



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE  
ELEMENT INS CO

NAIC Group Code 0000 0000 NAIC Company Code 16867 Employer's ID Number 84-3656054  
(Current Period) (Prior Period)

Organized under the Laws of West Chester, State of Domicile or Port of Entry OH

Country of Domicile USA

Incorporated/Organized November 11, 2019 Commenced Business September 15, 2020

Statutory Home Office 6449 Allen Rd, West Chester, Ohio, USA 45069  
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 6449 Allen Rd, West Chester, Ohio, USA 45069 513-755-5780  
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6449 Allen Rd, West Chester, Ohio, USA 45069  
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6449 Allen Rd, West Chester, Ohio, USA 45069  
513-755-5780  
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address \_\_\_\_\_

Statutory Statement Contact Steven J Murry 513-755-5780  
(Name) (Area Code) (Telephone Number) (Extension)

smurry@elementcoverage.com  
(E-Mail Address) (Fax Number)

OFFICERS

Matthew Joseph Brands (Chief Executive Officer)  
Alison Brands Rice (Chief Financial Officer)  
Steven Joseph Murry (Chief Operating Officer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Ohio }  
County of Butler } SS

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.

Matthew Joseph Brands Alison Brands Rice Steven Joseph Murry  
Chief Executive Officer Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me this

Commission expires 8-16-22

- a. Is this an original filing? Yes (X) No ( )
- b. If no: 1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2020

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A&H (Group and Individual)												
15.1 Collectively Renewable A&H (b)												
15.2 Non-Cancelable A&H (b)												
15.3 Guaranteed Renewable A&H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A&H (b)												
15.8 Federal Employees Health Benefits Plan Premium												
16. Workers' Compensation												
17.1 Other Liability-Occurrence												
17.2 Other Liability-Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTAL (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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



ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

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16. Workers' Compensation												
17.1 Other Liability-Occurrence												
17.2 Other Liability-Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
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(a) Finance and service charges not included in Lines 1 to 35 \$ ..... (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

**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  Col. 6+7							

NONE

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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

NONE

SCHEDULE F - PART 3

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

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

NONE

SCHEDULE F - PART 3

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

1	3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number	Name of Reinsurer	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 (Col. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; but 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)

NONE

SCHEDULE F - PART 3

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

1	3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44	45	46	47	48	49	50	51	52	53	
ID Number	Name of Reinsurer	37  Current	Overdue					43  Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amount in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Recieved Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col.43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
			38	39	40	41	42 Total Overdue Cols. 38 + 39 + 40 + 41											
			1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days												

SCHEDULE F - PART 3

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

1	3	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number	Name of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Cols. 24) / Cols. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20 % of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverable (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20 % of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col 66)	20% of Amount Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers ( Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)

NONE

SCHEDULE F - PART 3

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

1	3	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
ID Number	Name of Reinsurer	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + )	Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provisions for Reinsurance (Cols. 75 + 76 + 77)

NONE

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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:

	<sup>1</sup> <u>Name of Reinsurer</u>	<sup>2</sup> <u>Commission Rate</u>	<sup>3</sup> <u>Ceded Premium</u>
1)		.....	.....
2)			.....
3)			.....
4)			.....
5)			.....

NONE

B. Report the five largest reinsurance recoverables reported in Schedule F , Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F , Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<sup>1</sup> <u>Name of Reinsurer</u>	<sup>2</sup> <u>Total Recoverables</u>	<sup>3</sup> <u>Ceded Premium</u>	<sup>4</sup> <u>Affiliated</u>
6)		.....	.....	..... Yes ( ) No ( )
7)		.....	.....	..... Yes ( ) No ( )
8)		.....	.....	..... Yes ( ) No ( )
9)		.....	.....	..... Yes ( ) No ( )
10)		.....	.....	..... Yes ( ) No ( )

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	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	2,596,363		2,596,363
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....			
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	2,596,363		2,596,363
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....			
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	103,333		103,333
11. Unearned premiums (Line 9) .....			
12. Advance premiums (Line 10) .....			
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....			
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....			
19. Total liabilities excluding protected cell business (Line 26) .....	103,333		103,333
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	2,493,030	X X X	2,493,030
22. Totals (Line 38) .....	2,596,363		2,596,363

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

If yes, give full explanation:

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written .....		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
2. Premiums earned .....		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
3. Incurred claims .....																		
4. Cost containment expenses .....																		
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....																		
6. Increase in contract reserves .....																		
7. Commissions (a) .....																		
8. Other general insurance expenses .....																		
9. Taxes, licenses and fees .....																		
10. Total other expenses incurred .....																		
11. Aggregate write-ins for deductions .....																		
12. Gain from underwriting before dividends or refunds .....																		
13. Dividends or refunds .....																		
14. Gain from underwriting after dividends or refunds .....																		
DETAILS OF WRITE-INS																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....																		
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....																		

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

NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other

PART 2 - RESERVES AND LIABILITIES

A. Premium Reserves:	NONE								
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:	NONE								
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:	NONE								
1. Total current year									
2. Total prior year									
3. Increase									

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

1. Claims paid during the year:	NONE								
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:	NONE								
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									

PART 4 - REINSURANCE

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

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

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

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 (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense	Inter-Company Pooling Participation Percentage	35  Losses Unpaid	36  Loss Expenses Unpaid
1. Prior .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
					<b>NONE</b>								
1. Prior													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense	Inter-Company Pooling Participation Percentage	35  Losses Unpaid	36  Loss Expenses Unpaid
1. Prior .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		and ned	22							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
					NONE								
1. Prior													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
					NONE								
1. Prior													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1F - SECTION 2  
MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1G - SPECIAL LIABILITY  
(OCEAN, MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	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									XXX
2. ....												XXX
3. ....												XXX
4. ....												XXX
5. ....												XXX
6. ....												XXX
7. ....												XXX
8. ....												XXX
9. ....												XXX
10. ....												XXX
11. ....												XXX
12. Totals .....	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		NONE		22						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed			
1. Prior ...													
2. ....													
3. ....													
4. ....													
5. ....													
6. ....													
7. ....													
8. ....													
9. ....													
10. ....													
11. ....													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense	Inter-Company Pooling Participation Percentage	35  Losses Unpaid	36  Loss Expenses Unpaid
1. Prior .	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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 (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

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 (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE P - PART 11 - 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	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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				NONE	ing and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR			22				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded						
1. Prior								Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. ....										
3. ....										
4. Totals										

	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 ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals .	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				NONE					ing and Other Unpaid		23	24	25		
	Case Basis		Bulk + IBNR							22	Salvage and Subrogation Anticipated				Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded												
1. Prior																
2.																
3.																
4. Totals																

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

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE P - PART 1K - FIDELITY / SURETY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				NONE	ing and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR			and ned	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded						
1. Prior										
2. ....										
3. ....										
4. Totals										

	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 ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals .	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE P - PART 1L - OTHER

(INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				NONE	ing and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR			22				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded						
1. Prior								Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. ....										
3. ....										
4. Totals										

	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 ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Totals .	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....

SCHEDULE P - PART 1M - INTERNATIONAL

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed
	1	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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
12. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17	18	19	20					
					NONE				and ned	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....

SCHEDULE P - PART 1N - REINSURANCE

Nonproportional Assumed Property (\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	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 .....	X X X	X X X	X X X									X X X
2. ....												X X X
3. ....												X X X
4. ....												X X X
5. ....												X X X
6. ....												X X X
7. ....												X X X
8. ....												X X X
9. ....												X X X
10. ....												X X X
11. ....												X X X
12. Totals .....	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17	18	19	20					
					NONE								
1. Prior													XXX
2.													XXX
3.													XXX
4.													XXX
5.													XXX
6.													XXX
7.													XXX
8.													XXX
9.													XXX
10.													XXX
11.													XXX
12. Totals													XXX

	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		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 10 - REINSURANCE

Nonproportional Assumed Liability (\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17	18	19	20	and ned	Ceded			
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
12. Totals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals ..	X X X	X X X	X X X	X X X	X X X	X X X	.....	.....	X X X	.....	.....

SCHEDULE P - PART 1P - REINSURANCE

Nonproportional Assumed Financial Lines (\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	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 .....	X X X	X X X	X X X									X X X
2. ....												X X X
3. ....												X X X
4. ....												X X X
5. ....												X X X
6. ....												X X X
7. ....												X X X
8. ....												X X X
9. ....												X X X
10. ....												X X X
11. ....												X X X
12. Totals .....	X X X	X X X	X X X									X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22					
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17	18	19	20							
					NONE						and ned	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior ...															XXX
2. ....															XXX
3. ....															XXX
4. ....															XXX
5. ....															XXX
6. ....															XXX
7. ....															XXX
8. ....															XXX
9. ....															XXX
10. ....															XXX
11. ....															XXX
12. Totals															XXX

	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		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

	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 .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1R - SECTION 2  
PRODUCTS LIABILITY - CLAIMS-MADE

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 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 (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior .....	X X X	X X X	X X X									X X X
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. Totals .....	X X X	X X X	X X X									X X X

	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 & Assumed
	Case Basis		Bulk + IBNR		and ned	22  Ceded							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
1. Prior					NONE								
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Totals .....	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE P - PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
	1	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 .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
3. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	X X X
4. Totals .....	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	Losses Unpaid				NONE	ing and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR			and ned	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded						
1. Prior										
2. ....										
3. ....										
4. Totals										

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE P - PART 1T - WARRANTY

(\$000 Omitted)

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

	Losses Unpaid				NONE						ing and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR								and ned	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded											
1. Prior															
2.															
3.															
4. Totals															

NONE

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

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 One Year	12 Two Year
1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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 One Year	12 Two Year
1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior .....												
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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	NONE	9	10	11 One Year	12 Two Year
1. Prior .....	XXX	XXX	XXX		.....	.....	.....	XXX
2. ....	XXX	XXX	XXX		.....	.....	.....	XXX
3. ....	XXX	XXX	XXX		XXX	.....	XXX	XXX
4. Totals							.....	.....

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	.....	.....
2. ....	XXX	XXX	XXX		.....	.....	.....	XXX
3. ....	XXX	XXX	XXX		XXX	.....	XXX	XXX
4. Totals							.....	.....

SCHEDULE P - PART 2K - FIDELITY SURETY

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	.....	.....
2. ....	XXX	XXX	XXX		.....	.....	.....	XXX
3. ....	XXX	XXX	XXX		XXX	.....	XXX	XXX
4. Totals							.....	.....

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

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	.....	.....
2. ....	XXX	XXX	XXX		.....	.....	.....	XXX
3. ....	XXX	XXX	XXX		XXX	.....	XXX	XXX
4. Totals							.....	.....

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior .....	.....	.....	.....	<div>NONE</div>	.....	.....	.....	.....	
2. ....	.....	.....	.....		.....	.....	.....	.....	
3. ....	XXX	.....	.....		.....	.....	.....	.....	
4. ....	XXX	XXX	.....		.....	.....	.....	.....	
5. ....	XXX	XXX	XXX		.....	.....	.....	.....	
6. ....	XXX	XXX	XXX		.....	.....	.....	.....	
7. ....	XXX	XXX	XXX		.....	.....	.....	.....	
8. ....	XXX	XXX	XXX		.....	.....	.....	.....	
9. ....	XXX	XXX	XXX		.....	.....	.....	.....	
10. ....	XXX	XXX	XXX		.....	.....	.....	XXX	
11. ....	XXX	XXX	XXX		xxx	xxx	xxx	xxx	xxx
12. Totals							.....	.....	

SCHEDULE P - PART 2N - REINSURANCE  
Nonproportional Assumed Property

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Year
1. Prior .....				NONE								
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX			XXX XXX
11. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2O - REINSURANCE  
Nonproportional Assumed Liability

1. Prior .....				NONE								
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX			XXX XXX
11. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2P - REINSURANCE  
Nonproportional Assumed Financial Lines

1. Prior .....				NONE								
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX			XXX XXX
11. ....	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX		XXX	XXX
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11 One Year	12 Two Year
1. Prior .....				NONE								
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior				NONE								
2.												
3.	XXX											
4.	XXX	XXX										
5.	XXX	XXX	XXX									
6.	XXX	XXX	XXX									
7.	XXX	XXX	XXX									
8.	XXX	XXX	XXX									
9.	XXX	XXX	XXX									
10.	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2S  
FINANCIAL GUARANTY

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	.....	.....
2. ....	XXX	XXX	XXX		XXX		XXX	XXX
3. ....	XXX	XXX	XXX					
					4. Totals			

SCHEDULE P - PART 2T

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	.....	XXX
2. ....	XXX	XXX	XXX		XXX	.....	.....	XXX
3. ....	XXX	XXX	XXX		.....	.....	XXX	XXX
					4. Totals	.....	.....	

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		
1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX						XXX			

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS). BOILER AND MACHINERY)

1. Prior .....	000										XXX	XXX
2. ....											XXX	XXX
3. ....	XXX										XXX	XXX
4. ....	XXX	XXX									XXX	XXX
5. ....	XXX	XXX	XXX								XXX	XXX
6. ....	XXX	XXX	XXX	XXX							XXX	XXX
7. ....	XXX	XXX	XXX	XXX							XXX	XXX
8. ....	XXX	XXX	XXX	XXX							XXX	XXX
9. ....	XXX	XXX	XXX	XXX							XXX	XXX
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior .....	000											
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
1. Prior .....	XXX	XXX	XXX	NONE							XXX	XXX
2. ....	XXX	XXX	XXX								XXX	XXX
3. ....	XXX	XXX	XXX								XXX	XXX

SCHEDULE P - PART 3J - DAMAGE TO CONTENTS

1. Prior .....	XXX	XXX	XXX	NONE								
2. ....	XXX	XXX	XXX									
3. ....	XXX	XXX	XXX								XXX	

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

1. Prior .....	XXX	XXX	XXX	NONE								
2. ....	XXX	XXX	XXX								XXX	XXX
3. ....	XXX	XXX	XXX								XXX	XXX

SCHEDULE P - PART 3L - OTHER SPECIAL PROPERTY (INCLUDING HEALTH)

1. Prior .....	XXX	XXX	XXX	NONE								
2. ....	XXX	XXX	XXX								XXX	XXX
3. ....	XXX	XXX	XXX								XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior .....	000			NONE								
2. ....											XXX	XXX
3. ....	XXX										XXX	XXX
4. ....	XXX	XXX									XXX	XXX
5. ....	XXX	XXX	XXX								XXX	XXX
6. ....	XXX	XXX	XXX								XXX	XXX
7. ....	XXX	XXX	XXX								XXX	XXX
8. ....	XXX	XXX	XXX								XXX	XXX
9. ....	XXX	XXX	XXX								XXX	XXX
10. ....	XXX	XXX	XXX								XXX	XXX
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3N - REINSURANCE  
Nonproportional Assumed Property

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
1. Prior .....	000			NONE							XXX	XXX
2. ....											XXX	XXX
3. ....	XXX										XXX	XXX
4. ....	XXX	XXX									XXX	XXX
5. ....	XXX	XXX	XXX								XXX	XXX
6. ....	XXX	XXX	XXX								XXX	XXX
7. ....	XXX	XXX	XXX								XXX	XXX
8. ....	XXX	XXX	XXX								XXX	XXX
9. ....	XXX	XXX	XXX								XXX	XXX
10. ....	XXX	XXX	XXX								XXX	XXX
11. ....	XXX	XXX	XXX								XXX	XXX

SCHEDULE P - PART 3O - REINSURANCE  
Nonproportional Assumed Liability

1. Prior .....	000			NONE							XXX	XXX
2. ....											XXX	XXX
3. ....	XXX										XXX	XXX
4. ....	XXX	XXX									XXX	XXX
5. ....	XXX	XXX	XXX								XXX	XXX
6. ....	XXX	XXX	XXX								XXX	XXX
7. ....	XXX	XXX	XXX								XXX	XXX
8. ....	XXX	XXX	XXX								XXX	XXX
9. ....	XXX	XXX	XXX								XXX	XXX
10. ....	XXX	XXX	XXX								XXX	XXX
11. ....	XXX	XXX	XXX								XXX	XXX

SCHEDULE P - PART 3P - REINSURANCE  
Nonproportional Assumed Financial Lines

1. Prior .....	000			NONE							XXX	XXX
2. ....											XXX	XXX
3. ....	XXX										XXX	XXX
4. ....	XXX	XXX									XXX	XXX
5. ....	XXX	XXX	XXX								XXX	XXX
6. ....	XXX	XXX	XXX								XXX	XXX
7. ....	XXX	XXX	XXX								XXX	XXX
8. ....	XXX	XXX	XXX								XXX	XXX
9. ....	XXX	XXX	XXX								XXX	XXX
10. ....	XXX	XXX	XXX								XXX	XXX
11. ....	XXX	XXX	XXX								XXX	XXX

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
1. Prior .....	000			NONE								
2. ....												
3. ....	XXX											
4. ....	XXX	XXX										
5. ....	XXX	XXX	XXX									
6. ....	XXX	XXX	XXX									
7. ....	XXX	XXX	XXX									
8. ....	XXX	XXX	XXX									
9. ....	XXX	XXX	XXX									
10. ....	XXX	XXX	XXX									
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000			NONE									
2.													
3.	XXX												
4.	XXX	XXX											
5.	XXX	XXX	XXX										
6.	XXX	XXX	XXX										
7.	XXX	XXX	XXX										
8.	XXX	XXX	XXX										
9.	XXX	XXX	XXX										
10.	XXX	XXX	XXX										
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P - PART 3S  
FINANCIAL GUARANTY

1. Prior .....	XXX	XXX	XXX	NONE	.....	.....	XXX	XXX
2. ....	XXX	XXX	XXX		.....	.....	XXX	XXX
3. ....	XXX	XXX	XXX		XXX	.....	XXX	XXX

SCHEDULE P - PART 3T

1. Prior .....	XXX	XXX	XXX	NONE				
2. ....	XXX	XXX	XXX					
3. ....	XXX	XXX	XXX		xxx			

SCHEDULE P - PART 4A  
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX								
6. ....	XXX	XXX								
7. ....	XXX	XXX								
8. ....	XXX	XXX								
9. ....	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E  
COMMERCIAL MULTIPLE PERIL

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX								
6. ....	XXX	XXX								
7. ....	XXX	XXX								
8. ....	XXX	XXX								
9. ....	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	X					XXX		
11. ....	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	8	9	10
1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

NONE

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

NONE

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

NONE

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

1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior .....				XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	
2. ....											
3. ....											
4. ....	XXX										
5. ....	XXX	XXX									
6. ....	XXX	XXX	XX								
7. ....	XXX	XXX	XX								
8. ....	XXX	XXX	XX								
9. ....	XXX	XXX	XX								
10. ....	XXX	XXX	XX								
11. ....	XXX	XXX	XXX								

NONE

SCHEDULE P - PART 4N - REINSURANCE  
Nonproportional Assumed Property

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX								
6. ....	XXX	XXX								
7. ....	XXX	XXX								
8. ....	XXX	XXX								
9. ....	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4O - REINSURANCE  
Nonproportional Assumed Liability

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4P - REINSURANCE  
Nonproportional Assumed Financial Lines

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	X							
6. ....	XXX	XXX	X							
7. ....	XXX	XXX	X							
8. ....	XXX	XXX	X							
9. ....	XXX	XXX	X							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX							
6. ....	XXX	XXX	XX							
7. ....	XXX	XXX	XX							
8. ....	XXX	XXX	XX							
9. ....	XXX	XXX	XX							
10. ....	XXX	XXX	XX					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX							
6. ....	XXX	XXX	XX							
7. ....	XXX	XXX	XX							
8. ....	XXX	XXX	XX							
9. ....	XXX	XXX	XX							
10. ....	XXX	XXX	XX					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior .....	XXX	XXX	XX							
2. ....	XXX	XXX	XX					XXX		
3. ....	XXX	XXX	XX					XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior .....	XXX	XXX	XX							
2. ....	XXX	XXX	XX					XXX		
3. ....	XXX	XXX	XX					XXX	XXX	

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
1. Prior .....										
2. ....										
3. ....										
4. ....	XXX									
5. ....	XXX	XXX								
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....										
4. ....	XXX									
5. ....	XXX	XXX								
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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
1. Prior .....										
2. ....										
3. ....										
4. ....	XXX									
5. ....	XXX	XXX								
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX\					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX\					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XX)					XXX		
11. ....	XXX	XXX	XXX\	^^^	^^^	^^^	^^^	XXX XXX	XXX	

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	

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

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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	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
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	XX)							
6. ....	XXX	XXX	XX)							
7. ....	XXX	XXX	XX)							
8. ....	XXX	XXX	XX)							
9. ....	XXX	XXX	XX)							
10. ....	XXX	XXX	XXX)					XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5T - WARRANTY  
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE			ED AT YEAR END		
	1	2	3	8	9	10
1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE			ED AT YEAR END		
	1	2	3	8	9	10
1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE			ED AT YEAR END		
	1	2	3	8	9	10
1. Prior .....	XXX	XXX	XX	XXX XXX	XXX	
2. ....	XXX	XXX	XX			
3. ....	XXX	XXX	XX			

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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

**SCHEDULE P - PART 6N - REINSURANCE**

**Nonproportional Assumed Property**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

**SCHEDULE P - PART 6O - REINSURANCE**

**Nonproportional Assumed Liability**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc 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	
1. Prior .....											
2. Prior .....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. ....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. ....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. ....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11  Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
1. Prior .....											
2. ....											
3. ....	XXX										
4. ....	XXX	XXX									
5. ....	XXX	XXX	XXX								
6. ....	XXX	XXX	XXX								
7. ....	XXX	XXX	XXX								
8. ....	XXX	XXX	XXX								
9. ....	XXX	XXX	XXX								
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1) .....											XXX

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	NONE					
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence						
20. Products Liability - Claims - made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals						

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)																		
	1	2	3	4	5	6	7	8	9	10									
1. Prior	NONE																		
2.																			
3.											XXX								
4.											XXX	XXX							
5.											XXX	XXX	X						
6.											XXX	XXX	X						
7.											XXX	XXX	X						
8.											XXX	XXX	X						
9.											XXX	XXX	X						
10.											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)																			
Years in Which Policies Were Issued	1	2	3	4	5	6	7	8	9	10										
1. Prior	NONE																			
2.																				
3.											XXX									
4.											XXX	XXX								
5.											XXX	XXX	X							
6.											XXX	XXX	X							
7.											XXX	XXX	X							
8.											XXX	XXX	X							
9.											XXX	XXX	X							
10.											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11.											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS  
(continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims - made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals						

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior										
2.										
3.	XXX									
4.	XXX	XXX								
5.	XXX	XXX	X							
6.	XXX	XXX	X							
7.	XXX	XXX	X							
8.	XXX	XXX	X							
9.	XXX	XXX	X							
10.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior										
2.										
3.	XXX									
4.	XXX	XXX								
5.	XXX	XXX	X							
6.	XXX	XXX	X							
7.	XXX	XXX	X							
8.	XXX	XXX	X							
9.	XXX	XXX	X							
10.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS  
(continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
1. Prior .....										
2. ....										
3. ....	XXX									
4. ....	XXX	XXX								
5. ....	XXX	XXX	>							
6. ....	XXX	XXX	>							
7. ....	XXX	XXX	>							
8. ....	XXX	XXX	>							
9. ....	XXX	XXX	>							
10. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 to 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?

Yes ( ) No ( ) N/A ( )

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

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

\$ .....

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

Yes ( ) No ( ) N/A ( )

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

Yes ( ) No ( ) N/A ( )

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<br>Schedule P, Part 1F, Medical Professional Liability<br>Column 24: Total Net Losses and Expenses Unpaid |                             |
|--|---|-----------------------------|
|  | 1<br>Section 1: Occurrence  | 2<br>Section 2: Claims-Made |
| 1.601 Prior .....  | .....   | .....                       |
| 1.602 .....  | .....   | .....                       |
| 1.603 .....  | .....   | .....                       |
| 1.604 .....  | .....   | .....                       |
| 1.605 .....  | .....   | .....                       |
| 1.606 .....  | .....   | .....                       |
| 1.607 .....  | .....   | .....                       |
| 1.608 .....  | .....   | .....                       |
| 1.609 .....  | .....   | .....                       |
| 1.610 .....  | .....   | .....                       |
| 1.611 .....  | .....   | .....                       |
| 1.612 Totals .....   | .....   | .....                       |
2. The definition of allocated loss adjustment expenses (ALAE) definition applies to both paid and unpaid expenses. Are they with these definitions in this statement?

NONE

tive January 1, 1998. This change in Other") reported in compliance

Yes ( ) No ( ) N/A ( )

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 ( ) No ( ) N/A ( )

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 on Page 10?

Yes ( ) No ( ) N/A ( )

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.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes ( ) No ( ) N/A

7.2 An extended statement may be attached:
- 93

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
Allocated by States and Territories

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

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)	*
		16867	84-3656054				Element Insurance Company	OH	RE	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	1
		16867	84-3656054				Element Insurance Company	OH	RE	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	2
		0	31-1403760				Brands Insurance Agency, Inc	OH	NIA	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	3
		0	31-1403760				Brands Insurance Agency, Inc	OH	NIA	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	4
		0	31-1673712				Transportation Marketing Services, LLC	OH	NIA	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	5
		0	31-1673712				Transportation Marketing Services, LLC	OH	NIA	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	6
		0	43-1947516				Commercial Premium Finance, Inc	OH	NIA	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	7
		0	43-1947516				Commercial Premium Finance, Inc	OH	NIA	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	8
		0	02-0585003				Midwest Freight Exchange, LLC	OH	NIA	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	9
		0	02-0585003				Midwest Freight Exchange, LLC	OH	NIA	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	10
		0	31-1699688				West Chester Permit, LLC	OH	NIA	Matthew Brands	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	11
		0	31-1699688				West Chester Permit, LLC	OH	NIA	Alison Brands Rice	Ownership	0.500	Matthew Brands / Alison Brands Rice	N	12

Asterisk	Explanation
----------	-------------

1	There are no voting rights preferences among the two 50%/50% owners
2	There are no voting rights preferences among the two 50%/50% owners
3	There are no voting rights preferences among the two 50%/50% owners
4	There are no voting rights preferences among the two 50%/50% owners
5	There are no voting rights preferences among the two 50%/50% owners
6	There are no voting rights preferences among the two 50%/50% owners
7	There are no voting rights preferences among the two 50%/50% owners
8	There are no voting rights preferences among the two 50%/50% owners
9	There are no voting rights preferences among the two 50%/50% owners
10	There are no voting rights preferences among the two 50%/50% owners
11	There are no voting rights preferences among the two 50%/50% owners
12	There are no voting rights preferences among the two 50%/50% owners

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)

NONE

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

1. Will an actuarial opinion be filed by March 1? WAIVED



2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? WAIVED



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

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? WAIVED



6. Will Management's Discussion and Analysis be filed by April 1? WAIVED



7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? WAIVED



May

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



June

9. Will an audited financial report be filed by June 1? WAIVED



10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? WAIVED



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.

Merger 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? WAIVED



The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

March

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

March Filing (Cont.)

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)? NO



21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? NO



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

March Filing (Cont.)

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

29. Will the Credit Insurance Experience Exhibit be filed with the 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 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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

April Filing (Cont.)

36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? NO



37. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? NO



August

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





SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

FINANCIAL GUARANTY INSURANCE EXHIBIT

For the Year Ended December 31,

(To Be Filed By March 1)

Of The \_\_\_\_\_

NAIC Group Code: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

Employer's ID Number: \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

Showing Total Net Exposures (Principal and Interest) By Year Payable  
On Municipal Bond Guaranties In Force As Of Year End

Year Payable	1 Municipal Obligation Bonds	2 Special Revenue Bonds	Industrial Development Bonds			6  Totals
			3 Type I	4 Type II	5 Type III	
1. ....						
2. ....						
3. ....						
4. ....						
5. ....						
6. ....						
7. ....						
8. ....						
9. ....						
10. ....						
11. ....						
12. ....						
13. ....						
14. ....						
15. ....						
16. - ....						
17. - ....						
18. + ....						
19. Totals .....						

SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

PART 2

Showing Total Net Exposures (Principal and Interest) By Year Payable

On Non-Municipal Bond Guaranties In Force As Of Year End

Year Payable	Corporate Obligations			4	5	6	7	8	9
	1 Type I	2 Type II	3 Type III	Cons Debt Obligations	Pass-Through Securities	Ltd Partnerships	Other Non-Investment Grade Obligations	All Other Guaranties	Totals
1. ....									
2. ....									
3. ....									
4. ....									
5. ....									
6. ....									
7. ....									
8. ....									
9. ....									
10. ....									
11. ....									
12. ....									
13. ....									
14. ....									
15. ....									
16. - ....									
17. - ....									
18. + ....									
19. Totals .....									

NONE

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3A  
MUNICIPAL OBLIGATION BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
5. S.P. ....								
6. I.P. ....								
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35. S.P. ....								
36. I.P. ....								
37. S.P. ....								
38. I.P. ....								
39. S.P. ....								
40. I.P. ....								
41. Prior to S.P. ....								
42. Prior to I.P. ....								
43. Totals ....								

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3B  
SPECIAL REVENUE BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
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36. I.P. ....								
37. S.P. ....								
38. I.P. ....								
39. S.P. ....								
40. I.P. ....								
41. Prior to S.P. ....								
42. Prior to I.P. ....								
43. Totals ....								

NONE

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3C  
INDUSTRIAL DEVELOPMENT BONDS - TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
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36. I.P. ....								
37. S.P. ....								
38. I.P. ....								
39. S.P. ....								
40. I.P. ....								
41. Prior to S.P. ....								
42. Prior to I.P. ....								
43. Totals ....								

NONE

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3D  
INDUSTRIAL DEVELOPMENT BONDS - TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. S.P.								
2. I.P. I.P.								
3. S.P. S.P.								
4. I.P. I.P.								
5. S.P. S.P.								
6. I.P. I.P.								
7. S.P. S.P.								
8. I.P. I.P.								
9. S.P. S.P.								
10. I.P. I.P.								
11. S.P. S.P.								
12. I.P. I.P.								
13. S.P. S.P.								
14. I.P. I.P.								
15. S.P. S.P.								
16. I.P. I.P.								
17. S.P. S.P.								
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19. S.P. S.P.								
20. I.P. I.P.								
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23. S.P. S.P.								
24. I.P. I.P.								
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31. S.P. S.P.								
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33. S.P. S.P.								
34. I.P. I.P.								
35. S.P. S.P.								
36. I.P. I.P.								
37. S.P. S.P.								
38. I.P. I.P.								
39. S.P. S.P.								
40. I.P. I.P.								
41. Prior to [BY]8 S.P.								
42. Prior to [PY]18 I.P.								
43. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3E  
INDUSTRIAL DEVELOPMENT BONDS - TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
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39. S.P. ....								
40. I.P. ....								
41. Prior to S.P. ....								
42. Prior to I.P. ....								
43. Totals ....								

NONE

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS

PART 3F  
TOTALS - ALL MUNICIPAL BONDS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. S.P. ....								
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38. I.P. ....								
39. S.P. ....								
40. I.P. ....								
41. Prior to S.P. ....								
42. Prior to I.P. ....								
43. Totals ....								

NONE

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4A. CORPORATE OBLIGATIONS TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
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16. I.P. ....								
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18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4B. CORPORATE OBLIGATIONS TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
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16. I.P. ....								
17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4C. CORPORATE OBLIGATIONS TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
5. S.P. ....								
6. I.P. ....								
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15. S.P. ....								
16. I.P. ....								
17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4D. CONSUMER DEBT OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
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18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

S.P. = Single Premiums  
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4E. PASS-THROUGH SECURITIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
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19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4F. LIMITED PARTNERSHIPS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
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17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

S. P. = Single Premiums  
I. P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4G. OTHER NON-INVESTMENT GRADE OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
5. S.P. ....								
6. I.P. ....								
7. S.P. ....								
8. I.P. ....								
9. S.P. ....								
10. I.P. ....								
11. S.P. ....								
12. I.P. ....								
13. S.P. ....								
14. I.P. ....								
15. S.P. ....								
16. I.P. ....								
17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4H. ALL OTHER GUARANTIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
5. S.P. ....								
6. I.P. ....								
7. S.P. ....								
8. I.P. ....								
9. S.P. ....								
10. I.P. ....								
11. S.P. ....								
12. I.P. ....								
13. S.P. ....								
14. I.P. ....								
15. S.P. ....								
16. I.P. ....								
17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

S. P. = Single Premiums  
I. P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS

PART 4I. TOTALS - ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. S.P. ....								
2. I.P. ....								
3. S.P. ....								
4. I.P. ....								
5. S.P. ....								
6. I.P. ....								
7. S.P. ....								
8. I.P. ....								
9. S.P. ....								
10. I.P. ....								
11. S.P. ....								
12. I.P. ....								
13. S.P. ....								
14. I.P. ....								
15. S.P. ....								
16. I.P. ....								
17. S.P. ....								
18. I.P. ....								
19. S.P. ....								
20. I.P. ....								
21. Prior to S.P. ....								
22. Prior to I.P. ....								
23. Totals .....								

S.P. = Single Premiums  
I.P. = Installment Premiums

SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

PART 5 - MUNICIPAL BOND EXPOSURES WRITTEN

PART 5A - GROSS EXPOSURES WRITTEN DURING YEAR

	3 Exposure Written			4 Net Exposure Written (Columns 1 + 2 - 3)
	NONE			
1. MUNIC OBLIGATION BONDS .....				
2. SPECIAL REVENUE BONDS .....				
3. IDB'S - TYPE I .....				
4. IDB'S - TYPE II .....				
5. IDB'S - TYPE III .....				
6. TOTAL MUNICIPAL BONDS .....				

PART 5B - NET OUTSTANDING EXPOSURE

	1 Net Outstanding (Part 5A, Column 4)	2	3	4 Exposures Prior	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
	NONE					
1. MUNIC OBLIGATION BONDS .....						
2. SPECIAL REVENUE BONDS .....						
3. IDB'S - TYPE I .....						
4. IDB'S - TYPE II .....						
5. IDB'S - TYPE III .....						
6. TOTAL MUNICIPAL BONDS .....						

PART 5C - BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1	2	Ceded Exposure		5 Net Outstanding Exposure (Part 5B, Column 6) (Columns 1 + 2 - 3 - 4)
			3 Authorized	4 Unauthorized	
	NONE				
1. MUNIC OBLIGATION BONDS .....					
2. SPECIAL REVENUE BONDS .....					
3. IDB'S - TYPE I .....					
4. IDB'S - TYPE II .....					
5. IDB'S - TYPE III .....					
6. TOTAL MUNICIPAL BONDS .....					

NON-MUNICIPAL BOND EXPOSURES WRITTEN

PART 6A - GROSS EXPOSURES WRITTEN DURING YEAR

	1	2	3	4
	Direct Exposure	Assumed Exposure	Ceded Exposure Written	Net Exposure Written (Columns 1 + 2 - 3)
1. CORP OBLIG BDS-TYPE I .....	NONE			
2. CORP OBLIG BDS-TYPE II .....				
3. CORP OBLIG BDS-TYPE III .....				
4. CONSUMER DEBT OBLIGATIONS .....				
5. PASS THROUGH SECURITIES .....				
6. LIMITED PARTNERSHIPS .....				
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....				
8. ALL OTHER GUARANTEES .....				
9. TOTAL NON-MUNICIPAL BONDS .....				

PART 6B - NET OUTSTANDING EXPOSURE

	1	2	3	4	5	6
	Net Outstanding Exposure (Part 6A)	Less Cancellations	Exposures Reinstated	Net Exposure Prior Year	Net Exposure Expired During Year	Net Outstanding Exposure
1. CORP OBLIG BDS-TYPE I .....	NONE					
2. CORP OBLIG BDS-TYPE II .....						
3. CORP OBLIG BDS-TYPE III .....						
4. CONSUMER DEBT OBLIGATIONS .....						
5. PASS THROUGH SECURITIES .....						
6. LIMITED PARTNERSHIPS .....						
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....						
8. ALL OTHER GUARANTEES .....						
9. TOTAL NON-MUNICIPAL BONDS .....						

PART 6C - BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1	2	Ceded Exposure		5
	Direct	Assumed	3	4	Net Outstanding Exposure (Part 6B, Column 6) (Columns 1 + 2 - 3 - 4)
				Unauthorized	
1. CORP OBLIG BDS-TYPE I .....	NONE				
2. CORP OBLIG BDS-TYPE II .....					
3. CORP OBLIG BDS-TYPE III .....					
4. CONSUMER DEBT OBLIGATIONS .....					
5. PASS THROUGH SECURITIES .....					
6. LIMITED PARTNERSHIPS .....					
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....					
8. ALL OTHER GUARANTEES .....					
9. TOTAL NON-MUNICIPAL BONDS .....					

PART 7 - LOSS DEVELOPMENT (\$000 OMITTED)

	Losses Paid During the Year Less Reinsurance Received During the Year			Salvage and Subrogation Received in the Current Year			7	8	Losses Unpaid December 31 of Current Year				Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability	
	1	2	3	4	5	6	Total (Columns 1 + 2 + 3 - 4 - 5 - 6)	Losses paid during  on losses incurred prior to	9	10	11	12	13	14	15	16	17	18
	On losses incurred during	On losses incurred during	On losses incurred prior to	On losses incurred during	On losses incurred during	On losses incurred prior to			On losses incurred during	On losses incurred during	On losses incurred prior to	Total Per Column 5, Part 3A (Columns 9 + 10 + 11)	On losses incurred prior to  (Columns 2 + 3 + 10 + 11)	On losses incurred prior to  (Columns 3 + 8 + 11)	December 31,  	December 31,  	December 31,  (Column 13 less Column 15)	December 31,  (Column 14 less Column 16)
1. Municipal Obligation Bonds . . . . .																		
2. Special Revenue Bonds . . . . .																		
3. IDB's - Class I . . . . .																		
4. IDB's - Class II . . . . .																		
5. IDB's - Class III . . . . .																		
6. Total Municipal Bonds . . . . .																		
7. Corporate Obligation Bonds - Class I . . . . .																		
8. Corporate Obligation Bonds - Class II . . . . .																		
9. Corporate Obligation Bonds - Class III . . . . .																		
10. Consumer Debt Obligations . . . . .																		
11. Pass Through Securities . . . . .																		
12. Limited Partnerships . . . . .																		
13. Other Non-Investment Grade Obligations . . . . .																		
14. All Other Non-Municipal . . . . .																		
15. Total Non-Municipal Bonds . . . . .																		
16. Totals . . . . .																		

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO  
For the Year Ended December 31, 2020  
(To Be Filed by March 1)  
FOR THE STATE OF



NAIC Group Code 0

NAIC Company Code 16867

Address (City, State and Zip Code) \_\_\_\_\_

Person Completing This Exhibit \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018 2019 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

MEDICARE PART D COVERAGE SUPPLEMENT  
Net of Reinsurance  
(To be Filed by March 1)

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	



SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO  
**PREMIUMS ATTRIBUTED TO PROTECTED CELL EXHIBIT**  
**FOR THE YEAR ENDED DECEMBER 31,**  
**(To Be Filed by March 1)**

Of The                      NAIC Group Code:                      NAIC Company Code:                      Employer's ID Number:

Line of Business	Premiums				Losses					Loss Adjustment Expenses			
	1	2	3	4	5	Unpaid December 31			9	10	Unpaid December 31		13
						6	7	8			11	12	
	Attributed	Prior Year	Current Year	Earned Premium	Paid	Adjusted or in Process	Incurred But Not Reported	Prior Year Total	Incurred	Paid	Current Year	Prior Year	Incurred
1. Fire													
2. Allied lines													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5. Commercial multiple peril													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11.1. Medical professional liability occurrence													
11.2. Medical professional liability claims-made													
12. Earthquake													
13. Group accident and health													
14. Credit accident and health (group and individual)													
15. Other accident and health													
16. Workers' compensation													
17.1. Other liability - occurrence													
17.2. Other liability - claims-made													
17.3. Excess Workers' Compensation													
18.1. Products liability - occurrence													
18.2. Products liability - claims-made													
19.1, 19.2 Private passenger auto liability													
19.3, 19.4 Commercial auto liability													
21. Auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
29. International													
30. Warranty													
31. Reinsurance - nonproportional assumed property													
32. Reinsurance - nonproportional assumed liability													
33. Reinsurance - nonproportional assumed financial lines													
34. Aggregate write-ins for other lines of business													
35. Totals													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Total (Lines 3401 through 3403 plus 3498) (Line 34 above)													

OVERFLOW PAGE FOR WRITE-INS  
SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO



OVERFLOW WRITE-INS FOR Page 385, Overflow for Line 34

Line of Business	Premiums				Losses					Loss Adjustment Expenses			
	1	2	3	4	5	Unpaid December 31			9	10	Unpaid December 31		13
	Attributed	Prior Year	Current Year	Earned Premium	Paid	6 Adjusted or in Process	7 Incurred But Not Reported	8 Prior Year Total	Incurred	Paid	11 Current Year	12 Prior Year	Incurred



REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR  
GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31 ,  
To Be Filed by March 1

(A) Financial Impact			
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets .....			
A02. Liabilities .....			
A03. Surplus as regards to policyholders .....			
A04. Income before taxes .....			

**NONE**



SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

The type of health care providers reported on this page is:

States , Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U. S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT								
59. Totals								
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								



SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Supplement A to Schedule T, Other Alien

	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
States, Etc.								



PROPERTY AND CASUALTY SUPPLEMENT FOR THE YEAR 2020  
OF THE U.S. BRANCH OF THE ELEMENT INS CO

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

being duly sworn, says that he/she is the of the , a corporation organized under the laws of , entered to transact business in the United States through the State of , that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions there from reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this  
day of A.D.,  
.....  
.....

AFFIDAVIT OF TRUSTEE - SCHEDULE B

being sworn, say that it is the Trustee of the , a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D.,  
.....  
.....

AFFIDAVIT OF TRUSTEE - SCHEDULE C

being sworn, say that it is the Trustee of the , a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D.,  
.....  
.....

AFFIDAVIT OF TRUSTEE - SCHEDULE D

being sworn, say that it is the Trustee of the , a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D.,  
.....  
.....

TRUSTEED SURPLUS STATEMENT  
ASSETS

SCHEDULE A - DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1	2	3	4	5
Line Number	Description	Admitted Asset Value	Par Value	Fair Value

SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE

2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investment			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		X X X	X X X
2.99	Totals			

SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE

3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investment			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		X X X	X X X
3.99	Totals			

SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE

4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investment			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		X X X	X X X
4.99	Totals			

TRUSTEED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS

	1 Current Year
1. Total liabilities .....	
ADDITIONS TO LIABILITIES:	
2. Ceded reinsurance balances payable .....	
3. Agents' credit balances .....	
4. Aggregate write-ins for other additions to liabilities .....	
5. Total additions (Lines 2 + 3 + 4) .....	
6. Total (Lines 1 + 5) .....	
DEDUCTIONS FROM LIABILITIES:	
7. Reinsurance recoverable on paid losses and loss adjustment expenses:	
7.1 Authorized companies .....	
7.2 Unauthorized companies .....	
7.3 Certified companies .....	
7.4 Reciprocal jurisdiction companies .....	
8. Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1 Special state deposits (submit schedule) .....	
8.2 Accrued interest on special state deposits .....	
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon .....	
10. Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1 Authorized companies .....	
10.2 Unauthorized companies .....	
11. Aggregate write-ins for other deductions from liabilities .....	
12. Total deductions (Lines 7 thru 11) .....	
13. Total adjusted liabilities (Line 6 minus Line 12) .....	
14. Trusteed surplus .....	
15. Total .....	
DETAILS OF WRITE-INS	
0401. ....	
0402. ....	
0403. ....	
0498. Summary of remaining write-ins for Line 4 from overflow page .....	
0499. Totals (Line 0401 thru Line 0403 plus Line 0498) (Line 4 above) .....	
1101. ....	
1102. ....	
1103. ....	
1198. Summary of remaining write-ins for Line 11 from overflow page .....	
1199. Totals (Line 1101 thru Line 1103 plus Line 1198) (Line 11 above) .....	

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Trusteed Surplus Statement Page 490 , Liabilities

	Current Year
--	-----------------



SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

**BAIL BOND SUPPLEMENT**

For The Year Ended December 31,  
(To be filed by March 1)

NAIC Group Code:

NAIC Company Code:

If the reporting entity writes any bail bond business, please provide the following:

1. Is the bail bond premium reported on a gross basis?

Yes ( ) No ( )
2. If the answer to #1 was no, was a permitted practice granted to the reporting entity?

Yes ( ) No ( )
3. If the answer to #2 was no, please explain
4. What bond life is used to calculate unearned premium in days?
5. Are any amounts charged to the consumer excluded from Gross Premiums?

Yes ( ) No ( )
6. If the answer to #5 was Yes, please explain
7. Do the agents have ongoing performance obligations on the bond after execution?

Yes ( ) No ( )
8. If the answer to #7 is Yes, please describe the nature of the agents' continuing obligations

	Current Year	% of GPW	Prior Year	% of GPW		
9. Face amount of bail bonds written	..... \$		..... \$			
10. Direct Premiums Written (Gross)	..... \$		..... \$			
11. Commissions and Brokerage Expenses	..... \$	..... %	..... \$	..... %		
12. Premium Written Net of Agent Commissions and Brokerage Expenses (Line 10 minus Line 11 should equal line 12)	..... \$	..... %	..... \$	..... %		
13. Direct Premiums Earned (Gross)	..... \$	% of GPE	% of NPE	..... \$	% of GPE	% of NPE
14. Premium Earned Net of Agent Commissions and Brokerage Expenses	..... \$			..... \$		
15. Direct Unearned Premium Reserves	..... \$	..... %	..... %	..... \$	..... %	..... %
16. Direct Losses Paid (deducting salvage)	..... \$	..... %	..... %	..... \$	..... %	..... %
17. Direct Losses Incurred	..... \$	..... %	..... %	..... \$	..... %	..... %
18. Direct Losses Unpaid	..... \$	..... %	..... %	..... \$	..... %	..... %
19. Direct Defense and Cost Containment Expense Paid	..... \$	..... %	..... %	..... \$	..... %	..... %
20. Direct Defense and Cost Containment Expense Incurred	..... \$	..... %	..... %	..... \$	..... %	..... %
21. Direct Defense and Cost Containment Expense Unpaid	..... \$	..... %	..... %	..... \$	..... %	..... %
22. Taxes, Licenses and Fees	..... \$	..... %	..... %	..... \$	..... %	..... %
Build-up Fund Information:						
23. Build-Up fund account balances as of beginning of period	..... \$		..... \$			
24. Gross deposits to BUF accounts (including interest earned)	..... \$		..... \$			
25. Gross withdrawals from build-up fund accounts	..... \$		..... \$			
26. Build-up fund account balances as of end of period (Line 23 plus line 24 minus line 25)	..... \$		..... \$			



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31 ,  
(To Be Filed by March 1)

NAIC Group Code:

NAIC Company Code:

Company Name:

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

Yes ( ) No ( )
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

Yes ( ) No ( )
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$ .....

2.32 Amount estimated using reasonable assumptions:

\$ .....
- 2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ .....	\$ .....	\$ .....	\$ .....	..... %	..... %

SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

SUPPLEMENTAL SCHEDULE FOR REINSURANCE COUNTERPARTY REPORTING EXCEPTION -  
ASBESTOS AND POLLUTION CONTRACTS

For the Current Year (\$000 Omitted)  
(To Be Filed by March 1)

Original Reinsurer				Retroactive Reinsurer		Reinsurance Recoverables On					Original Reinsurer Collateral			15  Amounts Approved as Other Offset Items	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						23  Percentage Overdue Col. 21/ Col. 22	24  Percentage More Than 90 Days Overdue Col. (19 + 20) / Col. 22	
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Trust Funds and Other Allowed Offset Items		16  Current	Overdue							22  Total Due Cols. 16 + 21
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	ID Number	Name of Reinsurer Reported Schedule F, Part 3	Paid Losses	Paid LAE	Unpaid Case Losses & LAE	IBNR Losses & LAE	Cols 7 + 8 + 9 + 10 Totals	Funds Held	Letters of Credit				17  1 to 29 Days	18  30 to 90 Days	19  91 to 120 Days	20  Over 120 Days	21 Total Overdue Cols. 17 + 18 + 19 + 20			