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**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
**CINCINNATI EQUITABLE INSURANCE COMPANY**

NAIC Group Code.....0067.....0067.....NAIC Company Code.....16721....Employer's ID Number.....31-0239840.....  
(Current)(Prior)

Organized under the Laws of .....	OH .....	State of Domicile or Port of Entry .....	OH .....
Country of Domicile .....	US .....		
Incorporated/Organized .....	01/24/1827 .....	Commenced Business .....	07/17/1826 .....
Statutory Home Office .....	525 VINE STREET, SUITE 1925 .....	CINCINNATI, OH, US 45202 .....	
Main Administrative Office .....	525 VINE STREET, SUITE 1925 .....		
	CINCINNATI, OH, US 45202 .....	513-621-1826 .....	
		(Telephone)	
Mail Address .....	525 VINE STREET, SUITE 1925 .....	CINCINNATI, OH, US 45202 .....	
Primary Location of Books and Records .....	525 VINE STREET, SUITE 1925 .....		
	CINCINNATI, OH, US 45202 .....	513-621-1826 .....	
		(Telephone)	
Internet Website Address .....	WWW.CINEQLIFE.COM .....		
Statutory Statement Contact .....	JOSHUA CHARLES KORSON .....	517-649-4756 .....	
		(Telephone)	
	JKORSON@FBINSMI.COM .....	513-621-4531 .....	
		(Telephone)	

## OFFICERS

DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT .....  
THOMAS LIGOURI NUGENT, TREASURER.....

**OTHER**

JOSHUA CHARLES KORSON#, CORPORATE CONTROLLER.....  
DEBRA RANEE DANSBY#, VICE PRESIDENT - MARKETING.....  
BRETT JEROME THELEN#, VICE PRESIDENT - IT .....

ROGER DOUGLAS GRAFF#, VICE PRESIDENT - CLAIMS .....

STEES  
CARL JOSEPH BEDNARSKI.....  
MICHAEL ALLEN DERUITER.....  
MICHAEL CHARLES FUSILIER.....  
JENNIFER LYNN LEWIS.....  
MATTHEW RICKER MCHATTE#.....  
ABRAHAM JOHN PASCH.....  
JEFFERY BLAIR SANDBORN.....  
LARRY MARTIN SHAW.....

State of Michigan.....

66

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.

x \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Carl-Joseph Bednarski Donald Eugene Simon Thomas Ligouri Nugent

Subscribed and sworn to before me a. Is this an original filing? Yes

this \_\_\_\_\_ day of \_\_\_\_\_, 2025



## EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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).....												
<b>Details of Write-Ins</b>												
3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

(a) Finance and service charges not included in Lines 1 to 35 \$

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



## EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmers 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.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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).....												
<b>Details of Write-Ins</b>												
3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. Totals (Lines 3401 through 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

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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).....												
<b>Details of Write-Ins</b>												
3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

(a) Finance and service charges not included in Lines 1 to 35 \$

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



## EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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												
9.1 Inland marine												
9.2 Pet insurance plans												
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 through 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

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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												
9.1 Inland marine												
9.2 Pet insurance plans												
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	435	96										
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)	19,042	4,303										
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

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

## EXHIBIT OF PREMIUMS AND LOSSES

GRAND TOTAL DURING THE YEAR 2024



1 6 7 2 1 2 0 2 4 4 3 0 5 9 1 0 0

NAIC Group Code: 0067

NAIC Company Code: 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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												
9.1 Inland marine												
9.2 Pet insurance plans												
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	435	96										
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)	19,042	4,303										
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

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

(20) Schedule F - Part 1 (\$000's Omitted)

**NONE**

(21) Schedule F - Part 2

**NONE**

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
<b>Total Authorized, Affiliates, U.S. Non-Pool, Other</b>																			
38-1316179	21555	Farm Bureau Mutual Ins Co of Michigan	MI		16										13		13	17	(3)
01-0021090	15997	MMG Insurance Company	ME		2										1	1	2		-
0399999 - Total Authorized, Affiliates, U.S. Non-Pool, Other						18									15	15	18		(4)
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total						18									15	15	18		(4)
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates						18									15	15	18		(4)
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																			
38-3207001	10166	Accident Fund Ins Co of America	MI		-													-	-
06-1182357	22730	Allied World Insurance Company	NH		-													-	-
36-2661954	10103	American Agricultural Insurance Company	IN		-													-	-
47-0574325	32603	Berkley Insurance Company	DE		-													-	-
35-2293075	11551	Endurance Assurance Company	DE		-													-	-
06-0384680	11452	HSB Inspection and Ins Co	CT		-												-	-	-
74-2195939	42374	Houston Casualty Company	TX		-												-	-	-
52-1952955	10357	Renaissance Reinsurance U.S. Inc.	MD		-												-	-	-
43-0727872	15105	Safety National Casualty Corporation	MO		-												-	-	-
75-1980552	12831	Ambridge Partners LLC	TX		-												-	-	-
13-1675535	25364	Swiss Re Amer Corp	NY		-												-	-	-
42-0644327	13021	United Fire & Casualty Company	IA		-												-	-	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers						1											1		(1)
<b>Total Authorized, Other Non-U.S. Insurers</b>																			
AA-1128791	00000	Lloyd's of London - Syndicate MAP 2791	GBR		-												-	-	-
AA-1128987	00000	Lloyd's - Ambridge 2987	GBR		-												-	-	-
AA-1128121	00000	Lloyd's - Argenta Syndicate ARG 2121	GBR		-												-	-	-
AA-1120157	00000	Lloyd's - DUW 1729	GBR		-												-	-	-
AA-1126435	00000	Lloyd's - Faraday Syndicate FDY	GBR		-												-	-	-
AA-1340125	00000	Hannover Rueck SE	DEU		-												-	-	-
AA-1126727	00000	SA Meacock And Company LTD	GBR		-												-	-	-
1299999 - Total Authorized, Other Non-U.S. Insurers						-											-	-	-
1499999 - Total Authorized Excluding Protected Cells						19										15	15	19	(4)
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																			
AA-1460080	00000	Helvetia Schweizerische Versicherungs	CHE		-												-	-	-
AA-1340004	00000	R + V Versicherung Ag Reinsurance	DEU		-												-	-	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers						-											-	-	-
2899999 - Total Unauthorized Excluding Protected Cells						-											-	-	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells						19										15	15	19	(4)
9999999 - Totals						19										15	15	19	(4)

**SCHEDULE F - PART 3 (CONTINUED)**Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk									
		21	22	23	24				Net Recoverable From Reinsurers Less Penalty (Col. 15 – 27)	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Col. 28*120%)	Reinsurance Payable & Funds Held (Col. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 29 – 30)	30	31	32	33	34
ID Number From Col. 1	Name of Reinsurer From Col. 3	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 Collateral (Col. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 – 32)	Reinsurer Designation Equivalent in Col. 34)	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)					
<b>Total Authorized, Affiliates, U.S. Non-Pool, Other</b>																		
38-1316179	Farm Bureau Mutual Ins Co of Michigan					13	–	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01-0021090	MMG Insurance Company					1	–	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999 – Total Authorized, Affiliates, U.S. Non-Pool, Other				XXX		15	–	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 – Total Authorized, Affiliates, U.S. Non-Pool, Total				XXX		15	–	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 – Total Authorized, Affiliates, Total Authorized - Affiliates				XXX		15	–	–										XXX
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																		
38-3207001	Accident Fund Ins Co of America								–	–	–	–	–	–	–	–	3	
06-1182357	Allied World Insurance Company								–	–	–	–	–	–	–	–	3	
36-2661954	American Agricultural Insurance Company								–	–	–	–	–	–	–	–	3	
47-0574325	Berkley Insurance Company								–	–	–	–	–	–	–	–	2	
35-2293075	Endurance Assurance Company								–	–	–	–	–	–	–	–	2	
06-0384680	HSB Inspection and Ins Co						–	–	–	–	–	–	–	–	–	–	1	
74-2195939	Houston Casualty Company						–	–	–	–	–	–	–	–	–	–	1	
52-1952955	Renaissance Reinsurance U.S. Inc.						–	–	–	–	–	–	–	–	–	–	2	
43-0727872	Safety National Casualty Corporation						–	–	–	–	–	–	–	–	–	–	1	
75-1980552	Ambridge Partners LLC						–	–	–	–	–	–	–	–	–	–	3	
13-1675535	Swiss Re Amer Corp						–	–	–	–	–	–	–	–	–	–	2	
42-0644327	United Fire & Casualty Company						–	–	–	–	–	–	–	–	–	–	4	
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers				XXX		–	–	–	–	–	–	–	–	–	–	XXX		
<b>Total Authorized, Other Non-U.S. Insurers</b>																		
AA-1128791	Lloyd's of London - Syndicate MAP 2791								–	–	–	–	–	–	–	–	3	
AA-1128987	Lloyd's - Ambridge 2987								–	–	–	–	–	–	–	–	3	
AA-1128121	Lloyd's - Argenta Syndicate ARG 2121								–	–	–	–	–	–	–	–	3	
AA-1120157	Lloyd's - DUW 1729								–	–	–	–	–	–	–	–	3	
AA-1126435	Lloyd's - Faraday Syndicate FDY								–	–	–	–	–	–	–	–	3	
AA-1340125	Hannover Rueck SE								–	–	–	–	–	–	–	–	2	
AA-1126727	SA Meacock And Company LTD								–	–	–	–	–	–	–	–	3	
1299999 – Total Authorized, Other Non-U.S. Insurers				XXX					–	–	–	–	–	–	–	–	XXX	
1499999 – Total Authorized Excluding Protected Cells				XXX		15	–	–	–	–	–	–	–	–	–	–	XXX	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1460080	Helvetia Schweizerische Versicherungs								–	–	–	–	–	–	–	–	3	
AA-1340004	R + V Versicherung Ag Reinsurance								–	–	–	–	–	–	–	–	6	
2699999 – Total Unauthorized, Other Non-U.S. Insurers				XXX					–	–	–	–	–	–	–	–	XXX	
2899999 – Total Unauthorized Excluding Protected Cells				XXX					–	–	–	–	–	–	–	–	XXX	
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells				XXX		15	–	–	–	–	–	–	–	–	–	–	XXX	
9999999 – Totals				XXX		15	–	–	–	–	–	–	–	–	–	–	XXX	

**SCHEDULE F - PART 3 (CONTINUED)**Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Aging of Ceded Reinsurance)

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	38	39	40	41	42	43										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42	Total Recoverable on Paid Losses & LAE Over 90 Days	Total Recoverable on Paid Losses & LAE Over 90 Days	Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 42/Col. 43])	Percentage More Than 120 Days Overdue (Col. 46 + 48)]	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	
<b>Total Authorized, Affiliates, U.S. Non-Pool, Other</b>																		
38-1316179	Farm Bureau Mutual Ins Co of Michigan																YES	
01-0021090	MMG Insurance Company																YES	
0399999	- Total Authorized, Affiliates, U.S. Non-Pool, Other																XXX	
0499999	- Total Authorized, Affiliates, U.S. Non-Pool, Total																XXX	
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																		
38-3207001	Accident Fund Ins Co of America																YES	
06-1182357	Allied World Insurance Company																YES	
36-2661954	American Agricultural Insurance Company																YES	
47-0574325	Berkley Insurance Company																YES	
35-2293075	Endurance Assurance Company																YES	
06-0384680	HSB Inspection and Ins Co																YES	
74-2195939	Houston Casualty Company																YES	
52-1952955	Renaissance Reinsurance U.S. Inc																YES	
43-0727872	Safety National Casualty Corporation																YES	
75-1980552	Ambridge Partners LLC																YES	
13-1675535	Swiss Re Amer Corp																YES	
42-0644327	United Fire & Casualty Company																YES	
0999999	- Total Authorized, Other U.S. Unaffiliated Insurers																XXX	
<b>Total Authorized, Other Non-U.S. Insurers</b>																		
AA-1128791	Lloyd's of London - Syndicate MAP 2791																YES	
AA-1128987	Lloyd's - Ambridge 2987																YES	
AA-1128121	Lloyd's - Argenta Syndicate ARG 2121																YES	
AA-1120157	Lloyd's - DUW 1729																YES	
AA-1126435	Lloyd's - Faraday Syndicate FDY																YES	
AA-1340125	Hannover Rueck SE																YES	
AA-1126727	SA Meacock And Company LTD																YES	
1299999	- Total Authorized, Other Non-U.S. Insurers																XXX	
1499999	- Total Authorized Excluding Protected Cells																XXX	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1460080	Helvetia Schweizerische Versicherungs																YES	
AA-1340004	R + V Versicherung Ag Reinsurance																YES	
2699999	- Total Unauthorized, Other Non-U.S. Insurers																XXX	
2899999	- Total Unauthorized Excluding Protected Cells																XXX	
5799999	- Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells																XXX	
9999999	- Totals																XXX	

## SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
ID Number From Col. 1	Name of Reinsurer From Col. 3	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	Amount of Credit Allowed for Net Recoverables (Col. 57 +[Col. 45 * 20%])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days	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				
<b>Total Authorized, Affiliates, U.S. Non-Pool, Other</b>																				
38-1316179	Farm Bureau Mutual Ins Co of Michigan	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
01-0021090	MMG Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0399999 - Total Authorized, Affiliates, U.S. Non-Pool, Other																				
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																				
38-3207001	Accident Fund Ins Co of America	XXX	XXX	XXX	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	XXX		
36-2661954	American Agricultural Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35-2293075	Endurance Assurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
06-0384680	HSB Inspection and Ins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
74-2195939	Houston Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
52-1952955	Renaissance Reinsurance U.S. Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43-0727872	Safety National Casualty Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
75-1980552	Ambridge Partners LLC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13-1675535	Swiss Re Amer Corp	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42-0644327	United Fire & Casualty Company	XXX	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	XXX	XXX	XXX		
<b>Total Authorized, Other Non-U.S. Insurers</b>																				
AA-1128791	Lloyd's of London - Syndicate MAP 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128987	Lloyd's - Ambridge 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128121	Lloyd's - Argenta Syndicate ARG 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1120157	Lloyd's - DUW 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1126435	Lloyd's - Faraday Syndicate FDY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1126727	SA Meacock And Company LTD	XXX	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	XXX	XXX	XXX		
1499999 - Total Authorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																				
AA-1460080	Helveta Schweizerische Versicherungs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1340004	R + V Versicherung Ag Reinsurance	XXX	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	XXX	XXX	XXX		
2899999 - Total Unauthorized Excluding Protected Cells		XXX	XXX	XXX	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		XXX	XXX	XXX																
9999999 - Totals		XXX	XXX	XXX																

**SCHEDULE F - PART 3 (CONTINUED)**

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
<b>Total Authorized, Affiliates, U.S. Non-Pool, Other</b>										
38-1316179	Farm Bureau Mutual Ins Co of Michigan	—	XXX	XXX	—	—	—	XXX	XXX	—
01-0021090	MMG Insurance Company	—	XXX	XXX	—	—	—	XXX	XXX	—
0399999	— Total Authorized, Affiliates, U.S. Non-Pool, Other	—	XXX	XXX	—	—	—	XXX	XXX	—
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>										
38-3207001	Accident Fund Ins Co of America	—	XXX	XXX	—	—	—	XXX	XXX	—
06-1182357	Allied World Insurance Company	—	XXX	XXX	—	—	—	XXX	XXX	—
36-2661954	American Agricultural Insurance Company	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0574325	Berkley Insurance Company	—	XXX	XXX	—	—	—	XXX	XXX	—
35-2293075	Endurance Assurance Company	—	XXX	XXX	—	—	—	XXX	XXX	—
06-0384680	HSB Inspection and Ins Co	—	XXX	XXX	—	—	—	XXX	XXX	—
74-2195939	Houston Casualty Company	—	XXX	XXX	—	—	—	XXX	XXX	—
52-1952955	Renaissance Reinsurance U.S. Inc.	—	XXX	XXX	—	—	—	XXX	XXX	—
43-0727872	Safety National Casualty Corporation	—	XXX	XXX	—	—	—	XXX	XXX	—
75-1980552	Ambridge Partners LLC	—	XXX	XXX	—	—	—	XXX	XXX	—
13-1675535	Swiss Re Amer Corp	—	XXX	XXX	—	—	—	XXX	XXX	—
42-0644327	United Fire & Casualty Company	—	XXX	XXX	—	—	—	XXX	XXX	—
0999999	— Total Authorized, Other U.S. Unaffiliated Insurers	—	XXX	XXX	—	—	—	XXX	XXX	—
<b>Total Authorized, Other Non-U.S. Insurers</b>										
AA-1128791	Lloyd's of London - Syndicate MAP 2791	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128987	Lloyd's - Ambridge 2987	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128121	Lloyd's - Argenta Syndicate ARG 2121	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1120157	Lloyd's - DUW 1729	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126435	Lloyd's - Faraday Syndicate FDY	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1340125	Hannover Rueck SE	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126727	SA Meacock And Company LTD	—	XXX	XXX	—	—	—	XXX	XXX	—
1299999	— Total Authorized, Other Non-U.S. Insurers	—	XXX	XXX	—	—	—	XXX	XXX	—
1499999	— Total Authorized Excluding Protected Cells	—	XXX	XXX	—	—	—	XXX	XXX	—
<b>Total Unauthorized, Other Non-U.S. Insurers</b>										
AA-1460080	Helvetia Schweizerische Versicherungs	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1340004	R + V Versicherung Ag Reinsurance	—	XXX	XXX	—	—	—	XXX	XXX	—
2699999	— Total Unauthorized, Other Non-U.S. Insurers	—	XXX	XXX	—	—	—	XXX	XXX	—
5799999	— Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	—	—	—	—	—	—	—	—	—
9999999	— Totals	—	—	—	—	—	—	—	—	—

(27) Schedule F - Part 4 - Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000's Omitted)

**NONE**

(28) Schedule F - Part 5A (\$000's Omitted)

**NONE**

(28) Schedule F - Part 5B (\$000's Omitted)

**NONE**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	3,068,639		3,068,639
2. Premiums and considerations (Line 15).....	12,984		12,984
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			
4. Funds held by or deposited with reinsured companies (Line 16.2).....			
5. Other assets.....	42,627		42,627
6. Net amount recoverable from reinsurers.....			
7. Protected cell assets (Line 27).....			
8. Totals (Line 28).....	3,124,250		3,124,250
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	19,482		19,482
11. Unearned premiums (Line 9).....			
12. Advance premiums (Line 10).....	182		182
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	19,042		19,042
15. Funds held by company under reinsurance treaties (Line 13).....			
16. Amounts withheld or retained by company for account of others (Line 14).....			
17. Provision for reinsurance (Line 16).....			
18. Other liabilities.....	16,021		16,021
19. Total liabilities excluding protected cell business (Line 26).....	54,727		54,727
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 37).....	3,069,523	XXX	3,069,523
22. Totals (Line 38).....	3,124,250		3,124,250

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?  
If yes, give full explanation:

(30) Schedule H - Part 1

**NONE**

(30) Write-Ins for Line 11 - Deductions

**NONE**

(31) Schedule H - Part 2 - Reserves and Liabilities

**NONE**

(31) Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**NONE**

(31) Schedule H - Part 4 - Reinsurance

**NONE**

(32) Schedule H - Part 5

**NONE**

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)		
				4 Ceded	5 Direct and Assumed	6 Ceded	7 Direct and Assumed	8 Ceded	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015													
3. 2016													
4. 2017													
5. 2018													
6. 2019													
7. 2020													
8. 2021													
9. 2022													
10. 2023													
11. 2024	18,573	18,573	—					618	618			—	
12. Totals	XXX	XXX	XXX					618	618			XXX	

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded								
1. Prior																
2. 2015																
3. 2016																
4. 2017																
5. 2018																
6. 2019																
7. 2020																
8. 2021																
9. 2022																
10. 2023																
11. 2024																
12. Totals																

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015				—	—	—					
3. 2016				—	—	—					
4. 2017				—	—	—					
5. 2018				—	—	—					
6. 2019				—	—	—					
7. 2020				—	—	—					
8. 2021				—	—	—					
9. 2022				—	—	—					
10. 2023				—	—	—					
11. 2024	618	618	—	3,328	3,328	—					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

(36) Schedule P - Part 1B - Columns 1 to 12 (\$000's Omitted)

**NONE**

(36) Schedule P - Part 1B - Columns 13 to 25 (\$000's Omitted)

**NONE**

(36) Schedule P - Part 1B - Columns 26 to 36 (\$000's Omitted)

**NONE**

(37) Schedule P - Part 1C - Columns 1 to 12 (\$000's Omitted)

**NONE**

(37) Schedule P - Part 1C - Columns 13 to 25 (\$000's Omitted)

**NONE**

(37) Schedule P - Part 1C - Columns 26 to 36 (\$000's Omitted)

**NONE**

(38) Schedule P - Part 1D - Columns 1 to 12 (\$000's Omitted)

**NONE**

(38) Schedule P - Part 1D - Columns 13 to 25 (\$000's Omitted)

**NONE**

(38) Schedule P - Part 1D - Columns 26 to 36 (\$000's Omitted)

**NONE**

(39) Schedule P - Part 1E - Columns 1 to 12 (\$000's Omitted)

**NONE**

(39) Schedule P - Part 1E - Columns 13 to 25 (\$000's Omitted)

**NONE**

(39) Schedule P - Part 1E - Columns 26 to 36 (\$000's Omitted)

**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 26 to 36 (\$000's Omitted)

**NONE**

(41) Schedule P - Part 1F - Section 2 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(41) Schedule P - Part 1F - Section 2 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(41) Schedule P - Part 1F - Section 2 - Columns 26 to 36 (\$000's Omitted)

**NONE**

**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015												XXX	
3. 2016												XXX	
4. 2017												XXX	
5. 2018												XXX	
6. 2019												XXX	
7. 2020												XXX	
8. 2021												XXX	
9. 2022												XXX	
10. 2023												XXX	
11. 2024	435	435	-									XXX	
12. Totals	XXX	XXX	XXX									XXX	

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2015													
3. 2016													
4. 2017													
5. 2018													
6. 2019													
7. 2020													
8. 2021													
9. 2022													
10. 2023													
11. 2024													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015				-	-	-					
3. 2016				-	-	-					
4. 2017				-	-	-					
5. 2018				-	-	-					
6. 2019				-	-	-					
7. 2020				-	-	-					
8. 2021				-	-	-					
9. 2022				-	-	-					
10. 2023				-	-	-					
11. 2024				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

(43) Schedule P - Part 1H - Section 1 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(43) Schedule P - Part 1H - Section 1 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(43) Schedule P - Part 1H - Section 1 - Columns 26 to 36 (\$000's Omitted)

**NONE**

(44) Schedule P - Part 1H - Section 2 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(44) Schedule P - Part 1H - Section 2 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(44) Schedule P - Part 1H - Section 2 - Columns 26 to 36 (\$000's Omitted)

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015												XXX	
3. 2016												XXX	
4. 2017												XXX	
5. 2018												XXX	
6. 2019												XXX	
7. 2020												XXX	
8. 2021												XXX	
9. 2022												XXX	
10. 2023												XXX	
11. 2024	34	34	-									XXX	
12. Totals	XXX	XXX	XXX									XXX	

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2015													
3. 2016													
4. 2017													
5. 2018													
6. 2019													
7. 2020													
8. 2021													
9. 2022													
10. 2023													
11. 2024													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015				-	-	-					
3. 2016				-	-	-					
4. 2017				-	-	-					
5. 2018				-	-	-					
6. 2019				-	-	-					
7. 2020				-	-	-					
8. 2021				-	-	-					
9. 2022				-	-	-					
10. 2023				-	-	-					
11. 2024				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

(46) Schedule P - Part 1J - Columns 1 to 12 (\$000's Omitted)

**NONE**

(46) Schedule P - Part 1J - Columns 13 to 25 (\$000's Omitted)

**NONE**

(46) Schedule P - Part 1J - Columns 26 to 36 (\$000's Omitted)

**NONE**

(47) Schedule P - Part 1K - Columns 1 to 12 (\$000's Omitted)

**NONE**

(47) Schedule P - Part 1K - Columns 13 to 25 (\$000's Omitted)

**NONE**

(47) Schedule P - Part 1K - Columns 26 to 36 (\$000's Omitted)

**NONE**

(48) Schedule P - Part 1L - Columns 1 to 12 (\$000's Omitted)

**NONE**

(48) Schedule P - Part 1L - Columns 13 to 25 (\$000's Omitted)

**NONE**

(48) Schedule P - Part 1L - Columns 26 to 36 (\$000's Omitted)

**NONE**

(49) Schedule P - Part 1M - Columns 1 to 12 (\$000's Omitted)

**NONE**

(49) Schedule P - Part 1M - Columns 13 to 25 (\$000's Omitted)

**NONE**

(49) Schedule P - Part 1M - Columns 26 to 36 (\$000's Omitted)

**NONE**

(50) Schedule P - Part 1N - Columns 1 to 12 (\$000's Omitted)

**NONE**

(50) Schedule P - Part 1N - Columns 13 to 25 (\$000's Omitted)

**NONE**

(50) Schedule P - Part 1N - Columns 26 to 36 (\$000's Omitted)

**NONE**

(51) Schedule P - Part 10 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(51) Schedule P - Part 10 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(51) Schedule P - Part 10 - Columns 26 to 36 (\$000's Omitted)

**NONE**

(52) Schedule P - Part 1P - Columns 1 to 12 (\$000's Omitted)

**NONE**

(52) Schedule P - Part 1P - Columns 13 to 25 (\$000's Omitted)

**NONE**

(52) Schedule P - Part 1P - Columns 26 to 36 (\$000's Omitted)

**NONE**

(53) Schedule P - Part 1R - Section 1 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(53) Schedule P - Part 1R - Section 1 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(53) Schedule P - Part 1R - Section 1 - Columns 26 to 36 (\$000's Omitted)

**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 1 to 12 (\$000's Omitted)

**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 13 to 25 (\$000's Omitted)

**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 26 to 36 (\$000's Omitted)

**NONE**

(55) Schedule P - Part 1S - Columns 1 to 12 (\$000's Omitted)

**NONE**

(55) Schedule P - Part 1S - Columns 13 to 25 (\$000's Omitted)

**NONE**

(55) Schedule P - Part 1S - Columns 26 to 36 (\$000's Omitted)

**NONE**

(56) Schedule P - Part 1T - Columns 1 to 12 (\$000's Omitted)

**NONE**

(56) Schedule P - Part 1T - Columns 13 to 25 (\$000's Omitted)

**NONE**

(56) Schedule P - Part 1T - Columns 26 to 36 (\$000's Omitted)

**NONE**

(57) Schedule P - Part 1U - Columns 1 to 12 (\$000's Omitted)

**NONE**

(57) Schedule P - Part 1U - Columns 13 to 25 (\$000's Omitted)

**NONE**

(57) Schedule P - Part 1U - Columns 26 to 36 (\$000's Omitted)

**NONE**

**SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior	—		(1)	(2)	(3)	(4)	(5)	(6)	(6)	(6)	—	—
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—	—

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior	10	4	6	3	(3)	(4)	(4)	(7)	(7)	(7)	—	—
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—	—

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—	—

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION**

(EXCLUDING EXCESS WORKERS' COMPENSATION)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—	—

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—	—

**NONE**

(59) Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

**NONE**

(59) Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

**NONE**

(59) Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

**NONE**

(59) Schedule P - Part 2H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

**NONE**

(59) Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

**NONE**

(60) Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

**NONE**

(60) Schedule P - Part 2J - Auto Physical Damage (\$000's Omitted)

**NONE**

(60) Schedule P - Part 2K - Fidelity, Surety (\$000's Omitted)

**NONE**

(60) Schedule P - Part 2L - Other (Including Credit, Accident and Health) (\$000's Omitted)

**NONE**

(60) Schedule P - Part 2M - International (\$000's Omitted)

**NONE**

(61) Schedule P - Part 2N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

**NONE**

(61) Schedule P - Part 2O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

**NONE**

(61) Schedule P - Part 2P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

**NONE**

(62) Schedule P - Part 2R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

**NONE**

(62) Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

**NONE**

(62) Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

**NONE**

(62) Schedule P - Part 2T - Warranty (\$000's Omitted)

**NONE**

(62) Schedule P - Part 2U - Pet Insurance Plans (\$000's Omitted)

**NONE**

**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	XXX	(1)	(2)	(3)	(4)	(5)	(6)	(6)	(6)	(6)		
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	—		

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

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	XXX	(6)	(8)	(10)	(16)	(17)	(17)	(7)	(7)	(7)		
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	XXX											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	X							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	XXX											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	X							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	XXX											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	X							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

(64) Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

**NONE**

(64) Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

**NONE**

(64) Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

**NONE**

(64) Schedule P - Part 3H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

**NONE**

(64) Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

**NONE**

(65) Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

**NONE**

(65) Schedule P - Part 3J - Auto Physical Damage (\$000's Omitted)

**NONE**

(65) Schedule P - Part 3K - Fidelity/Surety (\$000's Omitted)

**NONE**

(65) Schedule P - Part 3L - Other (Including Credit, Accident and Health) (\$000's Omitted)

**NONE**

(65) Schedule P - Part 3M - International (\$000's Omitted)

**NONE**

(66) Schedule P - Part 3N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

**NONE**

(66) Schedule P - Part 3O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

**NONE**

(66) Schedule P - Part 3P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

**NONE**

(67) Schedule P - Part 3R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

**NONE**

(67) Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

**NONE**

(67) Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

**NONE**

(67) Schedule P - Part 3T - Warranty (\$000's Omitted)

**NONE**

(67) Schedule P - Part 3U - Pet Insurance Plans (\$000's Omitted)

**NONE**

(68) Schedule P - Part 4A - Homeowners/Farmowners (\$000's Omitted)

**NONE**

(68) Schedule P - Part 4B - Private Passenger Auto Liability/Medical (\$000's Omitted)

**NONE**

(68) Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical (\$000's Omitted)

**NONE**

(68) Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation) (\$000's Omitted)

**NONE**

(68) Schedule P - Part 4E - Commercial Multiple Peril (\$000's Omitted)

**NONE**

(69) Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

**NONE**

(69) Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

**NONE**

(69) Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

**NONE**

(69) Schedule P - Part 4H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

**NONE**

(69) Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

**NONE**

(70) Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

**NONE**

(70) Schedule P - Part 4J - Auto Physical Damage (\$000's Omitted)

**NONE**

(70) Schedule P - Part 4K - Fidelity/Surety (\$000's Omitted)

**NONE**

(70) Schedule P - Part 4L - Other (Including Credit, Accident and Health) (\$000's Omitted)

**NONE**

(70) Schedule P - Part 4M - International (\$000's Omitted)

**NONE**

(71) Schedule P - Part 4N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

**NONE**

(71) Schedule P - Part 4O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

**NONE**

(71) Schedule P - Part 4P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

**NONE**

(72) Schedule P - Part 4R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

**NONE**

(72) Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

**NONE**

(72) Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

**NONE**

(72) Schedule P - Part 4T - Warranty (\$000's Omitted)

**NONE**

(72) Schedule P - Part 4U - Pet Insurance Plans (\$000's Omitted)

**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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	1									
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....			1	1	1	1	1			
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

(75) Schedule P - Part 5C - Section 1

**NONE**

(75) Schedule P - Part 5C - Section 2

**NONE**

(75) Schedule P - Part 5C - Section 3

**NONE**

(76) Schedule P - Part 5D - Section 1

**NONE**

(76) Schedule P - Part 5D - Section 2

**NONE**

(76) Schedule P - Part 5D - Section 3

**NONE**

(77) Schedule P - Part 5E - Section 1

**NONE**

(77) Schedule P - Part 5E - Section 2

**NONE**

(77) Schedule P - Part 5E - Section 3

**NONE**

(78) Schedule P - Part 5F - Section 1A

**NONE**

(78) Schedule P - Part 5F - Section 2A

**NONE**

(78) Schedule P - Part 5F - Section 3A

**NONE**

(79) Schedule P - Part 5F - Section 1B

**NONE**

(79) Schedule P - Part 5F - Section 2B

**NONE**

(79) Schedule P - Part 5F - Section 3B

**NONE**

(80) Schedule P - Part 5H - Section 1A

**NONE**

(80) Schedule P - Part 5H - Section 2A

**NONE**

(80) Schedule P - Part 5H - Section 3A

**NONE**

(81) Schedule P - Part 5H - Section 1B

**NONE**

(81) Schedule P - Part 5H - Section 2B

**NONE**

(81) Schedule P - Part 5H - Section 3B

**NONE**

(82) Schedule P - Part 5R - Section 1A

**NONE**

(82) Schedule P - Part 5R - Section 2A

**NONE**

(82) Schedule P - Part 5R - Section 3A

**NONE**

(83) Schedule P - Part 5R - Section 1B

**NONE**

(83) Schedule P - Part 5R - Section 2B

**NONE**

(83) Schedule P - Part 5R - Section 3B

**NONE**

(84) Schedule P - Part 5T - Section 1

**NONE**

(84) Schedule P - Part 5T - Section 2

**NONE**

(84) Schedule P - Part 5T - Section 3

**NONE**

(85) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1 (\$000's Omitted)

**NONE**

(85) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2 (\$000's Omitted)

**NONE**

(85) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 1 (\$000's Omitted)

**NONE**

(85) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 2 (\$000's Omitted)

**NONE**

(86) Schedule P - Part 6E - Commercial Multiple Peril - Section 1 (\$000's Omitted)

**NONE**

(86) Schedule P - Part 6E - Commercial Multiple Peril - Section 2 (\$000's Omitted)

**NONE**

(86) Schedule P - Part 6H - Other Liability - Occurrence - Section 1A (\$000's Omitted)

**NONE**

(86) Schedule P - Part 6H - Other Liability - Occurrence - Section 2A (\$000's Omitted)

**NONE**

(87) Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B (\$000's Omitted)

**NONE**

(87) Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B (\$000's Omitted)

**NONE**

(87) Schedule P - Part 6M - International - Section 1 (\$000's Omitted)

**NONE**

(87) Schedule P - Part 6M - International - Section 2 (\$000's Omitted)

**NONE**

(88) Schedule P - Part 6N - Reinsurance Non Proportional Assumed Property - Section 1 (\$000's Omitted)

**NONE**

(88) Schedule P - Part 6N - Reinsurance Non Proportional Assumed Property - Section 2 (\$000's Omitted)

**NONE**

(88) Schedule P - Part 6O - Reinsurance Non Proportional Assumed Liability - Section 1 (\$000's Omitted)

**NONE**

(88) Schedule P - Part 6O - Reinsurance Non Proportional Assumed Liability - Section 2 (\$000's Omitted)

**NONE**

(89) Schedule P - Part 6R - Products Liability - Occurrence - Section 1A (\$000's Omitted)

**NONE**

(89) Schedule P - Part 6R - Products Liability - Occurrence - Section 2A (\$000's Omitted)

**NONE**

(89) Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B (\$000's Omitted)

**NONE**

(89) Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B (\$000's Omitted)

**NONE**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 1 (\$000's Omitted)

**NONE**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 2 (\$000's Omitted)

**NONE**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 3 (\$000's Omitted)

**NONE**

(91) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 4 (\$000's Omitted)

**NONE**

(91) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 5 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 1 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 2 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 3 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 4 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 5 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 6 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 7 (\$000's Omitted)

**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? 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:..... NO.....

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 No. 65?

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

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?

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1	2
Years in Which Premiums Were Earned and Losses Were Incurred	Section 1: Occurrence	
1.601. Prior.....	.....	.....
1.602. 2015.....	.....	.....
1.603. 2016.....	.....	.....
1.604. 2017.....	.....	.....
1.605. 2018.....	.....	.....
1.606. 2019.....	.....	.....
1.607. 2020.....	.....	.....
1.608. 2021.....	.....	.....
1.609. 2022.....	.....	.....
1.610. 2023.....	.....	.....
1.611. 2024.....	.....	.....
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.....

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.....

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?..... NO.....

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 thousands of dollars) in force at the end of the year for:  
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?..... NO.....

7.2. An extended statement may be attached.....

**SCHEDULE T – PART 2**  
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
 Allocated By States And Territories

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

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 *
			38-1718391				Michigan Farm Bureau	MI	UIP	Ultimate Controlling Company	Board of Directors			NO	
0067	Michigan Farm Bureau Group	21555	38-1316179				Farm Bureau Mutual Insurance Company of Michigan	MI	IA	Michigan Farm Bureau	Other		Michigan Farm Bureau	NO	1
0067	Michigan Farm Bureau Group	63096	38-6056370				Farm Bureau Life Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	21547	38-6056228				Farm Bureau General Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2961817				Michigan Farm Bureau Financial Corporation	MI	UDP	Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO	
			27-5177082				FBL Real Estate Holdings, LLC	MI	DS	Farm Bureau Life Insurance Company of Michigan	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2102277				MFB, Inc.	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			86-1744708				Gravity Works Design, LLC	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-1883116				Community Service Acceptance Company	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	74799	73-1333608				Leaders Life Insurance Company	OK	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group		31-1154154				Cincinnati Equitable Companies, Inc.	OH	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	88064	35-1452221				Cincinnati Equitable Life Insurance Company	OH	IA	Cincinnati Equitable Companies, Inc.	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	16721	31-0239840				Cincinnati Equitable Insurance Company	OH	RE	Michigan Farm Bureau Financial Corporation	Ownership	90.100	Michigan Farm Bureau	NO	

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 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
21555	38-1316179	Farm Bureau Mutual Insurance Company of Michigan								(36,104,913)	(36,104,913)	(461,518,589)
63096	38-6056370	Farm Bureau Life Insurance Company of Michigan		1,500,000							1,500,000	(3,753,172)
21547	38-60556228	Farm Bureau General Insurance Company of Michigan								36,103,137	36,103,137	581,947,182
	38-2961817	Michigan Farm Bureau Financial Corporation	14,892,935	(1,500,000)							13,392,935	
	38-2102277	MFB, Inc.										
	38-1883116	Community Service Acceptance Company		(1,500,000)							(1,500,000)	
74799	73-1333608	Leaders Life Insurance Company										3,748,964
88064	35-1452221	Cincinnati Equitable Life Insurance Company		4,142							4,142	4,208
	31-1154154	Cincinnati Equitable Companies, Inc.	(13,392,935)	(4,142)						1,776	(13,395,301)	
9999999 - Control Totals			-	-					XXX	-	-	120,428,593

**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) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Farm Bureau Mutual Insurance Company of Michigan.....	Michigan Farm Bureau.....	100.000 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau Life Insurance Company of Michigan.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau General Insurance Company .....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Leaders Life Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Life Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Insurance Company .....	Michigan Farm Bureau Financial Corporation.....	90.100 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	90.100 %	NO.....

**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.

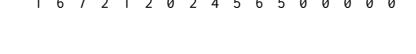
		Response
	<b>March Filing</b>	
1.	Will an actuarial opinion be filed by March 1?	WAIVED
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	<b>April Filing</b>	
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 Risks Interrogatories be filed by April 1?	YES
	<b>May Filing</b>	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	SEE EXPLANATION
	<b>June Filing</b>	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

**SUPPLEMENTAL FILINGS**

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

		Response
	<b>March Filing</b>	
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?	NO
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)?	SEE EXPLANATION
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
	<b>April Filing</b>	
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?	NO
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?	NO
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
	<b>August Filing</b>	
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

Explanation	Barcode
1.	 1 6 7 2 1 2 0 2 4 4 4 0 0 0 0 0 0 0
2.	
3.	
4.	
5.	
6.	
7.	
8. N/A	
9.	
10.	
11. N/A	 1 6 7 2 1 2 0 2 4 4 2 0 0 0 0 0 0 0
12. N/A	 1 6 7 2 1 2 0 2 4 2 4 0 0 0 0 0 0 0
13. N/A	 1 6 7 2 1 2 0 2 4 3 6 0 0 0 0 0 0 0
14. N/A	 1 6 7 2 1 2 0 2 4 4 5 5 0 0 0 0 0 0
15. N/A	 1 6 7 2 1 2 0 2 4 4 9 0 0 0 0 0 0 0
16. N/A	 1 6 7 2 1 2 0 2 4 3 8 5 0 0 0 0 0 0
17. N/A	 1 6 7 2 1 2 0 2 4 4 0 1 0 0 0 0 0 0
18. N/A	 1 6 7 2 1 2 0 2 4 3 6 5 0 0 0 0 0 0
19. WAIVED BY OHIO	
20. N/A	 1 6 7 2 1 2 0 2 4 3 9 9 0 0 0 0 0 0
21. N/A	 1 6 7 2 1 2 0 2 4 4 0 0 0 0 0 0 0 0
22. N/A	 1 6 7 2 1 2 0 2 4 5 0 0 0 0 0 0 0 0
23. N/A	 1 6 7 2 1 2 0 2 4 5 0 5 0 0 0 0 0 0
24. N/A	 1 6 7 2 1 2 0 2 4 2 2 4 0 0 0 0 0 0
25. N/A	 1 6 7 2 1 2 0 2 4 2 2 5 0 0 0 0 0 0
26. N/A	 1 6 7 2 1 2 0 2 4 2 2 6 0 0 0 0 0 0
27. N/A	 1 6 7 2 1 2 0 2 4 5 5 5 0 0 0 0 0 0
28.	
29. NO PREMIUM TO REPORT	 1 6 7 2 1 2 0 2 4 6 0 0 0 0 0 0 0 0
30. N/A	 1 6 7 2 1 2 0 2 4 2 3 0 0 0 0 0 0 0
31. N/A	 1 6 7 2 1 2 0 2 4 3 0 6 0 0 0 0 0 0
32. N/A	 1 6 7 2 1 2 0 2 4 2 1 0 0 0 0 0 0 0
33. N/A	 1 6 7 2 1 2 0 2 4 2 1 6 0 0 0 0 0 0
34. N/A	 1 6 7 2 1 2 0 2 4 5 5 0 0 0 0 0 0 0
35. N/A	 1 6 7 2 1 2 0 2 4 2 9 0 0 0 0 0 0 0
36. N/A	 1 6 7 2 1 2 0 2 4 5 6 0 0 0 0 0 0 0
37. N/A	 1 6 7 2 1 2 0 2 4 5 6 5 0 0 0 0 0 0
38.	

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**OVERFLOW PAGE FOR WRITE-INS**



## **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: 0067

NAIC Company Code: 16721

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations.....				
2. Errors & omissions (E&O).....				
3. Directors & officers (D&O).....				
4. Environmental liability.....				
5. Excess workers' compensation.....				
6. Commercial excess & umbrella.....				
7. Personal umbrella.....				
8. Employment liability.....				
9. Aggregate write-ins for facilities and premises (CGL).....				
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....				
<b>Details of Write-Ins</b>	<b>NONE</b>			
0901.....				
0902.....				
0903.....				
0998. Summary of remaining write-ins for Line 09 from overflow page.....				
0999. Summary of remaining write-ins for Line 09 from overflow page.....				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Summary of remaining write-ins for Line 11 from overflow page.....				

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