

ANNUAL STATEMENT

For the Year Ended

December 31 , 2019

OF THE CONDITION AND AFFAIRS OF THE

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code	10272		
Home Office	13439 WOODWORTH RD	NEW SPRINGFIELD 44443	OH
	Street and Number	CityZip Code	
Mail Address	PO BOX 228	NEW SPRINGFIELD 44443	OH
	Street and Number	CityZip Code	
Main Administrative Office	330-549-2880		
	Telephone Number		
Organized	JANUARY 1, 1892	Commenced Business	SEPTEMBER 1, 1852
Annual Statement Contact Person	CHRISTINE A. SEIFERT	Telephone Number	330-549-2880
Contact Person Email Address	cseifert@springfieldmutual.com		

OFFICERS

President	J DANIEL SIMON	Vice President	LEE F KOHLER
Secretary	MARLENE M WENTZ	Treasurer	MARLENE M WENTZ

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

J DANIEL SIMON	LEE F KOHLER	DONALD H SNYDER, JR	MICHAEL W BACON
WYNN A COOPER	MARLENE M WENTZ		

State of Ohio

County of

MAHONING

J DANIEL SIMON	President and	MARLENE M WENTZ	Secretary of the
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION, being duly sworn each for himself/herself deposes and says, that they are the above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief, respectively.			

Subscribed and sworn to before me, this

day of 20

Notary Public

President
Secretary
Signature of Person Preparing Statement

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	317,597.37	0.00	317,597.37	290,189.12
3	Real estate (less liens, encumbrances) (Schedule A)	44,261.37	0.00	44,261.37	53,985.37
4	Cash (Schedule E)	3,439,567.19	0.00	3,439,567.19	3,309,970.86
5	Short-term investments		0.00	0.00	
6	Aggregate write-ins for invested assets		0.00	0.00	
7	Subtotals, cash and invested assets	3,801,425.93	0.00	3,801,425.93	3,654,145.35
8	Investment income due and accrued	8,707.28	0.00	8,707.28	7,108.70
9.1	Assessments or premiums in the course of collection (including agents balances)		0.00	0.00	
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due		0.00	0.00	
9.3	Earned but unbilled premiums (post assessment)	28,210.00	0.00	28,210.00	29,740.50
10.1	Amounts recoverable from reinsurers	23,015.00	0.00	23,015.00	66,512.00
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon	11,489.87	0.00	11,489.87	
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment		0.00	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00	0.00
16	Total Assets	3,872,848.08	0.00	3,872,848.08	3,757,506.55
	Details of Write-Ins for Assets:				
1501				0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2019

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	64,243.00	67,420.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	5,000.00	5,000.00
3	Commissions due and payable to agents	23,204.37	23,734.14
4	Other expenses (excluding taxes, licenses and fees)	2,055.84	2,040.29
5	Taxes, licenses and fees (excluding federal income taxes)	654.96	643.84
6	Current federal income taxes (including \$0 on realized capital gains (losses))		
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	620,877.75	635,570.75
10	Advance premium		
11	Ceded reinsurance premiums payable	35,458.00	38,153.00
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others		
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	751,493.92	772,562.02
18	Surplus as regards policyholders	3,121,354.16	2,984,944.53
19	Total liabilities and surplus	3,872,848.08	3,757,506.55
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
STATEMENT OF INCOME

2019

		Current Year	Prior Year
	UNDERWRITING INCOME		
1.1	Gross Assessments/Premiums earned	2,056,169.83	2,124,534.24
1.2	Less: Return Assessments/Premiums earned	31,336.75	27,119.65
1.3	Direct Assessments/Premiums earned	2,024,833.08	2,097,414.59
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	863,979.00	878,184.79
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	1,160,854.08	1,219,229.80
	DEDUCTIONS		
2	Losses incurred (Underwriting Exhibit - Part 2)	600,953.60	526,317.56
3	Loss expenses incurred (Expense Exhibit)	83,730.49	70,926.08
4	Other underwriting expenses incurred (Expense Exhibit)	438,044.42	437,328.78
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	1,122,728.51	1,034,572.42
7	Net underwriting gain (loss)	38,125.57	184,657.38
	INVESTMENT INCOME		
8	Net investment income earned	50,716.85	41,253.03
9	Net realized capital gains (losses) less capital gains tax	0.00	
10	Net investment gain (loss)	50,716.85	41,253.03
	OTHER INCOME		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums	31,178.87	32,843.77
13	Aggregate write-ins for miscellaneous income	31,189.22	65,932.08
14	Total other income	62,368.09	98,775.85
15	Net income, after capital gains tax and before federal income taxes	151,210.51	324,686.26
16	Federal income taxes incurred	42,209.13	77,148.00
17	Net income	109,001.38	247,538.26
	SURPLUS ACCOUNT		
18	Surplus as regards policyholders, December 31 prior year	2,984,944.53	2,729,911.60
19	Net income	109,001.38	247,538.26
20	Change in net unrealized capital gains or (losses) less capital gains tax	27,408.25	7,494.67
21	Change in net deferred income tax		
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	136,409.63	255,032.93
26	Surplus as regards policyholders, December 31 current year	3,121,354.16	2,984,944.53
	DETAILS OF WRITE-INS		
0501			
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	misc income	5,613.09	37,954.31
1302	mine sub;uoi payments; wm payments	25,576.13	27,977.77
1303			
1304			
1399	Total Aggregate write-ins for miscellaneous income	31,189.22	65,932.08
2401			
2402			
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
CASH FLOW STATEMENT

2019

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	1,308,382.08	1,374,480.55
2	Net investment income	49,118.27	39,583.35
3	Miscellaneous income	63,525.28	97,035.73
4	Total	1,421,025.63	1,511,099.63
5	Benefit and loss related payments	646,706.82	562,753.64
6	Commissions, expenses paid and aggregate write-ins for deductions	591,023.48	590,331.53
7	Federal and foreign income taxes paid (recovered)	53,699.00	77,148.00
8	Total	1,291,429.30	1,230,233.17
9	Net cash from operations	129,596.33	280,866.46
Cash from Investments			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Real estate		
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	0.00	0.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	0.00	0.00
11.6	Net cash from investments	0.00	0.00
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		
13	Net cash from financing and miscellaneous sources	0.00	0.00
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	129,596.33	280,866.46
15.1	Beginning of year (cash, cash equivalents and short-term investments)	3,309,970.86	3,029,104.40
15.2	End of year (cash, cash equivalents and short-term investments)	3,439,567.19	3,309,970.86

**ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

2019

EXPENSE EXHIBIT

		Current Year
	Claim Adjusting:	
1.1	Direct	0.00
1.2	Reinsurance assumed	0.00
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
1.4	Net claim adjusting	0.00
	Commission and Brokerage:	
2.1	Direct commission and brokerage	298,088.43
2.2	Reinsurance assumed excluding contingent	
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	168,095.50
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	129,992.93
3	Allowances to managers and agents	0.00
4	Advertising	9,916.92
5	Boards, bureaus and associations	40.00
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
	Salary and related items:	
8.1	Salaries	150,000.25
8.2	Payroll taxes	11,834.81
9	Employee relations and welfare	
10	Insurance	
11	Directors' fees	32,100.00
12	Travel and travel items	179.30
13	Rent and rent items	0.00
14	Equipment	0.00
15	Cost or depreciation of EDP equipment and software	14,965.13
16	Printing and stationery	9,399.51
17	Postage, telephone, exchange and express	9,446.87
18	Legal and auditing	3,830.80
19	Loss adjustment expenses	83,730.49
18	Investment expenses	0.00
19	Totals	325,444.08
	Taxes, licenses and fees:	
20.1	State and local insurance taxes	263.12
20.2	Insurance department licenses and fees	4,242.00
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	4,505.12
21	Real estate expenses	3,287.14
22	Real estate taxes	2,742.68
23	Aggregate write-ins for miscellaneous expenses	55,802.96
24	Total expenses incurred (a)	521,774.91
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	521,774.91
	Details of Write-Ins:	
2301	utilities;security;trash;clen serv';awn serv	15,366.08
2302	E&O;dues/fees;bond;educ	22,311.30
2303	bk fee;relifund;prem ref;dep exp	18,125.58
2304		
2305		
2399	Total Write-ins	55,802.96

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

ANNUAL STATEMENT FOR THE YEAR2019

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	309,476,845	3,345
2	Written during the year	37,538,645	395
3	Total	347,015,490	3,740
4	Deduct those expired and cancelled	44,333,150	479
5	In force December 31 of current year	302,682,340	3,261
6	Deduct amount reinsured	121,958,943	XXX
7	Net amount in force	180,723,397	XXX

UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED

1	2	3	4	5	6
Lines of Business	Direct Losses Incurred	Losses Incurred on Reinsurance Assumed	Deduct: Reinsurance Recovered on Incurred Losses	Deduct: Salvage and Subrogation Converted To Cash	* Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5
PHYSICAL DAMAGE TO PROPERTY	1,035,125.45		431,829.12	2,342.73	600,953.60
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 1,035,125.45	\$ -	\$ 431,829.12	\$ 2,342.73	\$ 600,953.60

* Total should equal Line 2, Page 4, Current Year.

UNDERWRITING EXHIBIT - PART 2A
UNPAID LOSSES and LOSS ADJUSTMENT EXPENSES

1	2	3	4	5	6
Lines of Business	Direct Unpaid Losses	Unpaid Losses on Reinsurance Assumed	Deduct: Reinsurance Recoverable on Unpaid Losses	** Unpaid Loss Adjustment Expenses	*** Net Unpaid Losses Columns 2 and 3 minus Column 4
PHYSICAL DAMAGE TO PROPERTY	67,258.00		23,015.00	5,000.00	44,243.00
IBNR	20,000.00				20,000.00
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 87,258.00	\$ -	\$ 23,015.00	\$ 5,000.00	\$ 64,243.00

** Total should equal Line 2, Page 3, Current Year.

*** Total should equal Line 1, Page 3, Current Year.

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2019

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1	Bonds			0.00
2	Preferred and common stocks and mutual funds			0.00
3	Real estate (less liens, encumbrances)			0.00
4	Cash			0.00
5	Short-term investments			0.00
6	Aggregate write-ins for invested assets			0.00
7	Subtotals, cash and invested assets	0.00	0.00	0.00
8	Investment income due and accrued			0.00
9.1	Assessments or premiums in the course of collection (including agents balances)			0.00
9.2	Premium receivable for advance pay			0.00
9.3	Earned but unbilled premiums (post assessment)			0.00
10.1	Amounts recoverable from reinsurers			0.00
10.2	Funds held by or deposited with reinsured companies			0.00
11.1	Current federal income tax recoverable and interest thereon			0.00
11.2	Net deferred tax asset			0.00
12	Electronic data processing equipment and software			0.00
13	Furniture and equipment			0.00
14	Receivables from parent, subsidiaries and affiliates			0.00
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00
16	Total Assets	0.00	0.00	0.00
	Details of Write-Ins for Assets:			
1501		0.00	0.00	0.00
1502		0.00	0.00	0.00
1503		0.00	0.00	0.00
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00

SCHEDULE A

Showing All Real Estate OWNED December 31 of Current Year

1	2	3	4	5	6	7	8	9	10
Description of Property	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7) *	Gross Income Current Year (Real Estate)	Gross Expenses Current Year (Real Estate)
HOME OFFICE	2/1/1991	SPRINGFIELD TWP MUT	311,263.37		267,002.00		44,261.37		1,326.14
							-		
							-		
							-		
							-		
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ 311,263.37	\$ -	\$ 267,002.00	\$ -	\$ 44,261.37	\$ -	\$ 1,326.14

*Total to agree with Page 2, Line 3, Current Year.

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles OWNED December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)
OFFICE EQUIPMENT	2/1/1991	SPRINGFIELD TWP MUT	25,736.23		25,736.23		-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
OVERFLOW AMOUNTS							-
Totals	XXX	XXX	\$ 25,736.23	\$ -	\$ 25,736.23	\$ -	\$ -

Showing all Preferred & Common Stocks and Mutual Funds Owned December 31 of Current Year

12

REINSURANCE SCHEDULE

Reinsurance Ceded and Reinsurance Assumed

1	2	3	4	5	6	7	8
Reinsurer or Reinsured	Ceded or Assumed	Location of Company	Total Amount Reinsured	Total Premiums Ceded *	Total Premiums Assumed **	Largest Risk Ceded or Assumed	Remarks
AM AG	18.50%	CT	23,655,114	159,836.00			
ASPEN	2.30%	NY	2,940,906	19,872.00			
BERKLEY	14%	CT	17,901,168	120,957.00			
HANNOVER	6.50%	NY	8,311,256.00	56,159.00			
REINAISSANCE RE	4%	DC	5,114,619	34,559.00			
SWISS RE	18.50%	NY	23,655,114	159,836.00			
TOA RE	9.20%	NY	11,763,624	79,486.00			
REGIONAL TREATY	27%	CT	34,523,682	233,274.00			
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ 127,865,483	\$ 863,979.00	\$ -	XXX	XXX

*Total to agree with Page 4, Line 1.4, Current Year.

****Total to agree with Page 4, Line 1.5, Current Year.**

COMPENSATION SCHEDULE

Show all salaries, commissions, claim adjustment expenses, directors fees and expenses, and travel items paid in the current year for the top 5 officers/employees and all directors, travel or car allowances, if paid, are to be included.

1	2	3	4	5 Claim Adjustment Expenses	6 Directors Fees & Expenses	7 Travel & Travel Items	8 All Other	9
Name of Payee	Title	Salaries	Commissions					Total
Officers/Employees:								
1) J DANIEL SIMON	PRES/DIRECTOR		16,138.52		6,300.00	179.30		\$ 22,617.82
2) LEE F KOHLER	VICE PRES/DIRECTOR				5,400.00			\$ 5,400.00
3) MARLENE M WENTZ	SEC'Y-TREAS	56,000.16			5,100.00			\$ 61,100.16
4) CHRISTINE A SEIFERT	ASS'T SECY-TREAS/UW	52,000.08						\$ 52,000.08
5) CASEY L HARTLEY	CSR/UW	42,000.01						\$ 42,000.01
								\$ -
Directors:								
DONALD H SNYDER JR					5,100.00			\$ 5,100.00
MICHAEL W BACON					5,100.00			\$ 5,100.00
WYNN A COOPER					5,100.00			\$ 5,100.00
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 150,000.25	\$ 16,138.52	\$ -	\$ 32,100.00	\$ 179.30	\$ -	\$ 198,418.07

GENERAL INTERROGATORIES

(Answer all questions and attach additional sheets if necessary.)

1. Company's retention:	Fire	\$40,000	Wind	\$40,000	Other	\$40,000
1a. Retention before reinsurance applies for:	Catastrophe Reinsurance				Aggregate excess of loss	
2. What is the largest risk assumed and retained:		\$40,000				
3. What kind of perils are being covered?	FIRE & EXTENDED COVERAGE					
4. Have the by-laws been amended during the current year?		NO	If so, were such amendments filed with the Ohio Department of Insurance?			
5. In what counties does the Company operate:	STATE OF OHIO					
6. Name of Principal Officer and amount of bond.	MARLENE M WENTZ \$100,000					
7. Are all of the persons who handle funds of the Company bonded?	Yes	X	No			
State the name and amount of each bond on each, except person named in Item 6 above.				CHRISTINE A SEIFERT \$100,000		
CASEY L HARTLEY \$100,000						
8. Does the Company have an annual audit conducted by an independent CPA?			No			
9. State the number of members holding policies in the Company.			3345			
10. Was an annual report of the Company made available to each policyholder?			YES	If so, did such report agree		
with the annual statement filed with the Ohio Department of Insurance?			Yes			
11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance.					FEB 17 2017	
12. How many assessments were made during the year?			Date of last assessment	MONTHLY BILL		
13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment?					YES	
14. Rate of policy fee			0			
15. State the amount of borrowed money since date of last assessment			0	interest thereon	0	
16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement?						
			Yes		No	X
If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement.						

2019

Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan

[illegible]

*Total to agree with Page 2, Line 4, Current Year.

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2019

ORGANIZATIONAL CHART

LIST ALL ENTITIES THAT ARE MEMBERS OF AN INSURANCE COMPANY HOLDING SYSTEM AS
DEFINED IN ORC 3901.32

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
PARENT
OHIO CORPORATION - INSURER

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE AGENCY
SUBSIDIARY
OHIO CORPORATION - NO-INSURER

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
Overflow Page for Write-ins

2019

Additional Write-ins for Assets:

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1504				0.00	
1505				0.00	
1506				0.00	
1597	Summary of remaining write-ins for Line 15 page 2	0.00	0.00	0.00	0.00

Additional Write-ins for Liabilities:

		Current Year	Prior Year
1604			
1605			
1606			
1697	Summary of remaining write-ins for Line 16 page 3	0.00	0.00

Additional Write-ins for Statement of Income:

		Current Year	Prior Year
	Summary of remaining write-ins for Statement of Income page 4	0.00	0.00

Additional Write-ins for Nonadmitted Assets:

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1504				0.00
1505				0.00
1506				0.00
1597	Summary of remaining write-ins for Line 15 page 9	0.00	0.00	0.00

2019

All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.

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