

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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.....	
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.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....291.....	.....485.....	.....581.....	.....119.....	.....91.....
10. 2017.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....266.....	.....551.....	.....107.....	.....86.....
11. 2018.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....515.....	.....78.....	.....84.....

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

1. Prior.....	.....000.....	.....4.....	.....7.....	.....8.....	.....8.....	.....8.....	.....8.....	.....8.....	.....8.....	.....8.....		
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.....										.....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 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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
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.....	.....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.....	.....XXX.....	.....0.....	

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.....	.....0.....
11. 2018.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...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.....	...XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

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 3K - FIDELITY/SURETY

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...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.....	...XXX.....

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

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...000.....	.....	.....	...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.....	...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.....	...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.....

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

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....175	.....46	
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....160	
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

1. Prior.....	.....8	.....3	.....1	.....1	.....0					
2. 2009.....	.....13	.....4	.....3	.....1	.....0	.....0	.....0			
3. 2010.....	XXX.....	.....15	.....6	.....2	.....1	.....0	.....0	.....0		
4. 2011.....	XXX.....	XXX.....	.....14	.....4	.....1	.....0	.....1	.....0	.....0	
5. 2012.....	XXX.....	XXX.....	XXX.....	.....16	.....2	.....1	.....1	.....1	.....0	
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....22	.....2	.....2	.....1	.....0	
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....18	.....3	.....2	.....2	
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....22	.....3	.....2	
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....28	.....7	
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....33	
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

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.....		
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

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.....		
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE

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

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

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		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

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

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

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

SECTION 2

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

SECTION 3

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

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

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

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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.....	0.....	0.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior.....										.0	
2. 2009.....	38	38	38	38	38	38	38	38	38	38	
3. 2010.....	XXX	45	45	45	45	45	45	45	45	45	
4. 2011.....	XXX	XXX	50	50	50	50	50	50	50	50	
5. 2012.....	XXX	XXX	XXX	57	57	57	57	57	57	57	
6. 2013.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	80	80	80	80	80	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	96	96	96	96	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111	111	111	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 Prems.(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 Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior.....										.0	
2. 2009.....	3	3	3	3	3	3	3	3	3	3	
3. 2010.....	XXX	3	3	3	3	3	3	3	3	3	
4. 2011.....	XXX	XXX	4	4	4	4	4	4	4	4	
5. 2012.....	XXX	XXX	XXX	5	5	5	5	5	5	5	
6. 2013.....	XXX	XXX	XXX	XXX	6	6	6	6	6	6	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	8	8	8	8	8	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	10	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20
13. Earned Prems.(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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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 Prems.(P-Pt 1)										XXX	

SECTION 2

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

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

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

SECTION 2

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

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

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

SECTION 2A

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

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

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

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

SCHEDULE P - PART 6M - INTERNATIONAL

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

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

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 Assurance Insurance Company

SCHEDULE P INTERROGATORIES

1.

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

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

Yes [] No [X]
- 1.2

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

.....
- 1.3

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

Yes [] No []
- 1.4

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

Yes [] No []
- 1.5

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

Yes [] No [] N/A[]
- 1.6

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1	2
		Section 1: Occurrence	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.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
97	..... 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.....	.....
	..... Kemper Corporation.....	00000..	77-0472398..	.....	.....	.....	Alliance United Insurance Services, LLC.....	CA.....	NIA.....	Alliance United Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
	..... Kemper Corporation.....	00000..	03-0483872..	.....	.....	.....	Infinity Property and Casualty Corporation.....	OH.....	UIP.....	Kemper Corporation.....	.....	.....	Kemper Corporation.....	...N.....	.....
	..... 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.....	.....
	..... 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.....	RE.....	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.....	.....
	..... Kemper Corporation.....	00000..	75-2280915..	.....	.....	.....	Leader Mananging General Agency, Inc.....	TX.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
	..... 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.....	IA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
	..... Kemper Corporation.....	00000..	58-1293110..	.....	.....	.....	Infinity Insurance Agency, Inc.....	AL.....	NIA.....	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.....	.....
	..... Kemper Corporation.....	00000..	58-1080659..	.....	.....	.....	Infinity Property and Casualty Services, Inc.....	GA.....	NIA.....	Infinity Standard Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
	..... 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.....
	..... Kemper Corporation.....	00000..	31-1357130..	.....	.....	.....	The Infinity Group, Inc.....	IN.....	NIA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
	..... Kemper Corporation.....	00000..	27-3557296..	.....	.....	.....	KAHG LLC.....	IL.....	NIA.....	Kemper Corporation.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	1.....
	..... 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.....	.....
	..... Kemper Corporation.....	00000..	.....	.....	.....	.....	Capitala 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.....	.....
	..... 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

97.1

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..	.....	.....	.....	Merastar Industries LLC.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	1.....
0215	Kemper Corporation.....	31968...	62-0928337..	.....	.....	.....	Merastar Insurance Company.....	IL.....	IA.....	Merastar Industries LLC.....	Ownership.....	...100.000	Kemper Corporation.....	...N.....	.....
.....	Kemper Corporation.....	00000...	20-3046396..	.....	.....	.....	Security One Agency LLC.....	IL.....	NIA.....	Merastar 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.....	.....
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	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.....	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.....	.....

Asteri	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
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)	.....1,423,247,356
00000.....	74-2641866.....	Infinity Agency of Texas.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
39497.....	75-1227771.....	Infinity Assurance Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....
11738.....	34-0927698.....	Infinity Auto Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....(173,940,031)
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)	.....175,385,073
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	.....(1,429,048,822)
38156.....	39-1344101.....	Alpha Property & Casualty Insurance Company.....	.....	.....	.....	.....	.....(13,473,001)	.....	.....	.....	.....(13,473,001)	.....(6,343,786)
00000.....	.....	Capitala Senior Liquid Loan Fund I, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
37524.....	75-1636168.....	Charter Indemnity Company.....	.....	.....	.....	.....	.....(2,979,910)	.....	.....	.....	.....(2,979,910)	.....(2,054,640)
00000.....	04-3294619.....	Direct Response Corporation.....	.....	.....	.....	.....	.....876,701	.....	.....	.....	.....876,701	.....
43044.....	04-2794993.....	Response Insurance Company.....	.....	.....	.....	.....	.....(1,706,804)	.....	.....	.....	.....(1,706,804)	.....(364,517)
39004.....	91-1119010.....	Kemper Financial Indemnity Company.....	.....	.....	.....	.....	.....(7,706)	.....	.....	.....	.....(7,706)	.....15,489
26050.....	39-1341441.....	Response Worldwide Insurance Company.....	.....	.....	.....	.....	.....18,169	.....	.....	.....	.....18,169	.....136,966
26085.....	36-3423817.....	Warner Insurance Company.....	.....	.....	.....	.....	.....(6,530)	.....	.....	.....	.....(6,530)	.....84,346
20133.....	61-6027355.....	Response Worldwide Direct Auto Insurance Company.....	.....	.....	.....	.....	.....19,690	.....	.....	.....	.....19,690	.....19,348
19852.....	95-1466743.....	Financial Indemnity Company.....	.....	.....	.....	.....	.....(42,847,188)	.....	.....	.....	.....(42,847,188)	.....(15,297,740)
00000.....	75-1865314.....	Kemper General Agency, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10914.....	36-4230019.....	Kemper Independence Insurance Company.....	.....	.....	.....	.....	.....(53,754,779)	.....	.....	.....	.....(53,754,779)	.....39,992,222
00000.....	98-0426067.....	Merastar Industries LLC.....	.....850,000	.....	.....	.....	.....2,057	.....	.....	.....	.....852,057	.....
31968.....	62-0928337.....	Merastar Insurance Company.....	.....	.....	.....	.....	.....254,736,423	.....	.....	.....	.....254,736,423	.....(277,446)
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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000.....	75-2538407.....	NCM Management Corporation.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
29351.....	74-1084315.....	Unitrin County Mutual Insurance Company.....	.....	.....	.....	.....	.....(15,952,919)	.....	.....	.....	.....(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)	.....(2,430,816)	.....	.....	.....(10,529,830)	.....2,023,049
11142.....	23-1614367.....	United Casualty Insurance Company of America.....	.....	.....	.....	.....	.....(13,328,999)	.....(3,545,310)	.....	.....	.....(16,874,309)	.....1,121,369
10881.....	13-3974181.....	Unitrin Advantage Insurance Company.....	.....	.....	.....	.....	.....334,224	.....	.....	.....	.....334,224	.....911,142
16063.....	52-1752227.....	Unitrin Auto and Home Insurance Company.....	.....	.....	.....	.....	.....(25,617,557)	.....	.....	.....	.....(25,617,557)	.....(12,021,613)
10226.....	36-4013825.....	Unitrin Direct Insurance Company.....	.....	.....	.....	.....	.....(5,987,174)	.....	.....	.....	.....(5,987,174)	.....1,132,727
10915.....	36-4230008.....	Unitrin Direct Property & Casualty Company.....	.....	.....	.....	.....	.....(810,713)	.....	.....	.....	.....(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)	.....(6,480,799)
40703.....	39-1401314.....	Unitrin Safeguard Insurance Company.....	.....	.....	.....	.....	.....(20,034,402)	.....	.....	.....	.....(20,034,402)	.....14,023,794
10698.....	93-1217821.....	Valley Property & Casualty Insurance Company.....	.....	.....	.....	.....	.....(3,135,897)	.....	.....	.....	.....(3,135,897)	.....228,050
69930.....	36-1896670.....	United Insurance Company of America.....	.....(84,700,000)	.....(19,000,000)	.....	.....	.....17,329,538	.....28,384,117	.....	.....(55,000,000)	.....(112,986,345)	.....(1,318,637,350)
66397.....	63-0148960.....	Mutual Savings Life Insurance Company.....	.....	.....	.....	.....	.....(20,973,337)	.....	.....	.....	.....(20,973,337)	.....
31178.....	63-0599704.....	Mutual Savings Fire Insurance Company.....	.....	.....	.....	.....	.....(2,567,445)	.....(475,154)	.....	.....	.....(3,042,599)	.....595,887
68462.....	73-0661453.....	Reserve National Insurance Company.....	.....	.....19,000,000	.....	.....	.....(10,045,214)	.....	.....	.....	.....8,954,786	.....
00000.....	73-1281615.....	Summerset Marketing Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
00000.....	73-1354019.....	National Association of Self-Employed Business Owners.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
00000.....	73-1288167.....	Rural American Consumers a National Association.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
68357.....	43-0476110.....	The Reliable Life Insurance Company.....	.....	.....	.....	.....	.....(7,626,421)	.....(21,976,291)	.....	.....	.....(29,602,712)	.....821,928,336
00000.....	43-1511864.....	Family Security Funerals Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
29211.....	75-0774903.....	Capitol County Mutual Fire Insurance Company.....	.....	.....	.....	.....	.....	.....(6,166,625)	.....	.....	.....(6,166,625)	.....1,716,674
36625.....	43-1156323.....	Old Reliable Casualty Company.....	.....	.....	.....	.....	.....(2,295,381)	.....(821,149)	.....	.....	.....(3,116,530)	.....664,937
69779.....	72-0340280.....	Union National Life Insurance Company.....	.....	.....	.....	.....	.....(362,781)	.....(6,407,826)	.....	.....	.....(6,770,607)	.....496,709,013
9999999.....	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
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%			

Infinity Assurance Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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:

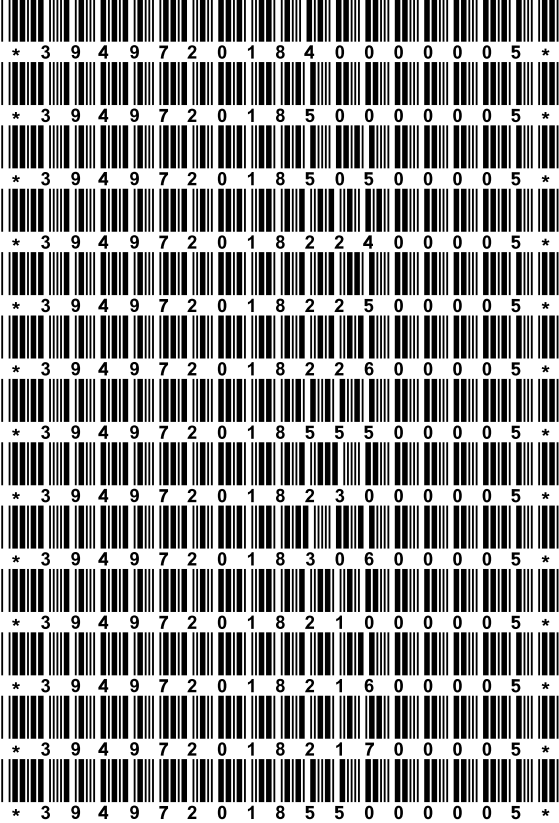
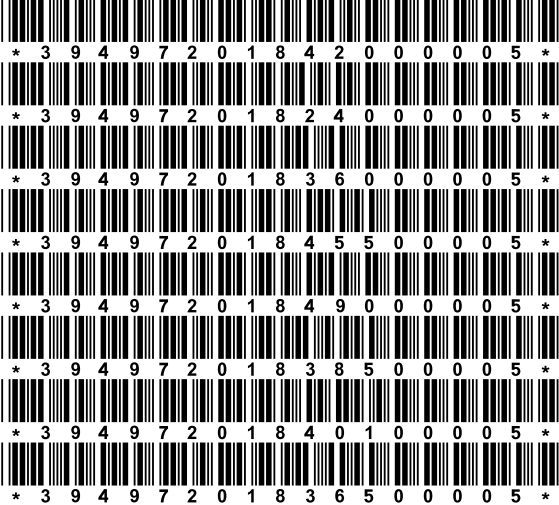
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.



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



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