PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

NAIC Group Code 0963 (Current) 0963 (Prior) NAIC Company Code 13072 Employer's ID Number 34-1008736

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

Country of Domicile United States of America

Incorporated/Organized 12/01/1966 Commenced Business 03/01/1967

Statutory Home Office 1725 Hopley Avenue (Street and Number), Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)

Main Administrative Office 1725 Hopley Avenue (Street and Number)

Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code), 419-563-0697 (Area Code) (Telephone Number)

Mail Address 1725 Hopley Avenue (Street and Number or P.O. Box), Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1725 Hopley Avenue (Street and Number)

Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code), 419-563-0697 (Area Code) (Telephone Number)

Internet Website Address www.omig.com

Statutory Statement Contact Teri Miller Ms. (Name), 419-563-0697 (Area Code) (Telephone Number)

tmiller@omig.com (E-mail Address), 877-753-0580 (FAX Number)

OFFICERS

President Mark Clarence Russell, Mr.

Secretary Thomas Eugene Woolley, Mr.

Treasurer Andrew Wallen, Mr. #

OTHER

Todd Marshall Boyer, Mr., Vice President Corporate Communications

Chad Philip Combs, Mr., Vice President Personal Lines Underwriting

John Richard DeLucia, Mr., Vice President Claims

David Alan Grove, Mr., Vice President Product Management

Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting

Susan Elizabeth Kent, Mrs., Vice President Business Analytics

James Bradly McCormack, Mr., Vice President Information Systems

Mendi Harris Riddle, Mrs., Vice President Sales

Marcella Slone Smith, Mrs., Chief Administrative Officer

DIRECTORS OR TRUSTEES

Neeru Arora Ms.

Karen Riley Haefling, Ms.

Albert Michael Heister, Mr.

Dawn Kink Ms.

Susan Porter, Ms.

John Redon Purse, Mr.

Mark Clarence Russell, Mr.

Charles Self, Mr.

Thomas Eugene Woolley, Mr.

State of Ohio
County of Crawford 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.

Mark Clarence Russell
President and CEO

Andrew Wallen
Treasurer and CFO

Marcella Slone Smith
Assistant Secretary

Subscribed and sworn to before me this
_____ day of _____

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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	13,952	13,115		5,822		727	828		97	103	2,911	254
2.1 Allied Lines	28,490	25,037		13,840		12,582	12,817		1,194	1,194	5,943	518
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)	1,543,145	1,358,365		777,992	355,546	467,376	187,649	6,253	10,456	7,960	321,946	28,053
5.2 Commercial Multiple Peril (Liability Portion)	2,204,293	1,993,026		1,100,964	1,590,597	1,770,477	3,105,529	848,004	1,058,863	1,668,647	459,821	40,072
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	562	427		135		22	22		2	2	117	10
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	364,894	326,143		186,495		1,203,172	1,530,937		29,694	56,182	59,664	6,634
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	10,401	8,076		7,116		190	848		320	384	2,170	189
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	8,053,698	8,084,344		4,009,030	9,250,525	8,004,549	9,735,947	1,118,648	1,240,668	1,352,418	1,107,569	146,411
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	2,495,681	2,346,609		1,273,559	1,376,203	1,107,079	2,100,717	188,761	140,712	226,945	394,890	45,370
21.1 Private Passenger Auto Physical Damage	6,951,286	6,471,686		3,469,771	4,632,636	4,613,442	1,226,596	18,260	17,475	3,893	973,851	126,369
21.2 Commercial Auto Physical Damage	967,419	881,380		482,049	405,327	408,467	89,983	15,941	16,036	3,132	152,939	17,588
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	22,633,821	21,508,208		11,326,773	17,610,834	17,588,083	17,991,873	2,195,867	2,515,517	3,320,860	3,481,821	411,468
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 159,390

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	373,537	171,085		223,008	3,000	25,072	22,260		2,755	2,766	60,457	6,791
2.1 Allied Lines	7,117	5,824		3,989		3,178	3,224		300	300	1,490	129
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)	720,418	526,356		371,573	268,056	296,432	56,947	12,626	13,570	2,366	134,528	13,097
5.2 Commercial Multiple Peril (Liability Portion)	492,096	377,306		243,527	86,342	159,164	287,128	8,176	67,758	149,237	87,660	8,946
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	157	148		9		6	6		1	1	25	3
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	368,932	249,434		196,476		159,251	319,746		17,382	30,307	57,984	6,706
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	31,438	17,412		16,794		2,190	2,599		1,138	1,178	6,593	572
18.2 Products Liability - Claims-Made												
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	688,579	478,714		360,976	179,017	452,765	502,728	7,710	35,254	53,525	108,608	12,518
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage	310,976	214,899		155,021	130,614	141,167	34,121	1,906	2,265	1,188	48,647	5,653
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft	8,428	4,169		4,805	3,552	3,558	9		1	1	1,361	153
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	3,001,678	2,045,347		1,576,178	670,581	1,242,783	1,228,768	30,418	140,424	240,869	507,353	54,568
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 55,560

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	75,125	68,330		37,737	50,628	54,437	4,306	5,206	5,713	535	15,636	1,366
2.1 Allied Lines	35,471	31,590		18,528	10,586	33,378	30,568	1,388	4,235	2,847	7,384	645
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)	2,451,605	2,229,680		1,190,771	709,823	910,701	405,583	26,144	33,302	17,397	510,279	44,568
5.2 Commercial Multiple Peril (Liability Portion)	2,557,623	2,368,743		1,238,099	308,357	468,943	1,910,916	98,115	214,694	1,046,493	532,317	46,496
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	406,570	371,676		236,696	438,016	365,148	15,900	13,833	7,912	1,700	84,612	7,391
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	370,414	305,905		200,721	488	112,858	384,906	1,467	27,677	48,234	66,098	6,734
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	41,789	39,631		23,328		24,513	28,368	8,613	21,101	12,861	8,696	760
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	1,868,009	1,869,040		934,945	1,494,874	1,223,726	1,272,405	23,366	27,603	176,480	247,000	33,959
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	2,548,255	2,222,339		1,337,989	662,938	883,194	1,838,525	17,446	28,823	196,307	397,197	46,325
21.1 Private Passenger Auto Physical Damage	2,188,009	2,053,553		1,115,018	1,775,356	1,769,026	289,194	682	496	918	293,790	39,776
21.2 Commercial Auto Physical Damage	1,619,699	1,315,198		853,667	760,029	801,780	177,186	23,902	25,325	6,166	250,210	29,445
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	14,162,569	12,875,685		7,187,499	6,211,095	6,647,704	6,357,857	220,162	396,881	1,509,938	2,413,219	257,465
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 112,490

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	15,543	14,746		6,086		850	960		113	119	3,235	283
2.1 Allied Lines	14,527	14,856		5,213		6,878	7,006	757	1,410	652	3,024	264
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)	846,650	761,911		402,657	197,388	229,962	83,146	750	1,729	3,496	176,235	15,391
5.2 Commercial Multiple Peril (Liability Portion)	1,434,071	1,363,793		641,781	228,234	367,993	991,254	118,120	202,291	532,455	299,003	26,070
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	164,126	185,584		58,067	223,739	167,087	6,667	3,032	(1,691)	713	34,141	2,984
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	224,054	204,740		100,894	3,838	13,706	200,522	853	3,746	18,478	42,532	4,073
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	39,781	33,593		19,468		296	3,232		1,180	1,465	8,281	723
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	1,442,775	1,433,009		720,257	891,492	805,724	962,587	7,757	24,418	133,495	198,873	26,229
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	1,039,118	969,576		521,421	307,567	421,045	686,446	19,397	27,393	72,241	163,080	18,890
21.1 Private Passenger Auto Physical Damage	2,038,859	1,959,206		1,022,687	1,291,547	1,278,025	298,872	335	115	949	285,410	37,065
21.2 Commercial Auto Physical Damage	539,825	491,471		264,462	313,973	343,567	86,646	8,076	9,093	3,016	84,158	9,814
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	7,799,329	7,432,485		3,762,993	3,457,778	3,635,133	3,327,338	159,077	269,797	767,079	1,297,972	141,786
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 49,745

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	19,457,458	18,008,488		10,242,753	12,204,305	12,228,449	1,754,643	402,486	523,932	218,055	3,117,216	353,722
2.1 Allied Lines	99,274	94,724		55,632	92,425	135,950	44,555	6,717	10,867	4,151	20,824	1,805
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril	17,536,019	17,016,917		8,425,899	11,297,417	11,280,450	2,603,034	239,117	329,445	363,175	3,297,069	318,792
4. Homeowners Multiple Peril	12,891,756	12,494,349		6,816,538	9,141,932	8,971,858	2,125,109	293,499	367,005	129,103	2,075,088	234,363
5.1 Commercial Multiple Peril (Non-Liability Portion)	17,042,378	16,103,514		8,437,209	12,447,977	12,963,202	3,345,955	238,950	243,412	121,579	3,192,409	309,819
5.2 Commercial Multiple Peril (Liability Portion)	9,879,532	9,651,619		4,612,700	1,647,884	2,031,540	7,584,650	685,836	1,050,365	4,149,410	1,784,001	179,603
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	263,598	259,615		119,121	(347)	(7,200)	10,338		(371)	1,105	46,475	4,792
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)	210	210		77							33	4
16. Workers' Compensation												
17.1 Other Liability - Occurrence	7,425,895	7,054,167		3,584,353	3,589,267	1,688,018	7,039,294	47,634	(57,668)	681,064	1,114,852	134,998
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	157,179	154,783		68,250	50,000	23,394	12,133	30,746	32,484	5,501	33,095	2,857
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	9,087,321	9,009,852		2,354,784	5,605,130	5,449,699	4,139,469	173,074	235,400	433,782	1,188,745	165,201
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	16,251,435	15,423,371		7,910,043	9,333,863	9,936,868	15,140,394	397,814	457,218	1,650,931	2,548,010	295,440
21.1 Private Passenger Auto Physical Damage	6,578,012	6,326,887		1,763,741	4,248,014	4,088,146	557,782	13,066	9,912	4,840	887,381	119,584
21.2 Commercial Auto Physical Damage	10,520,550	9,865,116		5,157,783	5,521,974	5,447,251	1,055,176	128,605	127,053	36,725	1,629,859	191,256
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft	463,103	451,788		238,284	24,967	33,689	14,468	1,200	2,299	1,110	74,308	8,419
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	127,653,720	121,915,400		59,787,167	75,204,808	74,271,314	45,427,000	2,658,744	3,331,353	7,800,531	21,009,365	2,320,655
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 1,936,781

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	13,799	8,235		7,676		762	799		97	99	2,881	251
2.1 Allied Lines	16,702	10,509		9,506		7,144	7,206		671	671	3,486	304
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)	2,046,675	1,981,222		996,089	1,624,357	1,642,715	496,008	60,571	56,590	20,120	426,908	37,207
5.2 Commercial Multiple Peril (Liability Portion)	2,444,967	2,398,272		1,153,381	1,097,410	506,187	2,678,928	354,615	115,545	1,539,496	509,971	44,448
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	34,543	30,932		8,627		(514)	1,407		(14)	150	7,206	628
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	677,605	663,640		398,184	2,000	(102,332)	613,562		(1,478)	56,539	123,367	12,318
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	13,313	13,034		8,703		(104)	1,131		393	513	2,777	242
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	5,692,124	5,770,226		2,885,060	4,109,980	4,155,153	5,364,700	134,724	285,292	744,774	882,864	103,479
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	3,675,438	3,568,102		1,910,008	1,014,242	2,300,910	3,847,657	38,029	170,949	423,214	598,633	66,817
21.1 Private Passenger Auto Physical Damage	4,103,581	3,909,723		2,117,808	2,537,133	2,604,247	791,084	(1,878)	(2,083)	2,511	641,671	74,600
21.2 Commercial Auto Physical Damage	1,417,567	1,323,120		724,412	766,075	730,905	257,055	23,485	22,154	8,947	231,318	25,770
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft	50	50		45						10		1
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	20,136,364	19,677,065		10,219,499	11,151,197	11,845,073	14,059,537	609,546	648,116	2,797,034	3,431,092	366,065
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 95,355

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												
19.1 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												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	59,222	49,982		27,845	250,000	253,103	3,480	3,267	3,678	432	12,329	1,077
2.1 Allied Lines	23,778	20,318		11,488	44,650	50,039	10,581	1,203	2,188	985	4,950	432
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)	1,524,516	1,390,326		768,673	517,391	625,189	209,038	12,037	15,907	8,911	317,235	27,715
5.2 Commercial Multiple Peril (Liability Portion)	1,508,020	1,395,931		732,366	1,303,713	208,389	903,048	67,236	(272,386)	469,955	308,327	27,415
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	270,217	277,934		129,360	24,126	30,149	25,823	2,740	3,800	2,760	56,224	4,912
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence	216,679	201,424		117,653	1,000,000	8,131	263,031	2,028	(88,673)	34,961	40,413	3,939
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	32,176	30,215		19,613		(286)	2,689		930	1,219	6,696	585
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	2,346,011	2,344,090		1,212,890	1,350,948	1,522,159	2,009,460	23,245	97,168	278,905	308,107	42,648
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	1,259,635	1,175,703		652,900	411,344	587,178	943,336	16,495	30,669	100,681	196,436	22,899
21.1 Private Passenger Auto Physical Damage	3,886,415	3,625,151		2,034,386	3,080,337	3,250,666	659,531	(3,508)	(3,240)	2,093	517,210	70,653
21.2 Commercial Auto Physical Damage	1,042,904	940,163		538,799	942,698	1,027,912	173,380	21,904	24,859	6,035	162,415	18,959
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	12,169,573	11,451,237		6,245,973	8,925,207	7,562,629	5,203,397	146,647	(185,100)	906,937	1,930,342	221,234
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 71,340

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												
19.1 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												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												
19.1 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												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(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)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	20,008,636	18,333,981		10,550,927	12,507,933	12,563,400	1,787,276	410,959	536,385	222,109	3,214,665	363,744
2.1 Allied Lines	225,359	202,858		118,196	147,661	249,149	115,957	10,065	20,865	10,800	47,101	4,097
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril	17,536,019	17,016,917		8,425,899	11,297,417	11,280,450	2,603,034	239,117	329,445	363,175	3,297,069	318,792
4. Homeowners Multiple Peril	12,891,756	12,494,349		6,816,538	9,141,932	8,971,858	2,125,109	293,499	367,005	129,103	2,075,088	234,363
5.1 Commercial Multiple Peril (Non-Liability Portion)	26,175,387	24,351,374		12,944,964	16,120,538	17,135,577	4,784,326	357,331	374,966	181,829	5,079,540	475,850
5.2 Commercial Multiple Peril (Liability Portion)	20,520,602	19,548,690		9,722,818	6,262,537	5,512,693	17,461,453	2,180,102	2,437,130	9,555,693	3,981,100	373,050
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	1,139,773	1,126,316		552,015	685,534	554,698	60,163	19,605	9,639	6,431	228,800	20,720
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)	210	210		77							33	4
16. Workers' Compensation												
17.1 Other Liability - Occurrence	9,648,473	9,005,453		4,784,776	4,595,593	3,082,804	10,351,998	51,982	(69,320)	925,765	1,504,910	175,402
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	326,077	296,744		163,272	50,000	50,193	51,000	39,359	57,546	23,121	68,308	5,928
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	28,489,938	28,510,561		12,116,966	22,702,949	21,161,010	23,484,568	1,480,814	1,910,549	3,119,854	3,933,158	517,927
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	27,958,141	26,184,414		13,966,896	13,285,174	15,689,039	25,059,803	685,652	891,018	2,723,844	4,406,854	508,259
21.1 Private Passenger Auto Physical Damage	25,746,162	24,346,206		11,523,411	17,565,023	17,603,552	3,823,059	26,957	22,675	15,204	3,599,313	468,047
21.2 Commercial Auto Physical Damage	16,418,940	15,031,347		8,176,193	8,840,690	8,901,049	1,873,547	223,819	226,785	65,209	2,559,546	298,485
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft	471,581	456,007		243,134	28,519	37,247	14,477	1,200	2,300	1,111	75,679	8,573
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	207,557,054	196,905,427		100,106,082	123,231,500	122,792,719	93,595,770	6,020,461	7,116,988	17,343,248	34,071,164	3,773,241
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $ 2,480,661

(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 ..... .

SCHEDULE F - PART 1

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

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14	15
					6	7								
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	231,282		40,811	40,811			115,465				
0199999. Affiliates - U.S. Intercompany Pooling				231,282		40,811	40,811			115,465				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				231,282		40,811	40,811			115,465				
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	118										
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				118										
1299999. Total - Pools and Associations				118										
9999999 Totals				231,400		40,811	40,811			115,465				

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		194,384			35,600		45,797		95,583		176,980				176,980	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					194,384			35,600		45,797		95,583		176,980				176,980	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					194,384			35,600		45,797		95,583		176,980				176,980	
06-1182357	22730	ALLIED WORLD INSURANCE COMPANY	NH		325	2		2		8				12		27		(15)	
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		325	97		49		3		34		183		57		126	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		386	1		1		4		60		66		19		47	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		122	104		53				37		194		43		151	
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		333	14						160		174		20		154	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		82	73		33				25		131		30		101	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		5,658	461	56	1,570		10,215		2,972		15,274		630		14,644	2,059
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		1,453	23	2	55				732		812		88		724	
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		82			1		3				4		7		(3)	
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD		169	148		71		3		52		274		61		213	
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		174	39		23		2		14		78		27		51	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		1			1						1				1	
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		27	24		11				8		43		10		33	
23-2423138	23850	TOKIO MARINE SPECIALTY INS CO	DE		869	20		5				423		448		43		405	
95-3187355	35300	ALLIANZ GLOBAL RISKS US INSURANCE CO.	IL		181	1		1		3				5		15		(10)	
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		108	1		1		2				4		9		(5)	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					10,295	1,008	58	1,877		10,243		4,517		17,703		1,086		16,617	2,059
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		12							6		6		3		3	
1099999. Total Authorized - Pools - Mandatory Pools					12							6		6		3		3	
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		305											24		(24)	
1199999. Total Authorized - Pools - Voluntary Pools					305											24		(24)	
AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR		1					2				2				2	
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		1			1		2				3		1		2	
AA-1126609	00000	LLOYD'S SYNDICATE #0609	GBR		27					1				1		2		(1)	
AA-1128121	00000	LLOYD'S SYNDICATE #2121	GBR		52											4		(4)	
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		3	1		1		2				4				4	
AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		41	1		1		2				4		4			
AA-1120156	00000	LLOYD'S SYNDICATE #1686	GBR		1			1		2				3				3	
AA-1120171	00000	LLOYD'S SYNDICATE #1856	GBR			1		1		3				5		1		4	
1299999. Total Authorized - Other Non-U.S. Insurers					126	3		5		14				22		12		10	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					205,122	1,011	58	37,482		56,054		100,106		194,711		1,125		193,586	2,059
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
AA-3191298	00000	ANTARES REINS CO LTD	BMU		1	1		1		2				4		1		3	
AA-1120337	00000	ASPEN INSURANCE UK LIMITED	GBR		1			1						1				1	
AA-3191435	00000	CONDUIT REINS LTD	BMU		209	1		1		3				5		17		(12)	
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		142	1		1		4				6		12		(6)	
AA-1340028	00000	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG	DEU		84	1		1		2				4		7		(3)	
AA-1340004	00000	R&V VERSICHERUNG AG	DEU		741	4		5		16				25		61		(36)	
AA-3190339	00000	RENAISSANCE REINSURANCE LTD	BMU		94			1						1		8		(7)	
AA-3191388	00000	VERMEER REINSURANCE LTD.	BMU		109											8		(8)	

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
2699999. Total Unauthorized - Other Non-U.S. Insurers					1,381	8		11		27				46		114		(68)	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					1,381	8		11		27				46		114		(68)	
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
CR-1340125 ..	.00000 .	HANNOVER RUCKVERSICHERUNGS AG	DEU		100			5		2				7		9		(2)	
4099999. Total Certified - Other Non-U.S. Insurers					100			5		2				7		9		(2)	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					100			5		2				7		9		(2)	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			
5099999. Total Reciprocal Jurisdiction - Affiliates																			
RJ-1120191 ..	.00000 .	CONVEX INS UK LTD	GBR		494	2		3		8				13		40		(27)	
RJ-3191400 ..	.00000 .	CONVEX RE LTD	BMU		173	1		1		2				4		14		(10)	
RJ-3191289 ..	.00000 .	FIDELIS INSURANCE BERMUDA LIMITED	BMU		405											31		(31)	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					1,072	3		4		10				17		85		(68)	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					1,072	3		4		10				17		85		(68)	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					207,675	1,022	58	37,502		56,093		100,106		194,781		1,333		193,448	2,059
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			
9999999 Totals					207,675	1,022	58	37,502		56,093		100,106		194,781		1,333		193,448	2,059

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY						176,980		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX			176,980		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX											XXX		
0899999. Total Authorized - Affiliates				XXX			176,980								XXX		
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY					12			12	14	14				3		
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY					57	126		183	220	57	163		163	3		5
06-1430254 ..	ARCH REINSURANCE COMPANY					19	47		66	79	19	60		60	2		1
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO					43	151		194	233	43	190		190	3		5
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY					20	154		174	209	20	189		189	2		4
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY					30	101		131	157	30	127		127	4		4
13-2673100 ..	GENERAL REINSURANCE CORPORATION					2,689	12,585		15,274	18,329	2,689	15,640		15,640	1		250
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS					88	724		812	974	88	886		886	1		14
47-0698507 ..	ODYSSEY REINSURANCE COMPANY					4			4	5	5				2		
52-1952955 ..	RENAISSANCE REINSURANCE US INC					61	213		274	329	61	268		268	2		6
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION					27	51		78	94	27	67		67	2		1
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA						1		1	1		1		1	3		
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.					10	33		43	52	10	42		42	2		1
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO					43	405		448	538	43	495		495	1		8
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.					5			5	6	6				2		
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY					4			4	5	5				3		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX		3,112	14,591		17,703	21,244	3,117	18,127		18,127	XXX		300
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					3	3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX		3	3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035 ..	MUTUAL REINSURANCE BUREAU														3		
1199999. Total Authorized - Pools - Voluntary Pools				XXX											XXX		
AA-1120157 ..	LLOYD'S SYNDICATE #1729						2		2	2		2		2	3		
AA-1128001 ..	LLOYD'S SYNDICATE #2001					1	2		3	4	1	3		3	3		
AA-1126609 ..	LLOYD'S SYNDICATE #0609					1			1	1	1				3		
AA-1128121 ..	LLOYD'S SYNDICATE #2121														3		
AA-1128791 ..	LLOYD'S SYNDICATE #2791						4		4	5		5		5	3		
AA-1120181 ..	LLOYD'S SYNDICATE #5886					4			4	5	4	1		1	3		
AA-1120156 ..	LLOYD'S SYNDICATE #1686						3		3	4		4		4	3		
AA-1120171 ..	LLOYD'S SYNDICATE #1856					1	4		5	6	1	5		5	3		
1299999. Total Authorized - Other Non-U.S. Insurers				XXX		7	15		22	26	7	19		19	XXX		1
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		3,122	191,589		17,725	21,270	3,124	18,146		18,146	XXX		300
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX											XXX		
2299999. Total Unauthorized - Affiliates				XXX											XXX		
AA-3191298 ..	ANTARES REINS CO LTD		3	0001		4			4	5	1	4	3	1	4		

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1120337 ..	ASPEN INSURANCE UK LIMITED	1				1			1	1		1	1		3		
AA-3191435 ..	CONDUIT REINS LTD					5			5	6	6				4		
AA-3194122 ..	DAVINCI REINSURANCE LTD					6			6	7	7				3		
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG					4			4	5	5				2		
AA-1340004 ..	R&V VERSICHERUNG AG					25			25	30	30				3		
AA-3190339 ..	RENAISSANCE REINSURANCE LTD					1			1	1	1				2		
AA-3191388 ..	VERMEER REINSURANCE LTD.														3		
2699999. Total Unauthorized - Other Non-U.S. Insurers		1	3	XXX		46			46	55	50	5	4	1	XXX		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		1	3	XXX		46			46	55	50	5	4	1	XXX		
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX											XXX		
3699999. Total Certified - Affiliates				XXX											XXX		
CR-1340125 ..	HANNOVER RUCKVERSICHERUNGS AG					7			7	8	8				2		
4099999. Total Certified - Other Non-U.S. Insurers				XXX		7			7	8	8				XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX		7			7	8	8				XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX											XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX											XXX		
RJ-1120191 ..	CONVEX INS UK LTD					13			13	16	16				3		
RJ-3191400 ..	CONVEX RE LTD					4			4	5	5				3		
RJ-3191289 ..	FIDELIS INSURANCE BERMUDA LIMITED														3		
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX		17			17	20	20				XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX		17			17	20	20				XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		1	3	XXX		3,192	191,589		17,795	21,354	3,203	18,151	4	18,147	XXX		300
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		1	3	XXX		3,192	191,589		17,795	21,354	3,203	18,151	4	18,147	XXX		300

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY																YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																	XXX	
0899999. Total Authorized - Affiliates																	XXX	
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	2						2			2						YES	
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	97						97			97						YES	
06-1430254 ..	ARCH REINSURANCE COMPANY	1						1			1						YES	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	104						104			104						YES	
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	14						14			14						YES	
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	73						73			73						YES	
13-2673100 ..	GENERAL REINSURANCE CORPORATION	517						517			517						YES	
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	25						25			25						YES	
47-0698507 ..	ODYSSEY REINSURANCE COMPANY																YES	
52-1952955 ..	RENAISSANCE REINSURANCE US INC	148						148			148						YES	
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	39						39			39						YES	
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA																YES	
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	24						24			24						YES	
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	20						20			20						YES	
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	1						1			1						YES	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	1						1			1						YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		1,066						1,066			1,066						XXX	
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION																YES	
1099999. Total Authorized - Pools - Mandatory Pools																	XXX	
AA-9995035 ..	MUTUAL REINSURANCE BUREAU																YES	
1199999. Total Authorized - Pools - Voluntary Pools																	XXX	
AA-1120157 ..	LLOYD'S SYNDICATE #1729																YES	
AA-1128001 ..	LLOYD'S SYNDICATE #2001																YES	
AA-1126609 ..	LLOYD'S SYNDICATE #0609																YES	
AA-1128121 ..	LLOYD'S SYNDICATE #2121																YES	
AA-1128791 ..	LLOYD'S SYNDICATE #2791	1						1			1						YES	
AA-1120181 ..	LLOYD'S SYNDICATE #5886	1						1			1						YES	
AA-1120156 ..	LLOYD'S SYNDICATE #1686																YES	
AA-1120171 ..	LLOYD'S SYNDICATE #1856	1						1			1						YES	
1299999. Total Authorized - Other Non-U.S. Insurers		3						3			3						XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		1,069						1,069			1,069						XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX	
2299999. Total Unauthorized - Affiliates																	XXX	

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
AA-3191298 ..	ANTARES REINS CO LTD	1						1			1						YES	
AA-1120337 ..	ASPEN INSURANCE UK LIMITED																YES	
AA-3191435 ..	CONDUIT REINS LTD	1						1			1						YES	
AA-3194122 ..	DAVINCI REINSURANCE LTD	1						1			1						YES	
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG	1						1			1						YES	
AA-1340004 ..	R&V VERSICHERUNG AG	4						4			4						YES	
AA-3190339 ..	RENAISSANCE REINSURANCE LTD																YES	
AA-3191388 ..	VERMEER REINSURANCE LTD.																YES	
2699999. Total Unauthorized - Other Non-U.S. Insurers		8						8			8						XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		8						8			8						XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)																	XXX	
3699999. Total Certified - Affiliates																	XXX	
CR-1340125 ..	HANNOVER RUCKVERSICHERUNGS AG																YES	
4099999. Total Certified - Other Non-U.S. Insurers																	XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	XXX	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates																	XXX	
RJ-1120191 ..	CONVEX INS UK LTD	2						2			2						YES	
RJ-3191400 ..	CONVEX RE LTD	1						1			1						YES	
RJ-3191289 ..	FIDELIS INSURANCE BERMUDA LIMITED																YES	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		3						3			3						XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		3						3			3						XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		1,080						1,080			1,080						XXX	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX	
9999999 Totals		1,080						1,080			1,080						XXX	

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
		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 + Col. 24] / Col. 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 Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254 ..	ARCH REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100 ..	GENERAL REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955 ..	RENAISSANCE REINSURANCE US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035 ..	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1199999. Total Authorized - Pools - Voluntary Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157 ..	LLOYD'S SYNDICATE #1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001 ..	LLOYD'S SYNDICATE #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126609 ..	LLOYD'S SYNDICATE #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128121 ..	LLOYD'S SYNDICATE #2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791 ..	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120181 ..	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156 ..	LLOYD'S SYNDICATE #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171 ..	LLOYD'S SYNDICATE #1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298 ..	ANTARES REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
		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 + Col. 24] / Col. 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 Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
AA-1120337 ..	ASPEN INSURANCE UK LIMITED	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191435 ..	CONDUIT REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122 ..	DAVINCI REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340004 ..	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339 ..	RENAISSANCE REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191388 ..	VERMEER REINSURANCE LTD.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX								
3699999. Total Certified - Affiliates				XXX				XXX	XXX								
CR-1340125 ..	HANNOVER RUCKVERSICHERUNGS AG	2	.07/01/2015 ..	10.0		(2)											
4099999. Total Certified - Other Non-U.S. Insurers				XXX		(2)		XXX	XXX								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX		(2)		XXX	XXX								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120191 ..	CONVEX INS UK LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191400 ..	CONVEX RE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191289 ..	FIDELIS INSURANCE BERMUDA LIMITED	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX		(2)		XXX	XXX								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX				XXX	XXX								
9999999 Totals				XXX		(2)		XXX	XXX								

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
		20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	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 Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX				XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
0899999. Total Authorized - Affiliates			XXX	XXX				XXX	XXX	
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY		XXX	XXX				XXX	XXX	
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
06-1430254 ..	ARCH REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO		XXX	XXX				XXX	XXX	
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
13-2673100 ..	GENERAL REINSURANCE CORPORATION		XXX	XXX				XXX	XXX	
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS		XXX	XXX				XXX	XXX	
47-0698507 ..	ODYSSEY REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
52-1952955 ..	RENAISSANCE REINSURANCE US INC		XXX	XXX				XXX	XXX	
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION		XXX	XXX				XXX	XXX	
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA		XXX	XXX				XXX	XXX	
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.		XXX	XXX				XXX	XXX	
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO		XXX	XXX				XXX	XXX	
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.		XXX	XXX				XXX	XXX	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers			XXX	XXX				XXX	XXX	
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION		XXX	XXX				XXX	XXX	
1099999. Total Authorized - Pools - Mandatory Pools			XXX	XXX				XXX	XXX	
AA-9995035 ..	MUTUAL REINSURANCE BUREAU		XXX	XXX				XXX	XXX	
1199999. Total Authorized - Pools - Voluntary Pools			XXX	XXX				XXX	XXX	
AA-1120157 ..	LLOYD'S SYNDICATE #1729		XXX	XXX				XXX	XXX	
AA-1128001 ..	LLOYD'S SYNDICATE #2001		XXX	XXX				XXX	XXX	
AA-1126609 ..	LLOYD'S SYNDICATE #0609		XXX	XXX				XXX	XXX	
AA-1128121 ..	LLOYD'S SYNDICATE #2121		XXX	XXX				XXX	XXX	
AA-1128791 ..	LLOYD'S SYNDICATE #2791		XXX	XXX				XXX	XXX	
AA-1120181 ..	LLOYD'S SYNDICATE #5886		XXX	XXX				XXX	XXX	
AA-1120156 ..	LLOYD'S SYNDICATE #1686		XXX	XXX				XXX	XXX	
AA-1120171 ..	LLOYD'S SYNDICATE #1856		XXX	XXX				XXX	XXX	
1299999. Total Authorized - Other Non-U.S. Insurers			XXX	XXX				XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX		XXX	
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX		XXX	

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
		20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	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 Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-3191298 ..	ANTARES REINS CO LTD				XXX	XXX	XXX		XXX	
AA-1120337 ..	ASPEN INSURANCE UK LIMITED				XXX	XXX	XXX		XXX	
AA-3191435 ..	CONDUIT REINS LTD				XXX	XXX	XXX		XXX	
AA-3194122 ..	DAVINCI REINSURANCE LTD				XXX	XXX	XXX		XXX	
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG				XXX	XXX	XXX		XXX	
AA-1340004 ..	R&V VERSICHERUNG AG				XXX	XXX	XXX		XXX	
AA-3190339 ..	RENAISSANCE REINSURANCE LTD				XXX	XXX	XXX		XXX	
AA-3191388 ..	VERMEER REINSURANCE LTD.				XXX	XXX	XXX		XXX	
2699999. Total Unauthorized - Other Non-U.S. Insurers					XXX	XXX	XXX		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125 ..	HANNOVER RUCKVERSICHERUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4099999. Total Certified - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX				XXX	XXX	
RJ-1120191 ..	CONVEX INS UK LTD		XXX	XXX				XXX	XXX	
RJ-3191400 ..	CONVEX RE LTD		XXX	XXX				XXX	XXX	
RJ-3191289 ..	FIDELIS INSURANCE BERMUDA LIMITED		XXX	XXX				XXX	XXX	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers			XXX	XXX				XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX				XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)										
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)										
9999999 Totals										

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 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
0001	1	026004226	SOCIETE GENERALE	3
Total				3

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	FACTORY MUTUAL INSURANCE COMPANY	35.000	333
2.	GENERAL REINSURANCE CORPORATION	32.500	1,649
3.	HARTFORD STEAM BOILER INSPECTION & INS	30.000	1,453
4.	TOKIO MARINE SPECIALTY INS CO	30.000	870
5.	GENERAL REINSURANCE CORPORATION	30.000	59

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.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6.	OHIO MUTUAL INSURANCE COMPANY	176,981	194,384	Yes [X] No [ ]
7.	GENERAL REINSURANCE CORPORATION	15,275	5,658	Yes [ ] No [X]
8.	HARTFORD STEAM BOILER INSPECTION & INS	811	1,453	Yes [ ] No [X]
9.	TOKIO MARINE SPECIALTY INS CO	448	870	Yes [ ] No [X]
10.	RENAISSANCE REINSURANCE US INC	273	169	Yes [ ] No [X]

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)	345,297,885		345,297,885
2.	Premiums and considerations (Line 15)	61,803,877		61,803,877
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,080,089	(1,080,089)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	58,049,031		58,049,031
6.	Net amount recoverable from reinsurers		191,386,000	191,386,000
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	466,230,882	190,305,911	656,536,793
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	106,261,983	93,595,770	199,857,753
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	12,096,759		12,096,759
11.	Unearned premiums (Line 9)	115,464,557	100,099,831	215,564,388
12.	Advance premiums (Line 10)	1,560,109		1,560,109
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	1,333,478	(1,330,485)	2,993
15.	Funds held by company under reinsurance treaties (Line 13)	2,059,205	(2,059,205)	
16.	Amounts withheld or retained by company for account of others (Line 14)	404,757		404,757
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	6,152,037		6,152,037
19.	Total liabilities excluding protected cell business (Line 26)	245,332,885	190,305,911	435,638,796
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	220,897,997	XXX	220,897,997
22.	Totals (Line 38)	466,230,882	190,305,911	656,536,793

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

If yes, give full explanation: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	137	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	137	XXX		XXX		XXX		XXX		XXX		XXX		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)	22	16.1												
8.	Other general insurance expenses	17	12.4												
9.	Taxes, licenses and fees														
10.	Total other expenses incurred	39	28.5												
11.	Aggregate write-ins for deductions														
12.	Gain from underwriting before dividends or refunds	98	71.5												
13.	Dividends or refunds														
14.	Gain from underwriting after dividends or refunds	98	71.5												
	DETAILS OF WRITE-INS														
1101.															
1102.															
1103.															
1198.	Summary of remaining write-ins for Line 11 from overflow page														
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)														

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1.	Premiums written		XXX		XXX		XXX		XXX		XXX	137	XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX	137	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)											22	16.1
8.	Other general insurance expenses											17	12.4
9.	Taxes, licenses and fees												
10.	Total other expenses incurred											39	28.5
11.	Aggregate write-ins for deductions												
12.	Gain from underwriting before dividends or refunds											98	71.5
13.	Dividends or refunds												
14.	Gain from underwriting after dividends or refunds											98	71.5
	DETAILS OF WRITE-INS												
1101.													
1102.													
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)												

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	50												50
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year	50												50
5. Total premium reserves, prior year	50												50
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													

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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
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 Lines 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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	137												137
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written	210												210
2. Premiums earned													
3. Incurred claims													
4. Commissions													

(a) Includes $ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
B. Assumed Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
D. Net:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses													
2. Beginning reserves and liabilities													
3. Ending reserves and liabilities													
4. 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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(2)						2	(2)	XXX
2. 2014	36,413	3,585	32,828	14,811	91	276	1	1,781		450	16,776	1,892
3. 2015	37,495	3,210	34,285	13,227	116	372	1	1,439		273	14,921	1,742
4. 2016	38,237	3,280	34,957	13,865	675	401	3	1,638		308	15,226	1,652
5. 2017	39,304	3,304	36,000	19,499	1,219	750	37	1,898		411	20,891	2,081
6. 2018	42,029	3,421	38,608	16,219	101	528	1	1,672		291	18,317	1,851
7. 2019	45,859	3,156	42,703	23,212	542	641	5	1,949		604	25,255	2,411
8. 2020	48,110	3,297	44,813	24,145	296	511	3	2,140		203	26,497	2,503
9. 2021	51,069	3,580	47,489	26,729	621	629	3	2,151		273	28,885	1,788
10. 2022	56,890	5,512	51,378	46,000	6,853	920	240	2,961		238	42,788	479
11. 2023	65,746	5,541	60,205	43,884	786	1,142	6	2,820		290	47,054	3,158
12. Totals	XXX	XXX	XXX	241,589	11,300	6,170	300	20,449		3,343	256,608	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	3											3	1
2. 2014													
3. 2015													
4. 2016													
5. 2017	20		10				5		1			36	1
6. 2018													
7. 2019	21		64	1			11					95	4
8. 2020	29		61	3			42					129	2
9. 2021	261		363	6			142		4			764	11
10. 2022	1,206	1	1,314	113			363		106			2,875	23
11. 2023	6,810	35	6,048	583			1,397		807			14,444	247
12. Totals	8,350	36	7,860	706			1,960		918			18,346	289

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 2014	16,868	92	16,776	46.3	2.6	51.1			65.0		
3. 2015	15,038	117	14,921	40.1	3.6	43.5			65.0		
4. 2016	15,904	678	15,226	41.6	20.7	43.6			65.0		
5. 2017	22,183	1,256	20,927	56.4	38.0	58.1			65.0	30	6
6. 2018	18,419	102	18,317	43.8	3.0	47.4			65.0		
7. 2019	25,898	548	25,350	56.5	17.4	59.4			65.0	84	11
8. 2020	26,928	302	26,626	56.0	9.2	59.4			65.0	87	42
9. 2021	30,279	630	29,649	59.3	17.6	62.4			65.0	618	146
10. 2022	52,870	7,207	45,663	92.9	130.8	88.9			65.0	2,406	469
11. 2023	62,908	1,410	61,498	95.7	25.4	102.1			65.0	12,240	2,204
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	15,468	2,878

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(11)		(1)				11	(12)	XXX
2. 2014	26,807	131	26,676	17,694		751		1,472		599	19,917	2,396
3. 2015	27,851	154	27,697	18,167	93	707		2,052		801	20,833	2,343
4. 2016	29,724	155	29,569	19,589	13	659		2,137		610	22,372	2,346
5. 2017	32,909	206	32,703	20,531	37	717		2,141		768	23,352	2,455
6. 2018	37,692	177	37,515	24,140	1	1,523		2,238		806	27,900	2,946
7. 2019	41,785	166	41,619	27,113	1	1,613		2,164		651	30,889	3,080
8. 2020	39,226	76	39,150	19,624	196	827	2	1,698		482	21,951	2,131
9. 2021	39,486	237	39,249	21,316	38	494		1,692		500	23,464	1,694
10. 2022	39,527	256	39,271	20,882		228		1,580		382	22,690	1,144
11. 2023	41,284	281	41,003	12,890		46		1,284		250	14,220	2,341
12. Totals	XXX	XXX	XXX	201,935	379	7,564	2	18,458		5,860	227,576	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	3											3	1
2. 2014	44		22				4					70	2
3. 2015													
4. 2016	106		53				8					167	1
5. 2017	127		54	1			15		9			204	5
6. 2018	80		175				127		32			414	4
7. 2019	1,090		457	1			341		56			1,943	25
8. 2020	998		431	6			328		70			1,821	29
9. 2021	1,992		1,740	7			699		115			4,539	74
10. 2022	4,428		3,490	7			1,147		385			9,443	200
11. 2023	7,900		9,045	43			806		1,263			18,971	724
12. Totals	16,768		15,467	65			3,475		1,930			37,575	1,065

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 2014	19,987		19,987	74.6		74.9			65.0	66	4
3. 2015	20,926	93	20,833	75.1	60.4	75.2			65.0		
4. 2016	22,552	13	22,539	75.9	8.4	76.2			65.0	159	8
5. 2017	23,594	38	23,556	71.7	18.4	72.0			65.0	180	24
6. 2018	28,315	1	28,314	75.1	0.6	75.5			65.0	255	159
7. 2019	32,834	2	32,832	78.6	1.2	78.9			65.0	1,546	397
8. 2020	23,976	204	23,772	61.1	268.4	60.7			65.0	1,423	398
9. 2021	28,048	45	28,003	71.0	19.0	71.3			65.0	3,725	814
10. 2022	32,140	7	32,133	81.3	2.7	81.8			65.0	7,911	1,532
11. 2023	33,234	43	33,191	80.5	15.3	80.9			65.0	16,902	2,069
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	32,170	5,405

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(1)						1	(1)	XXX
2. 2014	10,339	551	9,788	8,748	816	836	34	835		61	9,569	556
3. 2015	10,641	617	10,024	7,154	1,013	468	16	630		107	7,223	614
4. 2016	11,040	706	10,334	6,847	742	583	44	630		28	7,274	559
5. 2017	11,506	846	10,660	5,446	9	530		671		130	6,638	591
6. 2018	12,003	477	11,526	5,254	163	339	2	652		76	6,080	578
7. 2019	12,463	269	12,194	7,963	234	463	2	601		97	8,791	584
8. 2020	13,173	164	13,009	5,213	347	304	32	496		136	5,634	476
9. 2021	14,152	85	14,067	5,667	107	203	3	471		66	6,231	369
10. 2022	15,270	99	15,171	4,573		77		375		54	5,025	174
11. 2023	17,020	116	16,904	2,336		25		318		52	2,679	390
12. Totals	XXX	XXX	XXX	59,200	3,431	3,828	133	5,679		808	65,143	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016									11			11	
5. 2017	68		121	2			24					211	3
6. 2018	39		209	36			28					240	1
7. 2019	226		675	124			92		34			903	6
8. 2020	635		310	92			130		39			1,022	8
9. 2021	1,420		1,081	30			267		113			2,851	15
10. 2022	1,205		3,182	496			512		194			4,597	34
11. 2023	2,718		4,399	541			718		567			7,861	109
12. Totals	6,311		9,977	1,321			1,771		958			17,696	176

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	10,419	850	9,569	100.8	154.3	97.8			65.0		
3. 2015	8,252	1,029	7,223	77.5	166.8	72.1			65.0		
4. 2016	8,071	786	7,285	73.1	111.3	70.5			65.0		11
5. 2017	6,860	11	6,849	59.6	1.3	64.2			65.0	187	24
6. 2018	6,521	201	6,320	54.3	42.1	54.8			65.0	212	28
7. 2019	10,054	360	9,694	80.7	133.8	79.5			65.0	777	126
8. 2020	7,127	471	6,656	54.1	287.2	51.2			65.0	853	169
9. 2021	9,222	140	9,082	65.2	164.7	64.6			65.0	2,471	380
10. 2022	10,118	496	9,622	66.3	501.0	63.4			65.0	3,891	706
11. 2023	11,081	541	10,540	65.1	466.4	62.4			65.0	6,576	1,285
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14,967	2,729

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017												
6. 2018												
7. 2019												
8. 2020												
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016													
5. 2017													
6. 2018													
7. 2019													
8. 2020													
9. 2021													
10. 2022													
11. 2023													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014											
3. 2015											
4. 2016											
5. 2017											
6. 2018											
7. 2019											
8. 2020											
9. 2021											
10. 2022											
11. 2023											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	72		57		2		1	131	XXX
2. 2014	16,070	2,078	13,992	8,666	630	1,568	44	996		83	10,556	763
3. 2015	16,706	2,079	14,627	6,557	447	1,886	40	689		116	8,645	729
4. 2016	17,618	2,161	15,457	6,960	348	1,662	1	799		156	9,072	675
5. 2017	18,207	2,204	16,003	6,990	440	1,199	3	720		164	8,466	644
6. 2018	18,607	1,800	16,807	6,531	218	1,619	39	715		55	8,608	593
7. 2019	19,693	1,699	17,994	8,343	139	1,680	1	684		263	10,567	626
8. 2020	21,181	1,943	19,238	7,190	512	676	35	686		109	8,005	594
9. 2021	23,067	1,895	21,172	6,624	204	495	8	576		132	7,483	413
10. 2022	25,508	2,335	23,173	9,479	1,192	433	41	634		108	9,313	218
11. 2023	28,535	2,365	26,170	9,365	448	227	2	705		95	9,847	523
12. Totals	XXX	XXX	XXX	76,777	4,578	11,502	214	7,206		1,282	90,693	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	4											4	1
2. 2014									1			1	
3. 2015	140		70				148					358	7
4. 2016	88		44	1			104		7			242	5
5. 2017	133		29	2			107		18			285	6
6. 2018	670	162	214	88			645		35			1,314	4
7. 2019	662		20	12			439		25			1,134	19
8. 2020	200		894	113			676		11			1,668	12
9. 2021	400		1,202	13			956		89			2,634	24
10. 2022	649	33	3,179	948			1,511		118			4,476	30
11. 2023	2,389	271	3,472	436			1,744		480			7,378	93
12. Totals	5,335	466	9,124	1,613			6,330		784			19,494	201

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4	
2. 2014	11,231	674	10,557	69.9	32.4	75.5			65.0		1
3. 2015	9,490	487	9,003	56.8	23.4	61.6			65.0	210	148
4. 2016	9,664	350	9,314	54.9	16.2	60.3			65.0	131	111
5. 2017	9,196	445	8,751	50.5	20.2	54.7			65.0	160	125
6. 2018	10,429	507	9,922	56.0	28.2	59.0			65.0	634	680
7. 2019	11,853	152	11,701	60.2	8.9	65.0			65.0	670	464
8. 2020	10,333	660	9,673	48.8	34.0	50.3			65.0	981	687
9. 2021	10,342	225	10,117	44.8	11.9	47.8			65.0	1,589	1,045
10. 2022	16,003	2,214	13,789	62.7	94.8	59.5			65.0	2,847	1,629
11. 2023	18,382	1,157	17,225	64.4	48.9	65.8			65.0	5,154	2,224
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	12,380	7,114

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014	4,700	2,150	2,550	2,120	1,498	201	20	275		2	1,078	105
3. 2015	4,783	2,143	2,640	1,083	585	67		91		2	656	78
4. 2016	4,451	2,169	2,282	1,286	585	99		97		1	897	79
5. 2017	4,066	2,251	1,815	924	497	75	1	144			645	46
6. 2018	4,219	2,412	1,807	1,460	1,086	189	9	125		2	679	41
7. 2019	4,473	2,677	1,796	1,757	1,507	11	5	105			361	34
8. 2020	4,782	1,734	3,048	5,242	3,243	41		164		1	2,204	34
9. 2021	5,131	1,581	3,550	1,115	147	28		111			1,107	18
10. 2022	5,625	2,000	3,625	799	329	21		208			699	14
11. 2023	6,381	2,500	3,881	29		7		97		1	133	16
12. Totals	XXX	XXX	XXX	15,815	9,477	739	35	1,417		9	8,459	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2014													
3. 2015													1
4. 2016													
5. 2017	152		76				35					263	3
6. 2018	780	715	390	358			232		3			332	1
7. 2019	7	7	8	6			2		2			6	1
8. 2020	68	42	50	24			11		27			90	2
9. 2021	25		1,021	739			60		25			392	5
10. 2022	93		1,990	1,427			67		46			769	5
11. 2023	113		2,357	1,199			267		89			1,627	7
12. Totals	1,238	764	5,892	3,753			674		192			3,479	25

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	2,596	1,518	1,078	55.2	70.6	42.3			65.0		
3. 2015	1,241	585	656	25.9	27.3	24.8			65.0		
4. 2016	1,482	585	897	33.3	27.0	39.3			65.0		
5. 2017	1,406	498	908	34.6	22.1	50.0			65.0	228	35
6. 2018	3,179	2,168	1,011	75.3	89.9	55.9			65.0	97	235
7. 2019	1,892	1,525	367	42.3	57.0	20.4			65.0	2	4
8. 2020	5,603	3,309	2,294	117.2	190.8	75.3			65.0	52	38
9. 2021	2,385	886	1,499	46.5	56.0	42.2			65.0	307	85
10. 2022	3,224	1,756	1,468	57.3	87.8	40.5			65.0	656	113
11. 2023	2,959	1,199	1,760	46.4	48.0	45.3			65.0	1,271	356
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,613	866

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017												
6. 2018												
7. 2019												
8. 2020												
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016													
5. 2017													
6. 2018													
7. 2019													
8. 2020													
9. 2021													
10. 2022													
11. 2023													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014											
3. 2015											
4. 2016											
5. 2017											
6. 2018											
7. 2019											
8. 2020											
9. 2021											
10. 2022											
11. 2023											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

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

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(50)		20		(1)		83	(31)	XXX
2. 2022	14,323	883	13,440	9,545	882	222	46	615		211	9,454	XXX
3. 2023	15,965	935	15,030	9,894		291		631		82	10,816	XXX
4. Totals	XXX	XXX	XXX	19,389	882	533	46	1,245		376	20,239	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	1		1				4					6	1
2. 2022	15		20				13		12			60	2
3. 2023	575		1,086	1			164		102			1,926	27
4. Totals	591		1,107	1			181		114			1,992	30

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2	4
2. 2022	10,442	928	9,514	72.9	105.1	70.8			65.0	35	25
3. 2023	12,743	1	12,742	79.8	0.1	84.8			65.0	1,660	266
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,697	295

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(122)	23	(7)		(5)		224	(157)	XXX
2. 2022	45,583	975	44,608	36,053	506	177	15	2,732		6,620	38,441	12
3. 2023	53,376	1,334	52,042	34,011		178		2,451		3,627	36,640	592
4. Totals	XXX	XXX	XXX	69,942	529	348	15	5,178		10,471	74,924	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	25		31				5					61	7
2. 2022	43	5	264	3			10		39			348	12
3. 2023	3,403		3,349				73		397			7,222	592
4. Totals	3,471	5	3,644	3			88		436			7,631	611

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	56	5
2. 2022	39,318	529	38,789	86.3	54.3	87.0			65.0	299	49
3. 2023	43,862		43,862	82.2		84.3			65.0	6,752	470
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7,107	524

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2022												XXX
3. 2023												XXX
4. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2022													
3. 2023													
4. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2022											
3. 2023											
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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2022												XXX
3. 2023												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2022													
3. 2023													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2022											
3. 2023											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

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
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014	137	1	136	34		43		1			78	6
3. 2015	137	1	136	1		1					2	3
4. 2016	126	1	125	7		1					8	4
5. 2017	129	1	128	29		7		1			37	1
6. 2018	129		129	16		6		1			23	6
7. 2019	121		121	9		4					13	1
8. 2020	124	1	123					1			1	
9. 2021	141	1	140	13		2		1			16	2
10. 2022	157	1	156			2					2	
11. 2023	193	1	192			4		1			5	1
12. Totals	XXX	XXX	XXX	109		70		6			185	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior													
2. 2014									1			1	
3. 2015													
4. 2016													
5. 2017													
6. 2018													
7. 2019													
8. 2020													
9. 2021							1					1	
10. 2022							4					4	
11. 2023	16		17				10		1			44	1
12. Totals	16		17				15		2			50	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	79		79	57.7		58.1			65.0		1
3. 2015	2		2	1.5		1.5			65.0		
4. 2016	8		8	6.3		6.4			65.0		
5. 2017	37		37	28.7		28.9			65.0		
6. 2018	23		23	17.8		17.8			65.0		
7. 2019	13		13	10.7		10.7			65.0		
8. 2020	1		1	0.8		0.8			65.0		
9. 2021	17		17	12.1		12.1			65.0		1
10. 2022	6		6	3.8		3.8			65.0		4
11. 2023	49		49	25.4		25.5			65.0	33	11
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	33	17

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior	1,401	1,161	1,106	1,106	1,046	1,048	1,035	1,035	991	989	(2)	(46)
2. 2014	16,937	15,552	15,174	15,040	15,000	15,012	15,000	14,997	14,996	14,995	(1)	(2)
3. 2015	XXX	14,512	13,733	13,485	13,662	13,635	13,504	13,482	13,482	13,482		
4. 2016	XXX	XXX	15,547	14,108	14,032	13,628	13,631	13,592	13,588	13,588		(4)
5. 2017	XXX	XXX	XXX	19,999	19,071	18,930	18,881	18,905	19,036	19,028	(8)	123
6. 2018	XXX	XXX	XXX	XXX	17,457	16,794	16,681	16,591	16,643	16,645	2	54
7. 2019	XXX	XXX	XXX	XXX	XXX	23,514	23,040	22,821	23,309	23,401	92	580
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	25,659	25,233	24,718	24,486	(232)	(747)
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,074	27,603	27,494	(109)	(580)
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,044	42,596	(2,448)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57,871	XXX	XXX
										12. Totals	(2,706)	(622)

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

1. Prior	11,950	10,675	9,071	8,811	8,464	8,285	8,296	8,251	8,236	8,221	(15)	(30)
2. 2014	19,508	19,302	19,241	18,694	18,563	18,626	18,576	18,535	18,519	18,515	(4)	(20)
3. 2015	XXX	22,043	21,350	19,300	18,911	18,953	18,821	18,752	18,768	18,781	13	29
4. 2016	XXX	XXX	22,874	21,481	20,611	20,549	20,526	20,580	20,445	20,402	(43)	(178)
5. 2017	XXX	XXX	XXX	23,631	22,272	22,080	21,071	21,207	21,256	21,406	150	199
6. 2018	XXX	XXX	XXX	XXX	27,766	25,316	24,469	25,836	25,965	26,044	79	208
7. 2019	XXX	XXX	XXX	XXX	XXX	28,026	27,869	29,796	30,367	30,612	245	816
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	22,061	20,665	21,752	22,004	252	1,339
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,772	25,053	26,196	1,143	2,424
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,388	30,168	780	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,644	XXX	XXX
										12. Totals	2,600	4,787

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

1. Prior	3,770	3,355	4,870	4,092	4,017	4,618	4,630	4,638	4,519	4,518	(1)	(120)
2. 2014	7,989	8,437	8,389	8,700	8,573	8,842	8,734	8,734	8,734	8,734		
3. 2015	XXX	6,772	6,858	6,538	6,279	6,796	6,535	6,583	6,594	6,593	(1)	10
4. 2016	XXX	XXX	5,895	6,242	6,924	6,990	6,795	6,574	6,577	6,644	67	70
5. 2017	XXX	XXX	XXX	6,720	6,569	6,223	6,828	6,265	6,113	6,178	65	(87)
6. 2018	XXX	XXX	XXX	XXX	6,547	5,882	6,726	6,640	5,978	5,668	(310)	(972)
7. 2019	XXX	XXX	XXX	XXX	XXX	8,663	9,485	8,795	8,731	9,059	328	264
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	5,945	7,587	6,493	6,121	(372)	(1,466)
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,753	8,675	8,498	(177)	745
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,098	9,053	955	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,655	XXX	XXX
										12. Totals	554	(1,556)

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

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	5,459	5,772	5,397	5,104	5,390	5,177	5,361	5,287	5,241	5,248	7	(39)
2. 2014	7,801	7,852	8,902	8,722	9,500	9,558	9,715	9,577	9,578	9,560	(18)	(17)
3. 2015	XXX	7,186	7,271	7,980	8,718	8,263	8,059	7,962	8,200	8,314	114	352
4. 2016	XXX	XXX	7,994	8,108	7,998	8,460	8,743	8,581	8,603	8,508	(95)	(73)
5. 2017	XXX	XXX	XXX	8,707	7,879	8,417	8,055	8,323	8,187	8,013	(174)	(310)
6. 2018	XXX	XXX	XXX	XXX	7,837	8,158	8,925	10,090	10,261	9,172	(1,089)	(918)
7. 2019	XXX	XXX	XXX	XXX	XXX	10,210	11,952	11,307	11,762	10,992	(770)	(315)
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	9,802	9,140	9,116	8,976	(140)	(164)
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,992	8,213	9,452	1,239	(540)
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,286	13,037	(249)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,040	XXX	XXX
										12. Totals	(1,175)	(2,024)

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

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

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

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

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

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

1. Prior	1,643	1,818	1,941	1,985	1,669	1,613	1,608	1,578	1,578	1,578		
2. 2014	1,210	1,344	936	806	758	812	820	803	803	803		
3. 2015	XXX	1,002	899	618	768	576	568	565	565	565		
4. 2016	XXX	XXX	1,386	1,217	1,114	899	793	804	800	800		(4)
5. 2017	XXX	XXX	XXX	1,146	849	692	751	744	721	764	43	20
6. 2018	XXX	XXX	XXX	XXX	758	783	514	518	599	883	284	365
7. 2019	XXX	XXX	XXX	XXX	XXX	532	366	447	305	260	(45)	(187)
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	3,686	3,762	2,297	2,103	(194)	(1,659)
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,248	2,604	1,363	(1,241)	115
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,711	1,214	(497)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,574	XXX	XXX
										12. Totals	(1,650)	(1,350)

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

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,059	795	691	(104)	(368)
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,205	8,887	(318)	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,009	XXX	XXX
										4. Totals	(422)	(368)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,425	1,798	1,552	(246)	(2,873)
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,357	36,018	(3,339)	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41,014	XXX	XXX
										4. Totals	(3,585)	(2,873)

SCHEDULE P - PART 2K - FIDELITY/SURETY

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

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

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P - PART 2M - INTERNATIONAL

NONE

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior	32	16	13	15	13	13	13	13	13	13		
2. 2014	34	68	9	9	9	10	10	10	40	77	37	67
3. 2015	XXX	3	3	2	2	2	2	2	2	2		
4. 2016	XXX	XXX	3	6	5	8	8	8	8	8		
5. 2017	XXX	XXX	XXX		3	78	36	36	36	36		
6. 2018	XXX	XXX	XXX	XXX	20	18	22	22	22	22		
7. 2019	XXX	XXX	XXX	XXX	XXX	10	18	17	13	13		(4)
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	26	16	(10)	(4)
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	6	(3)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	XXX	XXX
										12. Totals	24	59

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

NONE

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

NONE

1. Prior	XXX	XXX	XXX	XXX		XXX						
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
									4. Totals			

SCHEDULE P - PART 2T - WARRANTY

NONE

1. Prior	XXX	XXX	XXX	XXX		XXX						
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	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) 1	2	3	4	5	6	7	8	9	10	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000	332	768	799	835	855	872	938	988	986	76	
2. 2014	13,029	14,915	14,966	14,996	14,992	14,994	14,993	14,997	14,996	14,995	1,549	343
3. 2015	XXX	10,248	12,795	13,110	13,261	13,274	13,447	13,482	13,482	13,482	1,408	334
4. 2016	XXX	XXX	11,573	13,182	13,341	13,544	13,571	13,588	13,588	13,588	1,349	303
5. 2017	XXX	XXX	XXX	14,768	18,149	18,494	18,698	18,820	18,866	18,993	1,731	349
6. 2018	XXX	XXX	XXX	XXX	12,621	15,655	16,340	16,511	16,592	16,645	1,531	320
7. 2019	XXX	XXX	XXX	XXX	XXX	18,486	21,932	22,476	23,178	23,306	1,962	445
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	20,234	23,591	24,386	24,357	2,111	390
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,124	26,206	26,734	1,626	151
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,446	39,827	390	66
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,234	2,707	204

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

1. Prior	000	5,082	7,167	7,823	8,083	8,177	8,259	8,246	8,230	8,218	407	
2. 2014	7,692	12,846	16,013	17,510	17,913	18,194	18,283	18,413	18,449	18,445	2,073	321
3. 2015	XXX	8,672	13,860	16,746	18,051	18,532	18,666	18,692	18,768	18,781	1,990	353
4. 2016	XXX	XXX	8,618	14,945	17,649	19,427	19,745	19,970	20,235	20,235	1,955	390
5. 2017	XXX	XXX	XXX	9,452	15,444	18,957	20,226	20,796	20,864	21,211	2,050	400
6. 2018	XXX	XXX	XXX	XXX	10,735	17,436	21,003	23,530	24,454	25,662	2,481	461
7. 2019	XXX	XXX	XXX	XXX	XXX	11,383	19,177	23,315	26,685	28,725	2,595	460
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	8,213	14,385	17,708	20,253	1,703	399
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,599	17,795	21,772	1,383	237
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,515	21,110	736	208
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,936	1,420	197

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

1. Prior	000	825	2,023	3,479	3,659	4,559	4,630	4,638	4,519	4,518	86	
2. 2014	2,260	4,410	5,859	7,265	8,134	8,551	8,732	8,734	8,734	8,734	502	54
3. 2015	XXX	2,121	3,213	4,238	5,629	5,968	6,330	6,392	6,594	6,593	543	71
4. 2016	XXX	XXX	1,856	3,484	5,064	5,355	5,974	6,406	6,414	6,644	488	71
5. 2017	XXX	XXX	XXX	2,002	3,585	4,566	5,537	5,732	5,949	5,967	508	80
6. 2018	XXX	XXX	XXX	XXX	1,941	3,193	4,433	5,320	5,426	5,428	501	76
7. 2019	XXX	XXX	XXX	XXX	XXX	2,396	4,273	5,722	7,559	8,190	509	69
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,717	3,546	4,403	5,138	417	51
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,025	3,702	5,760	322	32
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,094	4,650	123	17
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,361	253	28

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

1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	000	1,742	3,567	4,298	4,439	4,687	4,829	5,084	5,115	5,244	161	
2. 2014	4,078	5,691	6,465	7,475	8,309	8,922	9,400	9,547	9,548	9,560	615	148
3. 2015	XXX	3,066	4,374	5,155	6,625	7,350	7,614	7,762	7,831	7,956	595	127
4. 2016	XXX	XXX	4,027	5,704	6,243	6,987	7,376	7,909	8,053	8,273	544	126
5. 2017	XXX	XXX	XXX	3,933	5,563	6,097	6,940	7,215	7,474	7,746	514	124
6. 2018	XXX	XXX	XXX	XXX	3,677	5,054	6,274	6,900	7,323	7,893	491	98
7. 2019	XXX	XXX	XXX	XXX	XXX	4,705	7,243	8,565	9,349	9,883	517	90
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	4,448	6,221	6,987	7,319	496	86
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,225	5,702	6,907	343	46
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,052	8,679	154	34
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,142	386	44

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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX							XXX	XXX
7. 2019	XXX	XXX	XXX	XXX							XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	000	499	674	1,003	1,390	1,390	1,531	1,578	1,578	1,578	35	
2. 2014	211	397	506	581	727	771	803	803	803	803	77	28
3. 2015	XXX	86	262	461	555	559	565	565	565	565	54	23
4. 2016	XXX	XXX	90	249	677	757	776	800	800	800	62	17
5. 2017	XXX	XXX	XXX	119	359	437	477	490	499	501	35	8
6. 2018	XXX	XXX	XXX	XXX	65	207	306	406	536	554	31	9
7. 2019	XXX	XXX	XXX	XXX	XXX	46	96	127	244	256	26	7
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	86	362	1,723	2,040	26	6
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	698	996	12	1
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	491	7	2
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	8	1

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

1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	715	685	XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,589	8,839	XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,185	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	1,643	1,491		
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,840	35,709		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,189		

SCHEDULE P - PART 3K - FIDELITY/SURETY

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

NONE

1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX							XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX							XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX							XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX							XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000	13	13	13	13	13	13	13	13	13	1	
2. 2014	8	9	9	9	9	10	10	10	24	77	4	2
3. 2015	XXX	2	2	2	2	2	2	2	2	2	2	1
4. 2016	XXX	XXX	1	5	5	8	8	8	8	8	3	1
5. 2017	XXX	XXX	XXX		3	3	36	36	36	36	1	
6. 2018	XXX	XXX	XXX	XXX	12	12	22	22	22	22	5	1
7. 2019	XXX	XXX	XXX	XXX	XXX	6	7	9	13	13	1	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	15	15	2	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		2		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4		

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

1. Prior	000												
2. 2014													
3. 2015	XXX												
4. 2016	XXX	XXX											
5. 2017	XXX	XXX	XXX										
6. 2018	XXX	XXX	XXX	XXX									
7. 2019	XXX	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)

Years in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior	820	275	123	111	64	57	59	36		
2. 2014	1,940	373	115	16	3	13	2			
3. 2015	XXX	1,445	376	150	154	125	21			
4. 2016	XXX	XXX	1,854	416	293	37	26	4		
5. 2017	XXX	XXX	XXX	1,822	400	236	95	42	69	15
6. 2018	XXX	XXX	XXX	XXX	1,866	430	179	44	18	
7. 2019	XXX	XXX	XXX	XXX	XXX	2,028	421	166	67	74
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,581	785	285	100
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,865	821	499
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,886	1,564
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,862

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

1. Prior	4,829	2,399	798	374	168	52	10	1	2	
2. 2014	4,326	1,990	1,195	389	225	168	111	46	26	26
3. 2015	XXX	4,897	2,568	670	234	178	96	18		
4. 2016	XXX	XXX	5,099	2,418	679	370	259	204	94	61
5. 2017	XXX	XXX	XXX	6,268	2,553	1,648	253	122	117	68
6. 2018	XXX	XXX	XXX	XXX	8,744	3,825	809	883	638	302
7. 2019	XXX	XXX	XXX	XXX	XXX	7,244	3,205	2,074	1,397	797
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	7,134	2,820	1,587	753
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,706	3,504	2,432
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,847	4,630
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,808

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

1. Prior	2,177	981	1,428	259	109	26				
2. 2014	2,922	1,814	965	604	143	200	1			
3. 2015	XXX	2,433	1,284	816	240	333	59	78		
4. 2016	XXX	XXX	1,943	1,438	1,386	704	315	70	65	
5. 2017	XXX	XXX	XXX	2,688	1,548	966	995	283	96	143
6. 2018	XXX	XXX	XXX	XXX	3,227	1,821	1,834	1,229	500	201
7. 2019	XXX	XXX	XXX	XXX	XXX	3,474	2,606	1,426	497	643
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,671	2,822	1,164	348
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,285	2,863	1,318
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,048	3,198
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,576

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

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	3,100	2,181	1,149	493	492	219	242	109	32	
2. 2014	2,231	1,014	1,014	476	616	278	156	17	17	
3. 2015	XXX	2,589	1,579	1,157	1,077	592	193	92	221	218
4. 2016	XXX	XXX	2,438	1,572	969	771	730	346	361	147
5. 2017	XXX	XXX	XXX	3,088	1,586	1,345	617	580	385	134
6. 2018	XXX	XXX	XXX	XXX	2,709	2,125	1,564	2,111	1,956	771
7. 2019	XXX	XXX	XXX	XXX	XXX	3,542	3,426	1,853	1,652	447
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	4,131	2,236	1,860	1,457
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,526	2,032	2,145
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,881	3,742
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,780

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

BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)

Years in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	689	558	477	487	139	100	32			
2. 2014	701	719	258	84	8	17	7			
3. 2015	XXX	678	490	141	206	10	3			
4. 2016	XXX	XXX	990	579	340	132	10	4		
5. 2017	XXX	XXX	XXX	704	380	183	176	108	76	111
6. 2018	XXX	XXX	XXX	XXX	599	535	126	67	54	264
7. 2019	XXX	XXX	XXX	XXX	XXX	443	198	208	51	4
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,432	2,091	144	37
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,019	1,831	342
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,154	630
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,425

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

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	336	30	5
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	365	33
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,249

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,206	133	36
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,702	271
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,422

SCHEDULE P - PART 4K - FIDELITY/SURETY

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

NONE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

NONE

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	22	3		1						
2. 2014	15	58								
3. 2015	XXX	1	1							
4. 2016	XXX	XXX	(1)	1						
5. 2017	XXX	XXX	XXX			26				
6. 2018	XXX	XXX	XXX	XXX	8	6				
7. 2019	XXX	XXX	XXX	XXX	XXX	4	8	5		
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	11	1
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	4
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

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

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	380	36	27	6	2	3	1	1		
2. 2014	1,297	1,512	1,538	1,542	1,545	1,547	1,547	1,549	1,549	1,549
3. 2015	XXX	1,174	1,362	1,394	1,402	1,403	1,407	1,408	1,408	1,408
4. 2016	XXX	XXX	1,105	1,313	1,334	1,346	1,348	1,349	1,349	1,349
5. 2017	XXX	XXX	XXX	1,454	1,687	1,720	1,724	1,728	1,728	1,731
6. 2018	XXX	XXX	XXX	XXX	1,230	1,493	1,524	1,530	1,530	1,531
7. 2019	XXX	XXX	XXX	XXX	XXX	1,663	1,936	1,958	1,958	1,962
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,869	2,106	2,106	2,111
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,602	1,602	1,626
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		390
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,707

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	54	30	16	13	10	8	5	4	1	1
2. 2014	177	19	9	5	1	1	1			
3. 2015	XXX	185	33	11	5	3	1			
4. 2016	XXX	XXX	192	26	14	4	2			
5. 2017	XXX	XXX	XXX	213	32	11	11	8	6	1
6. 2018	XXX	XXX	XXX	XXX	228	26	6	4	1	
7. 2019	XXX	XXX	XXX	XXX	XXX	205	26	12	7	4
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	166	17	3	2
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169	18	11
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	23
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	247

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	176	20	14	6	(1)	1	(2)		(3)	
2. 2014	1,774	1,866	1,888	1,890	1,889	1,891	1,891	1,892	1,892	1,892
3. 2015	XXX	1,643	1,721	1,738	1,741	1,740	1,742	1,742	1,742	1,742
4. 2016	XXX	XXX	1,543	1,634	1,650	1,653	1,653	1,652	1,652	1,652
5. 2017	XXX	XXX	XXX	1,964	2,065	2,080	2,084	2,085	2,083	2,081
6. 2018	XXX	XXX	XXX	XXX	1,722	1,835	1,849	1,854	1,851	1,851
7. 2019	XXX	XXX	XXX	XXX	XXX	2,258	2,404	2,415	2,410	2,411
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,392	2,513	2,499	2,503
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,919	1,768	1,788
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	479
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,158

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	774	228	105	38	20	9	2	3		2
2. 2014	1,238	1,787	1,958	2,026	2,054	2,064	2,069	2,072	2,072	2,073
3. 2015	XXX	1,245	1,736	1,891	1,950	1,971	1,982	1,987	1,987	1,990
4. 2016	XXX	XXX	1,151	1,733	1,854	1,920	1,939	1,954	1,954	1,955
5. 2017	XXX	XXX	XXX	1,311	1,817	1,962	2,019	2,044	2,044	2,050
6. 2018	XXX	XXX	XXX	XXX	1,522	2,216	2,389	2,462	2,462	2,481
7. 2019	XXX	XXX	XXX	XXX	XXX	1,663	2,390	2,549	2,549	2,595
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,208	1,640	1,640	1,703
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,228	1,228	1,383
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		736
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,420

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	343	69	41	21	12	6	2	1	1	1
2. 2014	934	193	80	31	14	6	4	3	2	2
3. 2015	XXX	720	284	75	28	12	5	3	1	
4. 2016	XXX	XXX	1,028	227	87	26	12	8	3	1
5. 2017	XXX	XXX	XXX	847	228	73	32	11	8	5
6. 2018	XXX	XXX	XXX	XXX	1,014	253	103	44	23	4
7. 2019	XXX	XXX	XXX	XXX	XXX	990	232	106	49	25
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	668	166	76	29
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	779	178	74
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	838	200
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	724

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	41	(12)	83	22	12	4	(2)	2		3
2. 2014	2,336	2,269	2,350	2,376	2,388	2,390	2,393	2,396	2,395	2,396
3. 2015	XXX	2,148	2,333	2,309	2,327	2,334	2,339	2,342	2,340	2,343
4. 2016	XXX	XXX	2,397	2,319	2,327	2,334	2,340	2,351	2,346	2,346
5. 2017	XXX	XXX	XXX	2,381	2,410	2,429	2,450	2,455	2,452	2,455
6. 2018	XXX	XXX	XXX	XXX	2,792	2,897	2,947	2,966	2,945	2,946
7. 2019	XXX	XXX	XXX	XXX	XXX	2,916	3,067	3,114	3,057	3,080
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,200	2,110	2,131
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,230	1,629	1,694
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	838	1,144
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,341

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	140	35	24	19	3	4	1			
2. 2014	301	430	462	483	494	499	501	502	502	502
3. 2015	XXX	344	464	508	527	539	542	543	543	543
4. 2016	XXX	XXX	306	429	469	479	485	487	487	488
5. 2017	XXX	XXX	XXX	313	450	487	501	507	507	508
6. 2018	XXX	XXX	XXX	XXX	311	457	486	500	500	501
7. 2019	XXX	XXX	XXX	XXX	XXX	350	470	501	501	509
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	283	407	407	417
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	300	300	322
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		123
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	253

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	61	42	25	7	6	1				
2. 2014	156	61	33	17	7	2	1			
3. 2015	XXX	175	75	31	14	4	2	1		
4. 2016	XXX	XXX	154	49	15	10	4	1	1	
5. 2017	XXX	XXX	XXX	137	49	16	7	5	3	3
6. 2018	XXX	XXX	XXX	XXX	132	33	16	4	2	1
7. 2019	XXX	XXX	XXX	XXX	XXX	118	44	21	10	6
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	109	30	17	8
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	29	15
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	34
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	50	20	10	1	2	(1)	1			
2. 2014	488	537	546	554	555	555	556	556	556	556
3. 2015	XXX	549	600	607	612	614	615	615	614	614
4. 2016	XXX	XXX	499	544	552	558	559	558	558	559
5. 2017	XXX	XXX	XXX	496	572	582	588	592	590	591
6. 2018	XXX	XXX	XXX	XXX	485	561	578	580	578	578
7. 2019	XXX	XXX	XXX	XXX	XXX	509	580	591	580	584
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	429	488	475	476
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	440	360	369
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	174
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	178	63	51	27	10	6	2	1		1
2. 2014	370	510	548	580	597	604	612	614	614	615
3. 2015	XXX	343	484	530	555	577	587	592	592	595
4. 2016	XXX	XXX	330	459	492	518	532	540	540	544
5. 2017	XXX	XXX	XXX	342	439	472	496	508	508	514
6. 2018	XXX	XXX	XXX	XXX	307	425	461	475	475	491
7. 2019	XXX	XXX	XXX	XXX	XXX	346	469	503	503	517
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	384	485	485	496
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	316	316	343
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		154
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	386

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	102	75	39	17	12	7	4	2	2	1
2. 2014	155	74	57	35	18	10	3	1	1	
3. 2015	XXX	161	86	62	39	16	6	6	8	7
4. 2016	XXX	XXX	136	66	46	33	20	14	10	5
5. 2017	XXX	XXX	XXX	116	55	37	24	19	10	6
6. 2018	XXX	XXX	XXX	XXX	127	45	33	30	18	4
7. 2019	XXX	XXX	XXX	XXX	XXX	98	56	47	32	19
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	82	24	12	12
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	33	24
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	30
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	93

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	118	51	21	7	8	1	(1)	(1)		
2. 2014	620	715	745	760	763	762	763	763	763	763
3. 2015	XXX	573	676	710	719	720	720	725	727	729
4. 2016	XXX	XXX	544	637	660	676	677	679	675	675
5. 2017	XXX	XXX	XXX	524	602	627	643	651	642	644
6. 2018	XXX	XXX	XXX	XXX	491	560	589	603	591	593
7. 2019	XXX	XXX	XXX	XXX	XXX	503	607	639	624	626
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	532	594	582	594
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452	393	413
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	218
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	35	19	9	2	4			1		
2. 2014	36	56	68	71	73	75	76	77	77	77
3. 2015	XXX	27	42	51	53	53	53	54	54	54
4. 2016	XXX	XXX	29	44	58	60	61	62	62	62
5. 2017	XXX	XXX	XXX	21	27	32	34	34	34	35
6. 2018	XXX	XXX	XXX	XXX	18	25	28	30	30	31
7. 2019	XXX	XXX	XXX	XXX	XXX	12	24	25	25	26
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	20	25	25	26
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11	12
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	37	17		5	3	1	1			
2. 2014	42	22	1	8	4	3	1			
3. 2015	XXX	22	1	5	2	1	1		1	1
4. 2016	XXX	XXX	7	23	7	3	2			
5. 2017	XXX	XXX	XXX	10	4	3	2	1	1	3
6. 2018	XXX	XXX	XXX	XXX	10	6	5	3	1	1
7. 2019	XXX	XXX	XXX	XXX	XXX	10	5	3	1	1
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	7	7	6	2
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	4	5
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	5
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	19	2	(6)	8	2	(1)				
2. 2014	90	98	92	105	104	106	105	105	105	105
3. 2015	XXX	61	62	77	77	77	77	77	78	78
4. 2016	XXX	XXX	45	81	80	78	79	79	79	79
5. 2017	XXX	XXX	XXX	35	39	43	44	43	43	46
6. 2018	XXX	XXX	XXX	XXX	31	39	42	42	40	41
7. 2019	XXX	XXX	XXX	XXX	XXX	25	35	35	33	34
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	31	37	36	34
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	16	18
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	14
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	4	1								
2. 2014	1	2	2	2	2	3	3	3	3	4
3. 2015	XXX	1	2	2	2	2	2	2	2	2
4. 2016	XXX	XXX	1	2	3	3	3	3	3	3
5. 2017	XXX	XXX	XXX				1	1	1	1
6. 2018	XXX	XXX	XXX	XXX	4	4	5	5	5	5
7. 2019	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	1			1						
2. 2014	1	1							1	
3. 2015	XXX	1								
4. 2016	XXX	XXX	1							
5. 2017	XXX	XXX	XXX			1				
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX		1	1		
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	4			1						
2. 2014	2	3	4	4	4	5	5	5	6	6
3. 2015	XXX	3	3	3	3	3	3	3	3	3
4. 2016	XXX	XXX	2	3	4	4	4	4	4	4
5. 2017	XXX	XXX	XXX			1	1	1	1	1
6. 2018	XXX	XXX	XXX	XXX	4	4	6	6	6	6
7. 2019	XXX	XXX	XXX	XXX	XXX	1	2	2	1	1
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2	2
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	
3. 2015	XXX	10,641	10,641	10,641	10,641	10,641	10,641	10,641	10,641	10,641	
4. 2016	XXX	XXX	11,040	11,040	11,040	11,040	11,040	11,040	11,040	11,040	
5. 2017	XXX	XXX	XXX	11,506	11,506	11,506	11,506	11,506	11,506	11,506	
6. 2018	XXX	XXX	XXX	XXX	12,003	12,003	12,003	12,003	12,003	12,003	
7. 2019	XXX	XXX	XXX	XXX	XXX	12,463	12,463	12,463	12,463	12,463	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	13,173	13,173	13,173	13,173	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,152	14,152	14,152	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,270	15,270	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,020	17,020
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,020
13. Earned Premiums (Sch P-Pt. 1)	10,339	10,641	11,040	11,506	12,003	12,463	13,173	14,152	15,270	17,020	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	551	551	551	551	551	551	551	551	551	551	
3. 2015	XXX	617	617	617	617	617	617	617	617	617	
4. 2016	XXX	XXX	706	706	706	706	706	706	706	706	
5. 2017	XXX	XXX	XXX	846	846	846	846	846	846	846	
6. 2018	XXX	XXX	XXX	XXX	477	477	477	477	477	477	
7. 2019	XXX	XXX	XXX	XXX	XXX	269	269	269	269	269	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	164	164	164	164	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	116
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116
13. Earned Premiums (Sch P-Pt. 1)	551	617	706	846	477	269	164	85	99	116	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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX									
6. 2018	XXX	XXX									
7. 2019	XXX	XXX									
8. 2020	XXX	XXX									
9. 2021	XXX	XXX									
10. 2022	XXX	XXX									
11. 2023	XXX	XXX									
12. Totals	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX									
6. 2018	XXX	XXX									
7. 2019	XXX	XXX									
8. 2020	XXX	XXX									
9. 2021	XXX	XXX									
10. 2022	XXX	XXX									
11. 2023	XXX	XXX									
12. Totals	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	
3. 2015	XXX	16,706	16,706	16,706	16,706	16,706	16,706	16,706	16,706	16,706	
4. 2016	XXX	XXX	17,618	17,618	17,618	17,618	17,618	17,618	17,618	17,618	
5. 2017	XXX	XXX	XXX	18,207	18,207	18,207	18,207	18,207	18,207	18,207	
6. 2018	XXX	XXX	XXX	XXX	18,607	18,607	18,607	18,607	18,607	18,607	
7. 2019	XXX	XXX	XXX	XXX	XXX	19,693	19,693	19,693	19,693	19,693	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	21,181	21,181	21,181	21,181	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,067	23,067	23,067	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,508	25,508	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,535	28,535
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,535
13. Earned Premiums (Sch P-Pt. 1)	16,070	16,706	17,618	18,207	18,607	19,693	21,181	23,067	25,508	28,535	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	
3. 2015	XXX	2,079	2,079	2,079	2,079	2,079	2,079	2,079	2,079	2,079	
4. 2016	XXX	XXX	2,161	2,161	2,161	2,161	2,161	2,161	2,161	2,161	
5. 2017	XXX	XXX	XXX	2,204	2,204	2,204	2,204	2,204	2,204	2,204	
6. 2018	XXX	XXX	XXX	XXX	1,800	1,800	1,800	1,800	1,800	1,800	
7. 2019	XXX	XXX	XXX	XXX	XXX	1,699	1,699	1,699	1,699	1,699	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,943	1,943	1,943	1,943	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,895	1,895	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,335	2,335	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,365	2,365
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,365
13. Earned Premiums (Sch P-Pt. 1)	2,078	2,079	2,161	2,204	1,800	1,699	1,943	1,895	2,335	2,365	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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	
3. 2015	XXX	4,783	4,783	4,783	4,783	4,783	4,783	4,783	4,783	4,783	
4. 2016	XXX	XXX	4,451	4,451	4,451	4,451	4,451	4,451	4,451	4,451	
5. 2017	XXX	XXX	XXX	4,066	4,066	4,066	4,066	4,066	4,066	4,066	
6. 2018	XXX	XXX	XXX	XXX	4,219	4,219	4,219	4,219	4,219	4,219	
7. 2019	XXX	XXX	XXX	XXX	XXX	4,473	4,473	4,473	4,473	4,473	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	4,782	4,782	4,782	4,782	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,131	5,131	5,131	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,625	5,625	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,381	6,381
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,381
13. Earned Premiums (Sch P-Pt. 1)	4,700	4,783	4,451	4,066	4,219	4,473	4,782	5,131	5,625	6,381	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	
3. 2015	XXX	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,143	
4. 2016	XXX	XXX	2,169	2,169	2,169	2,169	2,169	2,169	2,169	2,169	
5. 2017	XXX	XXX	XXX	2,251	2,251	2,251	2,251	2,251	2,251	2,251	
6. 2018	XXX	XXX	XXX	XXX	2,412	2,412	2,412	2,412	2,412	2,412	
7. 2019	XXX	XXX	XXX	XXX	XXX	2,677	2,677	2,677	2,677	2,677	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,734	1,734	1,734	1,734	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,581	1,581	1,581	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,000	2,000	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,500	2,500
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,500
13. Earned Premiums (Sch P-Pt. 1)	2,150	2,143	2,169	2,251	2,412	2,677	1,734	1,581	2,000	2,500	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	137	137	137	137	137	137	137	137	137	137	
3. 2015	XXX	137	137	137	137	137	137	137	137	137	
4. 2016	XXX	XXX	126	126	126	126	126	126	126	126	
5. 2017	XXX	XXX	XXX	129	129	129	129	129	129	129	
6. 2018	XXX	XXX	XXX	XXX	129	129	129	129	129	129	
7. 2019	XXX	XXX	XXX	XXX	XXX	121	121	121	121	121	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	124	124	124	124	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141	141	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	157	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193	193
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193
13. Earned Premiums (Sch P-Pt. 1)	137	137	126	129	129	121	124	141	157	193	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014	1	1	1	1	1	1	1	1	1	1	
3. 2015	XXX	1	1	1	1	1	1	1	1	1	
4. 2016	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2017	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	1	1	1	1			1	1	1	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
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

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	18,346			65,674		
2. Private Passenger Auto Liability/ Medical	37,575			42,419		
3. Commercial Auto/Truck Liability/ Medical	17,696			18,047		
4. Workers' Compensation						
5. Commercial Multiple Peril	19,494			27,901		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	3,479			3,950		
10. Other Liability - Claims-Made						
11. Special Property	1,992			16,328		
12. Auto Physical Damage	7,631			56,753		
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	50			210		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	106,263			231,282		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	18,346			65,674		
2. Private Passenger Auto Liability/Medical	37,575			42,419		
3. Commercial Auto/Truck Liability/Medical	17,696			18,047		
4. Workers' Compensation						
5. Commercial Multiple Peril	19,494			27,901		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	3,479			3,950		
10. Other Liability - Claims-Made						
11. Special Property	1,992			16,328		
12. Auto Physical Damage	7,631			56,753		
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	50			210		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	106,263			231,282		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

SECTION 4

NET EARNED PREMIUMS REPORTED AT YEAR END ($000 OMITTED)

Years in Which Policies Were Issued	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 5

NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END ($000 OMITTED)

Years in Which Policies Were Issued	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 6

INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END ($000 OMITTED)

Years in Which Policies Were Issued	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 7

RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END ($000 OMITTED)

Years in Which Policies Were Issued	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 [X]

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 [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [X]

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 [X]

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 2014		
1.603 2015		
1.604 2016		
1.605 2017		
1.606 2018		
1.607 2019		
1.608 2020		
1.609 2021		
1.610 2022		
1.611 2023		
1.612 Totals		

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

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

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

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

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

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity ....

5.2 Surety ....

6. Claim count information is reported per claim or per claimant (Indicate which). ..... per claim .....

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 [X] No [ ]

7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement. Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement. .....

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	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. Total							

NONE

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? (Yes/No)	16 *
			86-1575957				Ohio Mutual Insurance Group, Inc.	OH	UIP	Ohio Mutual Insurance Group, Inc.	Board		Ohio Mutual Insurance Group, Inc.	NO	
			86-1550946				OMIG Holdings, Inc.	OH	UIP	Ohio Mutual Insurance Group, Inc.	Ownership	100.000	Ohio Mutual Insurance Group, Inc.	NO	
0963	Ohio Mutual Insurance Group	10202	34-4320350				Ohio Mutual Insurance Company	OH	UDP	Ohio Mutual Insurance Company	Management	100.000	Ohio Mutual Insurance Group, Inc.	NO	
0963	Ohio Mutual Insurance Group	13072	34-1008736				United Ohio Insurance Company	OH		Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
0963	Ohio Mutual Insurance Group		34-1018102				United Premium Budget Service, Inc.	OH	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
0963	Ohio Mutual Insurance Group		34-1115309				Centurion Financial, Inc.	DE	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
0963	Ohio Mutual Insurance Group		34-1026454				Ohio United Agency, Inc.	OH	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
0963	Ohio Mutual Insurance Group	25950	01-0407315				Casco Indemnity Company	OH	IA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
0963	Ohio Mutual Insurance Group	10719	39-0274490				United Mutual Insurance Company	OH	IA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	

NONE

Asterisk	Explanation

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10202	34-4320350	Ohio Mutual Insurance Company	12,000,000	(7,000,000)			642,898				5,642,898	(29,337,000)
13072	34-1008736	United Ohio Insurance Company	(12,000,000)				(701,570)				(12,701,570)	25,092,000
25950	01-0407315	Casco Indemnity Company					58,672				58,672	4,245,000
10719	39-0274490	United Mutual Insurance Company		7,000,000							7,000,000	
9999999 Control Totals									XXX			

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
United Ohio Insurance Company	Ohio Mutual Insurance Company	100.000		Ohio Mutual Insurance Group, Inc.	OMIG Holdings, Inc.	100.000	
Casco Indemnity Company	Ohio Mutual Insurance Company	100.000		Ohio Mutual Insurance Group, Inc.	OMIG Holdings, Inc.	100.000	
Ohio Mutual Insurance Company	OMIG Holdings, Inc.	100.000		Ohio Mutual Insurance Group, Inc.	OMIG Holdings, Inc.	100.000	
United Mutual Insurance Company	Ohio Mutual Insurance Company	100.000		Ohio Mutual Insurance Group, Inc.	OMIG Holdings, Inc.	100.000	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
24.	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
25.	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
26.	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
27.	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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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?	YES
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

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38.

Bar Codes:

11. SIS Stockholder Information Supplement [Document Identifier 420]

12. Financial Guaranty Insurance Exhibit [Document Identifier 240]

13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

14. Supplement A to Schedule T [Document Identifier 455]

15. Trusteed Surplus Statement [Document Identifier 490]

16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]

18. Medicare Part D Coverage Supplement [Document Identifier 365]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]

22. Bail Bond Supplement [Document Identifier 500]

24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

26. Relief from the Requirements for Audit Committees [Document Identifier 226]

27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]

30. Credit Insurance Experience Exhibit [Document Identifier 230]

31. Long-Term Care Experience Reporting Forms [Document Identifier 306]

33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

36. Private Flood Insurance Supplement [Document Identifier 560]

37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]

38. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. CAIP Settlement Receivable				65,244
2597. Summary of remaining write-ins for Line 25 from overflow page				65,244

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

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

For The Year Ended December 31, 2023

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	466,230,882		466,230,882
A02.	Liabilities	245,332,885		245,332,885
A03.	Surplus as regards to policyholders	220,897,997		220,897,997
A04.	Income before taxes	(2,782,315)		(2,782,315)

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

NAIC Group Code 0963 NAIC Company Code 13072

Company Name United Ohio Insurance Company

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 [X] 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 [X] 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: $ 43,417

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
$	$ 25,202	$ 15,239	$ 15,239	%	100.0 %

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0963 NAIC Company Code 13072

		Direct Business Only			
		Prior Year	Current Year		
		1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1.	Completed operations				
2.	Errors & omissions (E&O)		328		
3.	Directors & officers (D&O)				
4.	Environmental liability				
5.	Excess workers' compensation				
6.	Commercial excess & umbrella	4,392,847	4,985,733	4,429,379	1,200,001
7.	Personal umbrella	1,444,640	1,755,882		125,000
8.	Employment liability	1,221	753		
9.	Aggregate write-ins for facilities & premises (CGL)	725,645	865,397	25,287	217,601
10.	Internet & cyber liability	65,248	65,613		
11.	Aggregate write-ins for other	1,804,751	1,974,767	140,927	113,671
12.	Total ASL 17 - other liability (sum of Lines 1 through 11)	8,434,352	9,648,473	4,595,593	1,656,273
	DETAILS OF WRITE-INS				
0901.	Aggregate of facilities & premises (CGL) lines of business less than 10% of category	725,645	865,397	25,287	217,601
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	725,645	865,397	25,287	217,601
1101.	Dwelling Fire Liability	1,643,939	1,812,588	140,927	113,671
1102.	Aggregate of other lines of business less than 10% of category	160,812	162,179		
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1,804,751	1,974,767	140,927	113,671

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Connecticut

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 2 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Maine

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 3 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: New Hampshire

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 3 6 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	YES
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 4 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Rhode Island

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Tennessee

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 4 6 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Vermont

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Virginia

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

1 3 0 7 2 2 0 2 3 6 0 0 5 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE United Ohio Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Wisconsin

NAIC Group Code 0963 NAIC Company Code 13072

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO