



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
 (Street and Number, City or Town, State, Country and Zip Code) 513-755-5780
 (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
 (Street and Number, City or Town, State, Country and Zip Code)
513-755-5780
 (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

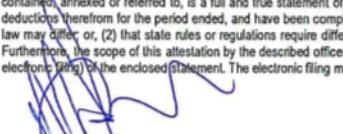
Matthew Joseph Brands (Chief Executive Officer)
 Alison Brands Rice (Chief Financial Officer)
 Steven Joseph Murry (Chief Operating Officer)

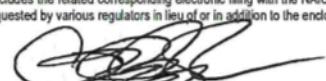
OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Ohio County of Butler }ss

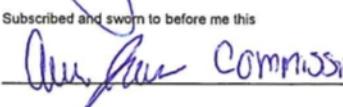
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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
 Chief Executive Officer


 Alison Brands Rice
 Chief Financial Officer


 Steven Joseph Murry
 Chief Operating Officer

Subscribed and sworn to before me this


Amber 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 _____

**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 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A&H (Group and Individual)												
15.1 Collectively Renewable A&H (b)												
15.2 Non-Cancelable A&H (b)												
15.3 Guaranteed Renewable A&H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A&H (b)												
15.8 Federal Employees Health Benefits Plan Premium												
16. Workers' Compensation												
17.1 Other Liability-Occurrence												
17.2 Other Liability-Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
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

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

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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3. Farmowners Multiple Peril												
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5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
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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												
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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.												
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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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

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

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE F - PART 3

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE F - PART 3

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

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE F - PART 3

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

1	3	Provision for Certified Reinsurance													69		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			
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. 24; not to exceed 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	69
																Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)	

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE F - PART 3

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

1 ID Number	3 Name of Reinsurer	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 70 + 20% of the Amount in Col. 16)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 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%] +)	74 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%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Col. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provisions for Reinsurance (Col. 75 + 76 + 77)

NONE

SCHEDULE F - PART 4

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

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

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
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.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premium	<u>4</u> Affiliated
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 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	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	XXX	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		XXX																	
2. Premiums earned		XXX																	
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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					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:									
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:									
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:									
1. Total current year									
2. Total prior year									
3. Increase									

NONE

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

1. Claims paid during the year:									
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:									
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									

NONE

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

NONE

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 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 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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

(\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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

(\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

(\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5 + 6-7+8-9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR			22 and ned	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded			
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 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.
5.
6.
7.
8.
9.
10.
11.
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

(\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

(\$000 Omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	XXX
2.	XXX
3.	XXX
4. Totals	XXX	XXX	XXX	XXX

	Losses Unpaid				Losses and Other Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR								
	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 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

NONE

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 Omitted)

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

	Losses Unpaid				ing and Other Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		22 and ned		Ceded							
	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 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		XXX		

NONE

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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	XXX
2.	XXX
3.	XXX
4. Totals	XXX	XXX	XXX	XXX

	Losses Unpaid				Losses and Other Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR								
	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 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

NONE

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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	XXX
2.	XXX
3.	XXX
4. Totals	XXX	XXX	XXX	XXX

	Losses Unpaid				Losses Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Losses Unpaid		Losses Unpaid							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded						
1. Prior			
2.			
3.			
4. Totals			

	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

NONE

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

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

SCHEDULE P - PART 1O - 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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 and ned	22 Ceded						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17	18	19	20								
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 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.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR						22 and ned	Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded									
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 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.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	XXX
2.	XXX
3.	XXX
4. Totals	XXX	XXX	XXX	XXX

	Losses Unpaid				Losses Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Losses Unpaid		Losses Unpaid							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded						
1. Prior			
2.			
3.			
4. Totals			

	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

NONE

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	XXX	XXX	XXX									XXX	
2.													
3.													
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				ing and Other Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		22 and ned		Ceded							
	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 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		XXX		

NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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

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

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

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

**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	9	10	11	12	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
								4. Totals

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX							
2.	XXX							
3.	XXX							
								4. Totals

SCHEDULE P - PART 2K - PROPERTY SURETY

1. Prior	XXX							
2.	XXX							
3.	XXX							
								4. Totals

**SCHEDULE P - PART 2L - OTHER
(INCLUDES OTHER PROPERTY - HEALTH)**

1. Prior	XXX							
2.	XXX							
3.	XXX							
								4. Totals

SCHEDULE P - PART 2M - INTERNATIONAL

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

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	12
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	XXX			XXX
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

SCHEDULE P - PART 20 - REINSURANCE

Nonproportional Assumed Liability

SCHEDULE P - PART 2P - REINSURANCE

Nonproportional Assumed Financial Lines

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

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

SCHEDULE P - PART 2S

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

NONE

4. Totals
-----------	-------	-------

SCHEDULE P - PART 2T

1. Prior	XXX	XXX	XXX		NONE	
2.	XXX	XXX	XXX			XXX	XXX
3.	XXX	XXX	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.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	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 3B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	000
2.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	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 3C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	000
2.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	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 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	000
2.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	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 3E - COMMERCIAL MULTIPLE PERIL

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

NONE**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									
7.	XXX	XXX	XXX									
8.	XXX	XXX	XXX									
9.	XXX	XXX	XXX									
10.	XXX	XXX	XXX									
11.	XXX	XXX	XXX									

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

1. Prior	000										XXX	XXX
2.												
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

NONE**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									
7.	XXX	XXX	XXX									
8.	XXX	XXX	XXX									
9.	XXX	XXX	XXX									
10.	XXX	XXX	XXX									
11.	XXX	XXX	XXX									

NONE**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									
7.	XXX	XXX	XXX									
8.	XXX	XXX	XXX									
9.	XXX	XXX	XXX									
10.	XXX	XXX	XXX									
11.	XXX	XXX	XXX									

NONE

**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									
2.	XXX	XXX	XXX									
3.	XXX	XXX	XXX									

NONE

SCHEDULE

- DAMAGE

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

SCHED

URETY

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

SCHEDULE P - PART 3L - OTHER

(INCLUDE

HEALTH)

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

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000											
2.	XXX											
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								
11.	XXX											

NONE

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											
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

NONE**SCHEDULE P - PART 3O - REINSURANCE****Nonproportional Assumed Liability**

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
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

NONE**SCHEDULE P - PART 3P - REINSURANCE****Nonproportional Assumed Financial Lines**

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
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

NONE

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	0 0 0
2.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	0 0 0
2.	XXX
3.	XXX	XXX
4.	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX						
9.	XXX							
10.	XXX								
11.	XXX									

SCHEDULE P - PART 3S
FINANCIAL LIABILITY

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

NONE

JARANTY

SCHEDULE P - PART 3T

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

NONE

SCHEDULE P - PART 4A
HOMEOWNERS/FARMOWNERS

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

SCHEDULE P - PART 4E
COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

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

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

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 4M - INTERNATIONAL

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

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						

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									
11.	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									
11.	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							
11.	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							
11.	XXX	XXX	XXX							

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

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

SCHEDULE P - PART 4T - WARRANTY

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

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.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XX)						
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
11.	XXX	XXX	XXX	XX)						

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XX)						
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
11.	XXX	XXX	XXX	XX)						

**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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XX)						
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XX)						
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XX)						
5.	XXX	XXX	XXX	XX)						
6.	XXX	XXX	XXX	XX)						
7.	XXX	XXX	XXX	XX)						
8.	XXX	XXX	XXX	XX)						
9.	XXX	XXX	XXX	XX)						
10.	XXX	XXX	XXX	XX)						
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.	XXX	XXX	XXX	XXX	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

SCHEDULE P - PART 5T - WARRANTY
SECTION 1

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

NONE

SECTION 2

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

SECTION 3

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

NONE

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

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

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.											
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						
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.											
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						
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.											
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						
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.											
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						
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							
11.	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							
11.	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							
11.	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							
11.	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

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 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	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						

NONE

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	XXX	
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	XXX	
11.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	XXX	
11.	XXX	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	XXX

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 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						

NONE**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	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	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	XXX	XXX							
4.	XXX	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	

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	XXX	XXX							
4.	XXX	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	

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	XXX	XXX							
4.	XXX	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	

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	XXX	XXX							
4.	XXX	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	

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 Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602
1.603
1.604
1.605
1.606
1.607
1.608
1.609
1.610
1.611
1.612 Totals

NONE

2. The definition of allocated loss adjustment expenses (ALA) definition applies to both paid and unpaid expenses. Are the definitions in this statement consistent with these definitions in this statement? 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 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: 5.1 Fidelity \$
(in thousands of dollars) 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:

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						
19. Louisiana						
20. Maine						
21. Maryland						
22. Massachusetts						
23. Michigan						
24. Minnesota						
25. Mississippi						
26. Missouri						
27. Montana						
28. Nebraska						
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

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) /Person(s)	15 Is An SCA Filing Required? (Y/N)	16 *
		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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12	13 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 Trusted 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:

PART 1

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 Cons Debt Obligations	5 Pass-Through Securities	6 Ltd Partnerships	7 Other Non-Investment Grade Obligations	8 All Other Guaranties	9 Totals
	1 Type I	2 Type II	3 Type III						
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	Net Premiums Written	Net Principal Guaranteed	Average Premium (Cols. 1 / 2)	Current Year Earned Premium	Prior Year Reserve	Current Year		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.								
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. S.P.								
22. I.P.								
23. S.P.								
24. I.P.								
25. S.P.								
26. I.P.								
27. S.P.								
28. I.P.								
29. S.P.								
30. I.P.								
31. S.P.								
32. I.P.								
33. S.P.								
34. I.P.								
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.								
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. S.P.								
22. I.P.								
23. S.P.								
24. I.P.								
25. S.P.								
26. I.P.								
27. S.P.								
28. I.P.								
29. S.P.								
30. I.P.								
31. S.P.								
32. I.P.								
33. S.P.								
34. I.P.								
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								

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.								
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. S.P.								
22. I.P.								
23. S.P.								
24. I.P.								
25. S.P.								
26. I.P.								
27. S.P.								
28. I.P.								
29. S.P.								
30. I.P.								
31. S.P.								
32. I.P.								
33. S.P.								
34. I.P.								
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 3D
INDUSTRIAL DEVELOPMENT BONDS - TYPE II

Calendar Year Written	Net Premiums Written	Net Principal Guaranteed	Average Premium (Cols. 1 / 2)	Current Year Earned Premium	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.								
18. I.P. I.P.								
19. S.P. S.P.								
20. I.P. I.P.								
21. S.P. S.P.								
22. I.P. I.P.								
23. S.P. S.P.								
24. I.P. I.P.								
25. S.P. S.P.								
26. I.P. I.P.								
27. S.P. S.P.								
28. I.P. I.P.								
29. S.P. S.P.								
30. I.P. I.P.								
31. S.P. S.P.								
32. I.P. I.P.								
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 [BYR8] S.P.								
42. Prior to [PYR18] 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.								
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. S.P.								
22. I.P.								
23. S.P.								
24. I.P.								
25. S.P.								
26. I.P.								
27. S.P.								
28. I.P.								
29. S.P.								
30. I.P.								
31. S.P.								
32. I.P.								
33. S.P.								
34. I.P.								
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								

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.								
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. S.P.								
22. I.P.								
23. S.P.								
24. I.P.								
25. S.P.								
26. I.P.								
27. S.P.								
28. I.P.								
29. S.P.								
30. I.P.								
31. S.P.								
32. I.P.								
33. S.P.								
34. I.P.								
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								

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.								
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								

NONE**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.								
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 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.								
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								

NONE**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.								
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 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.								
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								

NONE**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.								
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 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								

NONE**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

NONE

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)
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 (P ₂)	2	3	4 Exposure Prior	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
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	4	Ceded	Unauthorized	
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 Direct Exposure	2 Assumed Exposure	3 Ceded Exposure Written	4 Net Exposure Written (Columns 1 + 2 - 3)
1. CORP OBLIG BDS-TYPE I				
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				

NONE

PART 6B - NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Column 1)	2 Less Exposures (Column 3)	3 Exposures (Column 2)	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. CORP OBLIG BDS-TYPE I						
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						

NONE

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

	1 Direct	2 Assumed	Ceded Exposure		5 Net Outstanding Exposure (Part 6B, Column 6) (Columns 1 + 2 - 3 - 4)
			3	4 Unauthorized	
1. CORP OBLIG BDS-TYPE I					
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					

NONE

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 Total (Columns 1 + 2 + 3 - 4 - 5 - 6)	8 Losses paid during on losses incurred prior to	Losses Unpaid December 31 of Current Year				Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability	
	1 On losses incurred during	2 On losses incurred during	3 On losses incurred prior to	4 On losses incurred during	5 On losses incurred during	6 On losses incurred prior to			9 On losses incurred during	10 On losses incurred during	11 On losses incurred prior to	12 Total Per Column 5, Part 3A (Columns 9 + 10 + 11)	13 On losses incurred prior to (Columns 2 + 3 + 10 + 11)	14 On losses incurred prior to (Columns 3 + 8 + 11)	15 December 31, (Column 13 less Column 15)	16 December 31, (Column 14 less Column 16)	17 December 31, (Column 13 less Column 15)	18 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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character istics	6 Date Approved	7 Date Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018 2019 2020				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

**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				
1.12 Without Reinsurance Coverage	XXX				
1.13 Risk-Corridor Payment Adjustments	XXX				
1.2 Supplemental Benefits	XXX				
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	XXX				
2.12 Without Reinsurance Coverage	XXX				
2.2 Supplemental Benefits	XXX				
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	XXX				
3.12 Without Reinsurance Coverage	XXX				
3.2 Supplemental Benefits	XXX				
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	XXX				
4.2 Payable	XXX				
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	XXX				
5.12 Without Reinsurance Coverage	XXX				
5.13 Risk-Corridor Payment Adjustments	XXX				
5.2 Supplemental Benefits	XXX				
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	XXX				
7.12 Without Reinsurance Coverage	XXX				
7.2 Supplemental Benefits	XXX				
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	XXX				
8.12 Without Reinsurance Coverage	XXX				
8.2 Supplemental Benefits	XXX				
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	XXX				
9.12 Without Reinsurance Coverage	XXX				
9.2 Supplemental Benefits	XXX				
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	XXX				
10.12 Without Reinsurance Coverage	XXX				
10.2 Supplemental Benefits	XXX				
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net To Reimbursements Applied	XXX				
12.2 Reimbursements Received but Not Applied - change	XXX				
12.3 Reimbursements Receivable - change	XXX				
12.4 Healthcare Receivables - change	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 Th

NAIC Group Code

NAIC Company Code

Employer's ID Number



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 Attributed	2 Prior Year	3 Current Year	4 Earned Premium	5 Paid	Unpaid December 31			9	10 Incurred	Unpaid December 31		13 Incurred
						6 Adjusted or in Process	7 Incurred But Not Reported	8 Prior Year Total			11 Paid	12 Current Year	Prior Year



SUPPLEMENT FOR THE YEAR 2020 OF THE ELEMENT INS CO

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

ANNUAL STATEMENT FOR THE YEAR 2020 FOR ELEMENT INS CO
**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR
GENERAL INTERROGATORY 9 (PART 2)**

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

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	



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 trusteed surplus statement together with its related schedules appended hereto is a true statement of the trusteed 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.,

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

**TRUSTEED SURPLUS STATEMENT
ASSETS**

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

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 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			
2.99	Totals		XXX	XXX

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			
3.99	Totals		XXX	XXX

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			
4.99	Totals		XXX	XXX

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

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: 60

2.4 If the answer to question 2.1 is yes, please provide the following:

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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	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14		16	Overdue					22		
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	Funds and Other Allowed Offset Items	Amounts Approved as Other Offset Items	Current	17	18	19	20	21 Total Overdue Cols. 17 + 18 + 19 + 20	Total Due Cols. 16 + 21	Percentage Overdue Col. 21/ Col. 22	