



ANNUAL STATEMENT

For the Year Ended December 31, 2014 OF THE CONDITION AND AFFAIRS OF THE

PAWTUCKET INSURANCE COMPANY

NAIC Group Code0497	, 0497 NAIC Company C	Code14931Employer's	s ID Number05-0197250
(Current Period)	(Prior Period)		
Organized under the Laws of	Rhode Island	, State of Domicile or Port of Entry	Rhode Island
Country of Domicile		United States	
Incorporated/Organized	06/19/1848	Commenced Business	02/10/1849
Statutory Home Office	25 Maple Street		et, RI, US 02860-2104
	(Street and Number)		, State, Country and Zip Code)
Main Administrative Office	25 Maple Street	Pawtucket, RI, US 02860-2104	401-725-5600
	(Street and Number)	(City or Town, State, Country and Zip Code)	
Mail Address	P. O. Box 820	, Pawtucket, RI	I, US 02862-0820
	(Street and Number or P.O. Box)	(City or Town, State	e, Country and Zip Code)
Primary Location of Books and Reco	ords 25 Maple Street	Pawtucket, RI, US 02860-2	2104 401-725-5600
·	(Street and Number)	(City or Town, State, Country and Zip	Code) (Area Code) (Telephone Number)
Internet Web Site Address	W	ww.pawtucketinsurance.com	
Statutory Statement Contact	Laura Leigh Colangelo	4	101-495-6014
•	(Name)	(Area Code) (T	Felephone Number) (Extension)
NBIC-Compliance		401-728-0	680
(E-Mail A	Address)	(Fax Numb	er)
	OFFIC	FRS	
Name	Title	Name	Title
Todd Christopher Hart	. Chief Executive Officer	Stewart Horner Steffey Jr.	Founder & Executive Chairman
Kirk Howard Lusk	Chief Financial Officer	Stephen Donald Zubiago	Secretary
Tank Howard Edok	OTHER OF	· · · · · · · · · · · · · · · · · · ·	
Stewart Horner Steffey Jr. Kristin Kelly Gilbert	DIRECTORS OI Arnold Larry Chavkin Todd Christopher Hart	R TRUSTEES Alex Anatol Fridlyand Dale Stephen Hammond	Srdjan Vukovic
Talear Rony Chart	- Toda Officiophor Hare	Baio etopriori riammona	_
State ofRHODE ISL	.AND		
	ss		
County ofPROVIDEN	NCE		
above, all of the herein described assets with this statement, together with related eliabilities and of the condition and affairs of and have been completed in accordance may differ; or, (2) that state rules or regular knowledge and belief, respectively. Further	duly sworn, each depose and say that they are the were the absolute property of the said reporting exhibits, schedules and explanations therein control of the said reporting entity as of the reporting period with the NAIC Annual Statement Instructions and ations require differences in reporting not related remore, the scope of this attestation by the descript for formatting differences due to electronic filingling the statement.	ntity, free and clear from any liens or claims t ained, annexed or referred to, is a full and tru od stated above, and of its income and deduc Accounting Practices and Procedures manu- to accounting practices and procedures, acco- bed officers also includes the related corresp	thereon, except as herein stated, and ce statement of all the assets and constitutions therefrom for the period ended, all except to the extent that: (1) state law pording to the best of their information, bonding electronic filing with the NAIC,
Todd Christopher Har	rt Kirk Howa	urd Lusk S	Stephen Donald Zubiago
Chief Executive Office			Secretary
Subscribed and sworn to before me thisday of	<u>, </u>	a. Is this an original filing' b. If no: 1. State the amendment i 2. Date filed	
		Number of pages attact	ched



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Connecticut** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril 3. Homeowners multiple peril Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) ..(1,445) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage Commercial auto physical damage 21.2 22. Aircraft (all perils). 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and machinery 28. Credit ... 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (1,445)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)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Delaware** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril ..(140 . (140) 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage Commercial auto physical damage 21.2 22. Aircraft (all perils). 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and machinery 28. Credit ... 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (140) (140) 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)

(a) Finance and service charges not included in Lines 1 to 35 \$ ______0

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

and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Maine** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril .487 487 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage Commercial auto physical damage 21.2 22. Aircraft (all perils). 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and machinery 28. Credit . 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) 487 487 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)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Massachusetts** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril .(396 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 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 . 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (396)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)

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

and number of persons insured under indemnity only products

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2014 NAIC Group Code 0497 NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal flood 2.4 Private crop Farmowners multiple peril 3. Homeowners multiple peril 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability .(1,260) ..(1,260) .382 .382 .801 Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage ..(951 . (951) .220 .220 Commercial auto physical damage 21.2 22. Aircraft (all perils)... 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and machinery 28. Credit . 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (2,211)(2,211)602 602 801 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)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF New Jersey** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense and Brokerage Expense Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril Homeowners multiple peril .136, 163 . (22, 479) ..279,500 ..93,220 .74,021 ..98,801 ..(74,090 Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) .5,000 .5,000 5.2 Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11 Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... ..(36,000) ..34,100 ..2,461 ..2,461 19,000 .(9,039 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation... 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 Other commercial auto liability 21.1 Private passenger auto physical damage Commercial auto physical damage 21.2 22. Aircraft (all perils) ... 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and machinery 28. Credit ... 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) 141.163 (53,479)313,600 95,681 76,482 117.801 (83, 129)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)

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

and number of persons insured under indemnity only products

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF New York** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) .(722).(722) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 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 ... 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (722)(722)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)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Rhode Island** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril 3. Homeowners multiple peril 5 1 Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) ..(20,000) .29,400 ..4.395 1,908 .10,513 ..(7,668) 5.2 Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial guaranty 11 Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only 15.6 Medicare Title XVIII exempt from state taxes or fees. 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 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 ... 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (20,000)29,400 4.395 1.908 10.513 (7.668)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)

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

and number of persons insured under indemnity only products

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

DURING THE YEAR 2014 NAIC Group Code 0497 **BUSINESS IN THE STATE OF Vermont** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and Direct Defense and Direct Defense and and Premiums on Policies not Taken Dividends Paid Direct Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril 5 1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial quaranty 11. Medical professional liability 12. Earthquake. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only Medicare Title XVIII exempt from state taxes or fees. 15.6 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... 17.2 Other Liability-Claims-Made. 17.3 Excess workers' compensation. 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability Commercial auto no-fault (personal injury protection) 19.3 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 . 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) (20) (20)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)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0497 **BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2014** NAIC Company Code 14931 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums Direct Defense and | Direct Defense and | Direct Defense and and Premiums on Policies not Taken Direct Dividends Paid Direct Losses Cost Cost Cost or Credited to Containment Containment Containment Commissions Direct Premiums Direct Premiums Policyholders on Unearned Premium Paid Direct Losses Expense Expense and Brokerage Expense Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Paid Incurred Unpaid Expenses Licenses and Fees Fire Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril .(22,619) Homeowners multiple peril .136 .023 .279,500 ..93,707 .74,508 ..98,801 .(74,486 Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) .5,000 ..(15,000) .29,400 .3,673 ..1,186 .10,513 .(9,113)Mortgage guaranty 8. Ocean marine 9. Inland marine 10. Financial guaranty 11 Medical professional liability 12. Group accident and health (b). 13. 14. Credit A & H (group and individual) 15.1 Collectively renewable A & H (b)... 15.2 Non-cancelable A & H (b)... 15.3 Guaranteed renewable A & H (b). Non-renewable for stated reasons only (b). 15.5 Other accident only 15.6 Medicare Title XVIII exempt from state taxes or fees. 15.7 All other A & H (b)... 15.8 Federal Employees Health Benefits Plan premium (b). Workers' compensation 17.1 Other liability-Occurrence... ..(36,000) .34,100 ..2,461 .2,461 19,000 .(9,039 17.2 Other Liability-Claims-Made, 17.3 Excess workers' compensation... 18. Products liability 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability .(1,260) ..(1,260) .382 382 .801 Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage .(951) .(951) .220 220 21.2 Commercial auto physical damage 22. Aircraft (all perils) ... 23. Fidelity 24. Surety . 26. Burglary and theft Boiler and machinery 27. 28. Credit . 30. Warranty. 34. Aggregate write-ins for other lines of business 35. TOTALS (a) 138,792 (75,850)343.000 100.443 78,757 128,314 (91,837) 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)

(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

Schedule F - Part 1

NONE

Schedule F - Part 2

SCHEDULE F - PART 3

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

1	2	3	4	5	6			•	Reinsur	ance Recove	rable On				Reinsuran	ce Payable	18	19
				Reinsurance		7	8	9	10	11	12	13	14	15	16	17]]
				Contracts													Net Amount	
				Ceding 75%													Recoverable	Funds Held
				or More of												Other	From	By Company
	NAIC			Direct	Reinsurance			Known Case	Known Case				Contingent	Cols.	Ceded	Amounts	Reinsurers	Under
ID	Company		Domiciliary	Premiums	Premiums	Paid	Paid	Loss	LAE	IBNR Loss	IBNR LAE	Unearned	Commis-	7 through 14	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
Authorized -	Other U.S. U	naffiliated Insurers																
47 - 0574325		BERKLEY INS CO.	DE			40		2		44	15			101			101	
06-0383750		HARTFORD FIRE IN CO.	CT			65		2		44	15			126			126	
13-3531373 13-2997499		PARTNERRE INS CO OF NY	NY			22		1		15	5			42			42	
13-2997499	38776	SIRIUS AMER INS CO.	NY			10		0		11	4			25			25	
13-1675535	25364	SWISS REINS AMER CORP.	NY			49		1		33	11			95			95	
0999999 - T	otal Authori	zed – Other U.S. Unaffiliated Insurers			0	186	0	5	0	148	50	0	0	388	0	0	388	0
1399999 - T	otal Authori.	zed – Total Authorized			0	186	0	5	0	148	50	0	0	388	0	0	388	0
4099999 - T	otal Authori.	zed, Unauthorized and Certified	•		0	186	0	5	0	148	50	0	0	388	0	0	388	0
9999999 T	otals				0	186	0	5	0	148	50	0	0	388	0	0	388	0

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.			
2.			
3.			
4.			
5.			

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

	l	2	S			+			
	Name of Reinsurer	Total Recoverables	Ceded Premiums		<u>Affil</u>	iate	<u>ed</u>		
1.	HARTFORD FIRE IN CO.	126		Yes	[]	No	[X	
2.	BERKLEY INS CO.	101		Yes	[]	No	[X	- 1
3.	SWISS REINS AMER CORP.	95		Yes	[]	No	[X	
4.	PARTNERRE INS CO OF NY	42		Yes	[]	No	[X	
5.	SIRIUS AMER INS CO	25		Yes	ſ	1	No	ſΧ	

SCHEDULE F - PART 4

				Aging of		as of December 31, C						
1	2	3	4		Reins	urance Recoverable or		d Loss Adjustment Exp	enses		12	13
				5			Overdue			11		
					6	7	8	9	10			
											B	Percentage More
ID	NAIC		Damiellian.						T-4-1 Od	Tatal Dua	Percentage	Than 120 Days
ID Number	Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Overdue Col. 10/Col. 11	Overdue Col. 9 / Col. 11
		affiliated Insurers	Julisuiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	COIS. 0 + 1 + 0 + 9	Cois. 5 + 10	COI. 10/COI. 11	C01. 1 1
47-0574325	32603	REPRIEV INS CO	DE DE					40	40	40	100.0	100.0
06-0383750	19682	BERKLEY INS CO. HARTFORD FIRE IN CO. PARTMERRE INS CO OF NY.	CT					65	65		100.0	100.0
06-0383750 13-3531373	19682 10006	PARTNERRE INS CO OF NY	NY					22	22		100.0	100.0 100.0 100.0
13-2997499	38776	SIRIUS AMER INS CO. SWISS REINS AMER CORP.	NY					10	10	10	100.0	100.0
13-1675535	25364	SWISS REINS AMER CORP.	NY					49	49	49	100.0	100.0
		red - Other U.S. Unaffiliated Insurers		0	0	0	0	186	186	186	100.0	100.0
		red - Total Authorized		0	0	0	0	186	186	186	100.0	100.0
4099999 - 10	otal Authoriz	ed, Unauthorized and Certified	1	0	0	0	0	186	186	186	100.0	100.0
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9999999 To				Λ	Λ	Λ	Λ	186	186	186	100.0	100.0
9999999 10	Jiais			l U	l U	1	l U	180	180	100	100.01	100.0

Schedule F - Part 5

NONE

Schedule F - Part 6 - Section 1

NONE

Schedule F - Part 6 - Section 2

SCHEDULE F - PART 7

Provision for Overdue Authorized Reinsurance as of December 31. Current Year

	Provision for Overdue Authorized Reinsurance as of December 31, Current Year										
1	2	3	4	5	6	7	8	9	10	11	
			Reinsurance								
			Recoverable on Paid	Total Reinsurance			Amounts in Col. 4 for	Amounts in Dispute			
	NAIC		Losses and LAE More	Recoverable on Paid			Companies Reporting	Amounts in Dispute Excluded from Col. 4 for			
ID.			Then 00 Days Overdue	Losses and Paid LAE	Amounts Received	Cal 4 divided by	less than	Companies Departing	20% of Amount	Amount Donorted in	
ID November	Company	Name of Deignan	Than 90 Days Overdue			Col. 4 divided by		Companies Reporting	20% Of Amount	Amount Reported in	
Number	Code	Name of Reinsurer	(a)	(b)	Prior 90 Days	(Cols. 5 + 6)	20% in Col. 7	less than 20% in Col. 7	in Col. 9	Col. 8 x 20% + Col. 10	
Provision for	Overdue Reii	nsurance									
47 - 0574325	32603	BERKLEY INS CO	40	40		100.000	0	0	ļ <u>0</u>	0	
06-0383750 13-3531373	19682	HARTFORD FIRE IN CO.	65	65		100.000	0	0	ļ <u>0</u>	0	
13-3531373	10006	PARTNERRE INS CO OF NY	22	22		100.000	0	0	ļ0	0	
13-2997499	38776	SIRIUS AMER INS CO.	10	10		100.000	0	0	ļ0	0	
13 - 1675535	25364	SWISS REINS AMER CORP.	49	49		100.000	0	0	0	0	
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						<u> </u>					
9999999 To	otals		186	186	0	XXX	0	0	0	0	

⁽a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$ (b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$

..in dispute. ..in dispute.

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

				FIOVISION TO OVERUL							
1	2	3	4	5	6	7	8	9	10	11	12
	NAIC		Reinsurance	Funds Held By					Sum of Cols. 5		Greater of Col. 11 or
ID	Company		Recoverable	Company Under		Ceded Balances	Other Miscellaneous	Other Allowed	through 0 but not in		Schedule F - Part 4
Number		Name of Reinsurer	All Items	Company Under Reinsurance Treaties	1 -44 of O		Balances	Offset Items	through 9 but not in Excess of Col. 4	0-1 4	Octo 0 . 0
	Code		All items	Reinsurance Treaties	Letters of Credit	Payable	Balances	Offset Items	Excess of Col. 4	Col. 4 minus Col. 10	Cols. 8 + 9
Provision for	Overdue Rei	nsurance									
47 - 0574325	32603	BERKLEY INS CO.	100,524						0	100,524	100,524
06-0383750	19682	HARTFORD FIRE IN CO	126.145	l		<u> </u>	10		10	126 , 135	126,135
13-3531373	10006	PARTNERRE INS CO OF NY	42,048						0	42,048	42 048
13-2997499	38776	HARTFORD FIRE IN CO. PARTNERRE INS CO OF NY. SIRIUS AMER INS CO.	25,131						0	25,131	100,524 126,135 42,048 25,131 94,609
13-1675535	25364	SWISS REINS AMER CORP	94,609			l	1		1	94,609	94 609
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	1										1
9999999 To	tolo		388,457	0	Λ	0	10	0	10	388,447	200 447
9999999 10	เลเร		388,457	0 1	U		10	0	10	388,447	388,447
					1	I. Total					388,447

1	Total	

2. Line 1 x .20

3. Schedule F - Part 7 Col. 11

4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)

5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5, Col. 18 x 1000)

6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 1, Col. 21 x 1000)

7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 2, Col. 15 x 1000)

8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSET	<u>S</u> (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	3,753,592		3,753,592
2.	Premiums and considerations (Line 15)	0		0
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	185,568	(185,568)	0
4	Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5.	Other assets	1,271,534		1,271,534
6	Net amount recoverable from reinsurers		310 770	310 770
	Protected cell assets (Line 27)			
8.	Totals (Line 28)	5,210,694	125,202	5,335,896
LIABIL	TIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	331,444	202,891	534,335
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	4,721,676		4,721,676
11.	Unearned premiums (Line 9)	0		0
12.	Advance premiums (Line 10)	0		0
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	0		0
15.	Funds held by company under reinsurance treaties (Line 13)	0		0
16.	Amounts withheld or retained by company for account of others (Line 14)	0		0
17.	Provision for reinsurance (Line 16)	77,689	(77 , 689)	0
18.	Other liabilities	0		0
			405,000	E 050 044
	Total liabilities excluding protected cell business (Line 26)		125,202	5,256,011
20.	Protected cell liabilities (Line 27)	0		0
21.	Surplus as regards policyholders (Line 37)	79,884	xxx	79,884
22.	Totals (Line 38)	5,210,693	125,202	5,335,895

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

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

					(-	\$000 OMITTE	D)					
Years in	Pı	remiums Earn	ed			Los	s and Loss Ex	kpense Payme	nts			12
Which	1	2	3				and Cost	Adjusting		10	11	
Premiums				Loss Pa		-	t Payments		nents			
Were Earned				4	5	6	7	8	9	0-1	Total	Number of
and Losses										Salvage and	Net Paid (Cols. 4 - 5	Claims Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation	+ 6 - 7	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	xxx	XXX	136	(156)	94	(163)	0	0	0	549	XXX
2. 2005	271	0	271	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	136	(156)	94	(163)	0	0	0	549	XXX

_									A .P P				
		Losses	Unpaid		Defer	se and Cost (Containment L	Innaid		and Other paid	23	24	25
	Case			· IBNR		Basis		· IBNR	21	22	1		
	13 Direct and	14	15 Direct and	16	17 Direct and	18	19 Direct and	20	Direct and		Salvage and Subrogation	Total Net Losses and Expenses	Number of Claims Outstanding Direct and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	65	5	215	116	0	0	99	40	50	0	0	267	4
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	65	5	215	116	0	0	99	40	50	0	0	267	4

		Total		Loss and I	Loss Expense P	ercentage			34	Net Ralar	nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea		Nontabula	r Discount	Inter-		fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	xxx	XXX	XXX	XXX	XXX	XXX	0	0	xxx	159	108
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	159	108

Schedule P - Part 1B - Private Passenger NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp ${\begin{tabular}{c} {\sf NONE} \end{tabular}}$

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL (\$000 OMITTED)

						\$000 OMITTE	(ט					
Years in	Pr	emiums Earne	ed			Los	ss and Loss Ex	kpense Payme	ents			12
Which	1	2	3				and Cost		and Other	10	11	
Premiums				Loss Pa		Containmer	nt Payments		nents]		
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses Were			Nint	Diseast and		Discot and		Disc et e e e		and	(Cols. 4 - 5	Reported
Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	+ 6 - 7 + 8 - 9)	Direct and Assumed
incurred	Assumed	Ceded	(COIS. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+0-9)	Assumed
1. Prior	XXX	XXX	XXX	5	0	4	0	0	0	0	9	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	5	0	4	0	0	0	0	9	XXX

		Lacasa	Unpaid		Defen	se and Cost C	`antainmant I	lancid	Adjusting Ung		23	24	25
ł	Case		Bulk +	IRNR		Basis		· IBNR	21	22	1		
•	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	5	0	24	13	0	0	11	4	6	0	0	29	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	5	0	24	13	0	0	11	4	6	0	0	29	0

		Total		Loss and I	Loss Expense P	ercentage			34	Net Balar	nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea		Nontabula	r Discount	Inter-		fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	Ω	xxx	16	12
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	xxx	xxx	xxx	xxx	xxx	0	0	XXX	16	12

Schedule P - Part 1F - Med Pro Liab Occ NONE

Schedule P - Part 1F - Med Pro Liab Clm

NONE

Schedule P - Part 1G - Special Liability

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE (\$000 OMITTED)

						\$000 OMITTE	(ט					
Years in	Pr	emiums Earne	ed			Los	ss and Loss Ex	kpense Payme	ents			12
Which	1	2	3				and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	yments	Containmer	nt Payments	Payr	nents			
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses				5		5		5		and	(Cols. 4 - 5	Reported
Were	Direct and	0.4.4	Net	Direct and	0.4.4	Direct and	0 - 1 - 1	Direct and		Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	xxx	0	(32)	2	(5)	0	0	0	40	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	(32)	2	(5)	0	0	0	40	XXX

		Losses	Unpaid		Defen	se and Cost (Containment I	Innaid	Adjusting Ung		23	24	25
	Case		Bulk +	IBNR	Case			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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	34	19	0	0	19	6	8	0	0	36	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	34	19	0	0	19	6	8	0	0	36	0

		Total		Loss and I	Loss Expense P	ercentage			34	Net Balar	nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea		Nontabula	r Discount	Inter-		fter Discount
ΙÌ	26	27	28	29	30	31	32	33	Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	Ω	xxx	15	21
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	Ω	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	xxx	xxx	xxx	xxx	xxx	xxx	0	0	XXX	15	21

Schedule P - Part 1H - Other Liab Claims
NONE

Schedule P - Part 1I - Special Property

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in	Pr	remiums Earn	ed			Los	s and Loss Ex	kpense Payme	nts			12
Which	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	ayments	Containmer	nt Payments	Payr	nents			
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and	.	Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
11101												
2. 2013	0	0	0	0	0	0	0	00	00	0	0	0
2 2014	0	0	۱ ،	0	٥	0	0	_ ر	_ ر	0	0	0
3. 2014	U	0	U	U	U	U	U	0	0	0	0	0
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

		Losses	Unpaid		Defen	se and Cost (Containment L	Jnpaid	Adjusting Ung	and Other paid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	21	22]		Number of
	13 Direct and	14	15 Direct and	16	17 Direct and	18	19 Direct and	20	Direct and		Salvage and Subrogation	Total Net Losses and Expenses	Claims Outstand- ing Direct and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	1 0	0	0	0	0	0

		Total			oss Expense P				34	Net Balar	
	Losses an 26	d Loss Expense 27	s Incurred 28	(Incurr 29	ed/Premiums Ea	arned) 31	Nontabula 32	r Discount 33	Inter-	Reserves Af	ter Discount 36
	20	21	20	29	30	31	32	33	Company Pooling	33	Loss
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
										- Companie	511,6110
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	xxx	xxx	xxx	xxx	xxx	xxx	0	0	xxx	0	0

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance

NONE

Schedule P - Part 10 - Reinsurance

NONE

Schedule P - Part 1P - Reinsurance

NONE

Schedule P - Part 1R - Prod Liab Occur

NONE

Schedule P - Part 1R - Prod Liab Claims

NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty

NONE

Schedule P - Part 1T - Warranty

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOF	RTED AT YEA	R END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were	2005	2000	0007	2000	2000	0040	0044	2042	0040	0044	0 1/	T Vasa
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	One Year	Two Year
1. Prior	4 , 734	5,238	5,232	5 , 064	5,432	6 , 372	6,395	6,811	6,883	7 , 252	369	441
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	xxx
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	369	441

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

1.	Prior	9,935	9,149	8,057	7 , 646	7 , 054	6,695	6,836	6,647	6,644	6,642	(1)	(4)
2.	2005	0	0	174	174	174	0	0	0	0	0	0	0
3.	2006	XXX	0	48	48	56	0	0	0	0	0	0	0
4.	2007	XXX	XXX	0	0	2	0	0	0	0	0	0	0
5.	2008	XXX	XXX	XXX	0	4	0	0	0	0	0	0	0
6.	2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	(1)	(4)

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

1. Prior	28	18	7	7	7	7	7	7	7	7	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	xxx	0	0	0	0	0						
10. 2013	XXX	0	0	0	XXX							
11. 2014	XXX	0	XXX	XXX								
										12. Totals	0	0

SCHEDULE P - PART 2D- WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

				(E ∧∪	LUDING	EXCESS	MOKKE	13 COIVI	PENSAII	ON)			
1.	Prior	198	168	128	130	145	134	134	134	134	134	0	0
2.	2005	0	0	0	0	0	0	00	0	0	0	0	0
3.	2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2007	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2008	xxx	XXX		l n	0	0	0	0	0	0	0	0
6.	2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2012	xxx	XXX	XXX	XXX	XXX	XXX		0		0	0	0
10.	2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totals	0	0

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

		_	OHILD	OLL I	- i /\\\	· \			LIVIOL			_	
1	Prior	3,795	3,995	3,648	4 , 157	4,229	4,189	4,241	4,242	4, 185	4,172	(14)	(71)
2	. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3	2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4	. 2007	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5	2008	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6	2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7	2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8	. 2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9	2012	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10	2013	xxx	xxx	XXX	XXX	XXX	XXX	xxx	xxx	0	0	0	xxx
11	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	(14)	(71)

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

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOF	RTED AT YEA	R END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were	2005	2006	2007	2008	2009	2010	2011	2012	2012	2014	One Year	Two Voor
Incurred	2005	2006	2007	2006	2009	2010	2011	2012	2013	2014	One rear	Two Year
1. Prior	0	O	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	N.1		0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	<u></u>		0	0	0	0	0	L0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	xxx
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2005	0	0	0	0	0	0	0	0	0	0	0	0
3.	2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2007	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2008	xxx	XXX	XXX	0	<u>0</u>	0	0	0	0	0	0	0
6.	2009	xxx	xxx	XXX	xxx	N		0	0	0	0	0	0
7.	2010	xxx	XXX	XXX	XXX	xxx.N.	<u> </u>	0	0	0	0	0	0
8.	2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2012	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2013	xxx	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0	xxx
11.	2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

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

1. Pr	rior	0	0	0	0	0	0	0	0	0	0	0	0
2. 20	005	0	0	0	0	0	0	0	0	0	0	0	0
3. 20	006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 20	007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 20	800	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 20	009	XXX	XXX	XXX	XXX			0	0	0	0	0	0
7. 20	010	XXX	XXX	XXX	XXX	xxx	UINL	0	0	0	0	0	0
8. 20	011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 20	012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 20	013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 20	014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
		•				•	•	•	•	•	12. Totals	0	0

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

				. / \ \ \							000		<u> </u>
	1. Prior	1,034	836	1,025	1,067	1, 172	1,295	1,246	1,318	1,343	1,348	4	30
	2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
	3. 2006	xxx	0	0	0	0	0	0	0	0	0	0	0
	4. 2007	xxx	XXX	0	0	0	0	0	0	0	0	0	0
	5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
	6. 2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
	7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
	8. 2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
	9. 2012	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
'	0. 2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
<u></u>	1. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totala	1	30

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

								• • • • • • •			— — …		
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2005	0	0	0	0	0	0	0	0	0	0	0	0
3.	2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2008	XXX	XXX	XXX	0	0	0	<u>. </u>	0	0	0	0	0
6.	2009	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2010	XXX	XXX	XXX	XXX	xxk.N.		0	0	0	0	0	0
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	XXX
											12. Totals	1 0	0

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	INCURRED	NET LOSSES	AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	R END (\$000	OMITTED)	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	One Year	Two Year
							L					
1. Prior	XXX	XXX	XXX	XXX	XXX		XXX	0	0	0	0	0
					17		_					
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	0	(6)	(6)	0	(6)						
2. 2013	xxx	0	0	0	xxx							
3. 2014	xxx	0	xxx	xxx								
										4. Totals	0	(6)

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	0	0	0	0	0						
2. 2013	xxx	xxx	xxx	xxx	××		xxx	xxx	0	0	0	xxx
3. 2014	xxx	xxx	XXX	xxx	XXX	XXX	×xx	xxx	XXX	0	XXX	xxx
										4. Totals	0	0

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

													l
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	l
2. 2013	XXX	xxx	XXX	xxx	××	MIF	xxx	xxx	0	0	0	XXX	
2 2044					1.4		-		VVV	0	VVV	VVV	l
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	l
										4. Totals	0	0	l

SCHEDULE P - PART 2M - INTERNATIONAL

1	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2	. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3	2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4	2007	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5	2008	xxx	xxx	xxx	0	0	0	0	0	0	0	0	0
6	. 2009	xxx	xxx	xxx	xxx	N	ONE	0	0	0	0	0	0
7	. 2010	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	0	0
8	. 2011	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0	0	0	0
9	. 2012	xxx	0	0	0	0	0						
10	. 2013	xxx	0	0	0	xxx							
11	2014	xxx	0	XXX	xxx								
											12. Totals	0	0

Schedule P - Part 2N

NONE

Schedule P - Part 20

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	R END	11	12
					(\$000 OI	MITTED)					1	Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	Without
Losses Were	2005	2006	2007	2000	2000	2010	2011	2012	2012	2014	Loss	Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	000	1,948	2,831	3,641	4 , 458	5,282	5,924	6,199	6 , 485	7 ,034	20,986	7 , 182
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	xxx	XXX	xxx	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	3, 131	5,023	5,781	6,221	6,332	6,658	6,647	6,644	6,642	15,064	7,677
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prid	ior000	3	7	7	7	7	7	7	7	7	89	41
2. 200	050	0	0	0	0	0	0	0	0	0	0	0
3. 200	06xxx	0	0	0	0	0	0	0	0	0	0	0
4. 200	07XXX	xxx	0	0	0	0	0	0	0	0	0	0
5. 200	08xxx	xxx	xxx	0	0	0	0	0	0	0	0	0
6. 200	09xxx	xxx	xxx	xxx	0	0	0	0	0	0	0	0
7. 201	10XXX	xxx	xxx	xxx	XXX	0	0	0	0	0	0	0
8. 201	11XXX	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 201	12XXX	xxx	xxx	xxx	XXX	XXX	XXX	0	0	0	0	0
10. 201	13XXX	xxx	0	0	0	0						
11. 201	14 XXX	l 0	0	0								

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

			(=)(0				10 00		<u> </u>			
1. Prior	000	0	0	2	2	2	2	2	2	2	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11 2014	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1.	Prior	000	1,868	2,260	3,435	3,857	3,951	4,068	4,085	4,140	4 , 149	2,260	1,745
2.	2005	0	0	0	0	0	0	0	0	0	0	0	0
3.	2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2007	XXX	xxx	0	0	0	0	0	0	0	0	0	0
5.	2008	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2010	xxx	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8.	2011	XXX	xxx	XXX	XXX	xxx	XXX	0	0	0	0	0	0
9.	2012	xxx	0	0	0	0	0						
10.	2013	XXX	0	0	0	0							
11.	2014	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

	CUMUL	ATIVE PAID N	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 O						1	Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	
Losses Were	0005	0000	0007	0000	0000	0040	0011	0040	0040	0044	Loss	Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0		\sim \sim $^{-1}$	0	0	0	0	0	0
3. 2006	XXX	0	0	0			- 0	0	0	0	0	0
4. 2007	xxx	XXX	0	0			0	0	0	0	0	0
5. 2008	xxx	XXX	xxx	0	0	0	0	0	0	0	0	0
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	0	0	0
7. 2010	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2005	0	0	0	0	0	0	0	0	0	0	0	0
3.	2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2008	XXX	XXX	XXX	0			0	0	0	0	0	0
6.	2009	XXX	XXX	XXX	XXX	IV'	UINE	0	0	0	0	0	0
7.	2010	XXX	XXX	XXX	XXX	xxx	0	00	0	0	0	0	0
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2013	XXX	XXX	xxx	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2.	2005	0	0	0	0	0	0	0	0	0	0	XXX	xxx
3.	2006	xxx	0	0	0	0	0	0	0	0	0	XXX	xxx
4.	2007	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5.	2008	XXX	XXX	XXX	0			0	0	0	0	XXX	XXX
6.	2009	XXX	XXX	XXX	XXX	N			0		0	XXX	XXX
7.	2010			XXX				0	0	0	0	xxx	xxx
8.	2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	xxx	xxx
9.	2012	xxx	0	0	0	xxx	xxx						
10.	2013	XXX	0	0	xxx	xxx							
11.	2014	XXX	0	XXX	XXX								

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

Γ	1.	Prior	000	296	566	806	979	1,115	1,222	1,270	1,279	1,320	112	145
	2.	2005	0	0	0	0	0	0	0	0	0	0	0	0
l	3.	2006	XXX	0	0	0	0	0	0	0	0	0	0	0
1	4.	2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
	5.	2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
l	6.	2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
ļ	7.	2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
ļ	8.	2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
ļ	9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
	10.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
	11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1	. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2	. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3	. 2006	xxx	0	0	0	0	0	0	0	0	0	0	0
4	. 2007	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5	2008	xxx	xxx	XXX	0			0	0	0	0	0	0
6	. 2009	xxx	xxx	XXX	xxx	N	UINE	0	0	0	0	0	0
_	. 2010			XXX				0	0	0	0	0	0
8	. 2011	xxx	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9	. 2012	xxx	xxx	XXX	xxx	xxx	XXX	xxx	0	0	0	0	0
10	. 2013	xxx	XXX	XXX	XXX	xxx	xxx	XXX	xxx	0	0	0	0
11	. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

\ - , -			. — , —		.,	—, <i>—-</i>		—, –		, .		
	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 O	MITTED)						Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	Without
Losses Were						~ \	_				Loss	Loss
Incurred	2005	2006	2007	2008	2009	P/Q -	2011	2012	2013	2014	Payment	Payment
					1.4		-					
1. Prior	XXX	XXX	xxx	xxx	xxx	xxx	XXX	000	0	0	XXX	XXX
2. 2013	XXX	XXX	XXX	xxx	XXX	xxx	xxx	xxx	0	0	xxx	XXX
2010		······································	ļ	<i>VV</i> V	······	+	+	······································		ļ	·······	······

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	(6)	(6)	0	0						
	xxx			xxx	xxx	xxx	xxx	XXX	0	0	0	0
3. 2014	xxx	xxx	0	0	0							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. [Prior	XXX	xxx	XXX	XXX	XXX	XXX	xxx	000	0	0	XXX	xxx
	2013	XXX	xxx	XXX	xxx	\sim	ONE	E xxx	xxx	0	0	XXX	xxx
	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	xxx	XXX	XXX	000	0	0	XXX	xxx
2. 2013	XXX	xxx	XXX	xxx	N_{xx}	ONE	XXX	xxx	0	0	XXX	xxx
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000	0	0	0	0	0	0	0	0	0	xxx	xxx
2. 2005	0	0	0	0	0	0	0	0	0	0	xxx	xxx
3. 2006	xxx	0	0	0	0	0	0	0	0	0	xxx	xxx
4. 2007	xxx	xxx	0	0	0	0	0	0	0	0	xxx	xxx
5. 2008	xxx	xxx	xxx	0	0	0	0	0	0	0	xxx	xxx
6. 2009	xxx	xxx		xxx	l Ni	()	0		0	0	xxx	xxx
7. 2010	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0	xxx	xxx
	XXX			XXX	XXX	XXX	0	0	0	0	XXX	XXX
					XXX							
	XXX							0	0		XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	J0	XXX	XXX
11. 2014	xxx	XXX	XXX	XXX	XXX	xxx	XXX	xxx	XXX	0	XXX	XXX

Schedule P - Part 3N

NONE

Schedule P - Part 30

NONE

Schedule P - Part 3P

NONE

Schedule P - Part 3R - Prod Liab Occur

NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were				2222	0000	0010		0040	0040	
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	663	863	403	242	158	270	141	270	177	157
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	ļ0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	ļ0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	3,646	2,643	1,534	812	328	186	153	(50)	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	xxx	XXX	0	0	0	0	0	0	0
6. 2009	xxx	XXX	XXX	xxx	0	0	0	0	0	0
7. 2010	xxx	xxx	XXX	xxx	xxx	0	0	0	0	0
8. 2011	xxx	xxx	XXX	xxx	xxx	XXX	0	0	0	0
9. 2012	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0
10. 2013	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1.	Prior	18	5	0	0	0	0	0	0	0	0
	2005	0	0	0	0	0	0	0	0	0	0
3.	2006	xxx	0	0	0	0	0	0	0	0	0
4.	2007	xxx	XXX	0	0	0	0	0	0	0	0
5.	2008	xxx	XXX	XXX	0	0	0	0	0	0	0
6.	2009	xxx	XXX	XXX	xxx	0	0	0	0	ļ0	0
7.	2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2011	xxx	XXX	xxx	xxx	xxx	XXX	0	0	0	0
9.	2012	xxx	XXX	xxx	xxx	xxx	XXX	xxx	0	0	0
10.	2013	xxx	XXX	xxx	xxx	xxx	XXX	xxx	XXX	L0	0
11.	2014	l xxx	0								

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	xxx	0	0	0						
10. 2013	xxx	0	0							
11. 2014	XXX	0								

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

					••••					
1. Prior	866	732	441	198	189	133	112	97	20	18
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	xxx	xxx	0	0	0	0	0	0	0
6. 2009	xxx	XXX	xxx	xxx	0	0	0	0	0	0
7. 2010	xxx	XXX	xxx	xxx	xxx	0	0	0	0	0
8. 2011	xxx	XXX	xxx	xxx	xxx	xxx	ļ0	0	0	0
9. 2012	xxx	XXX	xxx	xxx	XXX	XXX	xxx	0	0	0
10. 2013	xxx	XXX	xxx	xxx	xxx	XXX	xxx	XXX	0	0
11 2014	VYY	YYY	YYY	l xxx	YYY	YYY	YYY	YYY	YYY	l n l

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

	BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0 			0	0	0	0	0
5. 2008	XXX	XXX	xxx	0		0	0	0	0	0
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2012	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	ļ0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	xxx	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX			0	0	0	0	0
6. 2009	xxx	XXX	XXX	XXX		0	0	0	0	0
7. 2010	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	xxx	0	0	0						
10. 2013	xxx	0	0							
11. 2014	XXX	0								

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	xxx	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX			0	0	0	0	0
6. 2009	xxx	XXX	XXX	xxx		0	0	0	0	0
7. 2010	xxx	XXX	XXX	xxx	xxx	0	0	0	0	0
8. 2011	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	xxx	0	0	0						
10. 2013	xxx	0	0							
11. 2014	XXX	0								

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

1.	Prior	313	142	93	57	38	48	(14)	4	28	28
2.	2005	0	0	0	0	0	0	0	0	0	0
3.	2006	XXX	0	0	0	0	0	0	0	0	0
4.	2007	XXX	XXX	0	0	0	0	0	0	0	0
5.	2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2012	XXX	0	0	0						
10.	2013	XXX	XXX	0	0						
11.	2014	XXX	XXX	XXX	0						

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	xxx	0	0	0	0	0	0	0	0
5. 2008	xxx	xxx	xxx			0	0	0	0	0
6. 2009	xxx	xxx	XXX	xxx		0	0	0	0	0
7. 2010	xxx	XXX	xxx	xxx <u>-</u>	xxx	0	0	0	0	0
8. 2011	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	0
9. 2012	xxx	XXX	XXX	xxx	xxx	XXX	xxx	0	0	0
10. 2013	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 4I

NONE

Schedule P - Part 4J

NONE

Schedule P - Part 4K

NONE

Schedule P - Part 4L

NONE

Schedule P - Part 4M

NONE

Schedule P - Part 4N

NONE

Schedule P - Part 40

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years in	1 1	2	3	4	5	6	7	8	9	10
Which Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	5,741	5,709	8,954	5,718	12	6	9	7	1	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2011	xxx	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 2012	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0
10. 2013	xxx	XXX	xxx	XXX	xxx	xxx	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	191	108	74	43	37	27	15	12	9	4
2. 2005	0	0	0	3	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Years in Which Premiums Were Earned	1	2	3	4	5	6	7	8	9	10
and Losses Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	7 , 145	7 , 104	7 , 102	7 , 139	3,269	3	1	7	2	(5
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	xxx	xxx	0	0	0	0	0	0	0
6. 2009	xxx	XXX	xxx	xxx	0	0	0	0	0	0
7. 2010	xxx	XXX	xxx	xxx	xxx	0	0	0	0	0
8. 2011	xxx	XXX	xxx	xxx	xxx	XXX	0	0	0	0
9. 2012	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0
10. 2013	xxx	xxx	xxx	xxx	XXX	XXX	xxx	XXX	0	c
11 2014	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	١

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

SECTION 1

					SECTION 1					
		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses	0005	0000	0007	0000	0000	0040	0044	0040	0040	0044
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	1,532	1,491	1,483	1,414	16	9	5	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	xxx	0	0	0	0	0	0	0
6. 2009	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	xxx	XXX	xxx	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	364	209	82	53	32	9	1	1	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	2,499	2,531	(490)	2,558	2,942	0	0	0	0	(
2. 2005	0	0	0	0	0	0	0	0	0	(
3. 2006	xxx	0	0	0	0	0	0	0	0	(
4. 2007	xxx	XXX	0	0	0	0	0	0	0	(
5. 2008	xxx	XXX	xxx	0	0	0	0	0	0	(
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	(
7. 2010	xxx	XXX	xxx	XXX	XXX	0	0	0	0	(
8. 2011	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	(
9. 2012	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	(
10. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	xxx	0	
11. 2014	l xxx l	XXX	l xxx l	xxx	xxx	XXX	XXX	xxx	XXX	(

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

SECTION 1

					SECTION 1					
		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses	2005	2006	2007	2000	2000	2010	2011	2012	2012	2014
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	1	8	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	xxx	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	xxx	XXX	xxx	0	0	0
10. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	2000					20.0				
1. Prior	1	1	1	1	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	xxx	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2011	xxx	XXX	xxx	xxx	XXX	XXX	0	0	0	0
9. 2012	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	(44)	18	8	0	0	0	0	
2. 2005	0	0	0	0	0	0	0	0	0	(
3. 2006	xxx	0	0	0	0	0	0	0	0	(
4. 2007	xxx	XXX	0	0	0	0	0	0	0	
5. 2008	xxx	XXX	xxx	0	0	0	0	0	0	(
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	(
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	(
8. 2011	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	(
9. 2012	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	(
10. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	
11. 2014	l xxx l	XXX	l xxx l	XXX	XXX	XXX	XXX	XXX	XXX	

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

$\Delta = \Delta =$	 4
SECT	

		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	R		0	0	0	0	0
4. 2007	XXX	XXX	0	b)		0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0

SECTION 2

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING D	IRECT AND AS	SSUMED AT YEAR	AR END		
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	<u>0</u>	0	<u></u> 0	0	0	0	0
4. 2007	xxx	XXX	0		1 / N N I I I	<u>-</u> 0	0	0	0	0
5. 2008	xxx	XXX		0	0	0	0	0	0	0
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2010	xxx	XXX	xxx	XXX	xxx	0	0	0	0	0
8. 2011	xxx	XXX	xxx	XXX	XXX	xxx	0	0	0	0
9. 2012	xxx	XXX	xxx	XXX	xxx	xxx	XXX	0	0	0
10. 2013	xxx	XXX	xxx	XXX	xxx	xxx	XXX	XXX	0	0
11. 2014	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	CLAIMS REPORT	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior		0	ا ۱	0	0	0	۸ ا	٥	0	
1. FIIOI		0	···	0	0	0	0	0	0	
2. 2005	0	0	0	0	0	0	0	0	0	
2 2000		0	_	0	0	0	_	٥	0	
3. 2006	XXX	0	⁰	0	0		l0	0	0	
4. 2007	xxx	XXX	0		l(_) \lo	0	0	0	0	
				•)		_			0	
5. 2008	ļXXX	XXX	XXX	0	0	0	0	0	0	
6. 2009	l xxx	XXX	xxxl	XXX	0	0	0	0	0	
7. 2010	XXX	XXX	XXX	XXX	XXX	0	ļ0	0	0	
8. 2011	l xxx	XXX	xxx	YYY	xxx	YYY	0	0	0	
0. 2011										
9. 2012	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2013		~~~		~~~	xxx	~~~		XXX	0	
10. 2013	†				~~~				0	
11 2014	YYY	YYY	yyy	YYY	YYY	YYY	YYY	YYY	YYY	l .

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

			CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
Years		1	2	3	4	5	6	7	8	9	10	
Which Premiu												
Were Ea												
and Los												
Were Inci	urred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Pr	rior	1,068	599	55	619	(5)	3	3	1	1	0	
2. 20	005	39	40	0	0	0	0	0	0	0	0	
3. 20	006	xxx	0	0	0	0	0	0	0	0	0	
4. 20	007	XXX	XXX	0	0	0	0	0	0	0	0	
5. 20	008	XXX	XXX	XXX	0	0	0	0	0	0	0	
6. 20	009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
7. 20	010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
8. 20	011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9. 20	012	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	
10. 20	013	xxx	XXX	XXX	XXX	xxx	XXX	xxx	xxx	0	0	
11. 20	014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	132	68	45	42	22	11	3	2	1	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END											
Years in	1	2	3	4	5	6	7	8	9	10			
Which	' '	2		7		O	· '	0		10			
Premiums													
Were Earned													
and Losses													
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014			
1. Prior	756	1,034	933	976	(4)	0	0	1	1	(1)			
2. 2005	0	0	0	0	0	0	0	0	0	0			
3. 2006	xxx	0	0	0	0	0	0	0	0	0			
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0			
5. 2008	xxx	XXX	xxx		0	0	0	0	0	0			
6. 2009	xxx	XXX	xxx	XXX	0	0	0	0	0	0			
7. 2010	xxx	XXX	xxx	XXX	xxx	0	0	0	0	0			
8. 2011	xxx	XXX	xxx	XXX	xxx	XXX	0	0	0	0			
9. 2012	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0			
10. 2013	xxx	XXX	xxx	XXX	xxx	xxx	xxx	xxx	0	0			
11. 2014	XXX	XXX	xxx	XXX	xxx	XXX	xxx	xxx	xxx	0			

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

NONE

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

		CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END										
Years in	1	2	3	4	5	6	7	8	9	10		
Which Premiums												
Were Earned												
and Losses												
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior	56	58	54	52	5	1	1	0	1	0		
2. 2005	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0	0	0	0	0	0	0	0	0		
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

					SECTION 2A					
			NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	45	28	18	13	7	5	3	2	1	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	xxx	0	0	0	0	0	0	0	0	0
4. 2007	xxx	XXX	0	0	0	0	0	0	0	0
5. 2008	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2009	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX		XXX		XXX	0	0	0	0
9. 2012	xxx	XXX	XXX			XXX	XXX	0	0	0
10. 2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3A					
			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which Premiums Were Earned	1	2	3	4	5	6	7	8	9	10
and Losses Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	130	123	123	133	(3)	0	0	0	0	(′
2. 2005	0	0	0	0	0	0	0	0	0	(
3. 2006	xxx	0	0	0	0	0	0	0	0	(
4. 2007	xxx	xxx	0	0	0	0	0	0	0	(
5. 2008	xxx	XXX	xxx	0	0	0	0	0	0	(
6. 2009	xxx	XXX	xxx	xxx	0	0	0	0	0	(
7. 2010	xxx	XXX	xxx	xxx	XXX	0	0	0	0	ļ(
8. 2011	xxx	XXX	xxx	xxx	XXX	XXX	0	0	0	ļ
9. 2012	xxx	XXX	xxx	xxx	XXX	XXX	xxx	0	0	ļ
10. 2013	xxx	XXX	xxx	xxx	xxx	XXX	xxx	XXX	0	(
11 2014	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	۱ ر

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

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

SECTION 1
DIRECT AND

		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	114	0	0	0	0	0	0	0		
2. 2005	0	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0		0	0	0	٥	٥	0	0	0		
4. 2007	XXX	XXX		0	0	0	٥	۵	ļ0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	L0	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	L0	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SECTION 2

	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	1	5	6	7	β	9	10	Current	
Premiums Were	'	2	'	7	3	١	,	0	9	10	Year	
Earned and Losses		0000				0010	0044		0040	0044	Premiums	
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned	
1. Prior	0	0	D	(13)	0	0	0	J0	ļ0	0	0	
2. 2005	0	0	0 	0	0	0	0	0]0	0	0	
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	
4. 2007	XXX	XXX	L0	0	0	0	0	0	L0	0	0	
5. 2008	XXX	XXX	xxx	0	0	0	0	۵	l0	0	0	
6. 2009	XXX	XXX	xxx	XXX	0	0	0	۵	l0	0	0	
7. 2010	XXX	XXX	xxx	XXX	XXX	0	0	٥	0	0	0	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
13. Earned												
Premiums												
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX	

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

		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	(59)	0	0	Ω	0	0	0	0		
2. 2005	0	0	0	0	0	0	٥	0	J0	0	0		
3. 2006	XXX	0	0	0	0	0	0	0	<u> </u> 0	0	0		
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	0	<u> </u> 0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	٥	0	l0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	L0	0	l0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	L0	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SECTION 2

	020110112												
	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)												
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	(5)	0	0	0	0	0	0	0		
2. 2005	0	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0	0 	0	0	0	0	0	0	0	0		
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0		
7. 2010	XXX	XXX	XXX		XXX	0	0	٥	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	٥	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Q0	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL SECTION 1

		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	0	0	0	0	0	0	0	0		
2. 2005	0	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0	0	0	0	0	٥	0	0	0	0		
4. 2007	XXX	XXX		0	0	0	0	0	ļ0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	J0	ļ0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	0	J0	ļ0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	<u>0</u>	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SECTION 2

	OEOTION 2												
		CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	0	0	0	0	0	0	0	0		
2. 2005	0	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0		
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	٥	0	l0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	٥	0	0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A													
		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)											
Years in Which	1	2	3	4	5	6	7	8	9	10	Current		
Premiums Were											Year		
Earned and Losses											Premiums		
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned		
1. Prior	0	0	0	0	0	0	0	0	0	0	0		
2. 2005	0	0	0	0	0	0	0	0	0	0	0		
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0		
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0		
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0		
6. 2009	XXX	XXX	XXX	XXX	0	0	0	٥	0	0	0		
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
13. Earned													
Premiums													
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX		

SECTION 2A

					SECTION !	<u>-</u> 7								
		CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)												
Years in Which	1	2	3	4	5	6	7	8	9	10	Current			
Premiums Were											Year			
Earned and Losses											Premiums			
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Earned			
1. Prior	0	0	0	0	0	0	0	0	0	0	0			
2. 2005	0	0	0	0	0	0	0	0	0	0	0			
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0			
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0			
5. 2008	XXX	XXX	XXX	0	0	0	0	٥	0	0	0			
6. 2009	XXX	XXX	XXX	XXX	0	0	0	٥	0	0	0			
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0			
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0			
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0			
13. Earned														
Premiums														
(Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX			

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

NONE

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 60 - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

NONE

Schedule P - Part 7A - Section 1

NONE

Schedule P - Part 7A - Section 2

NONE

Schedule P - Part 7A - Section 3

NONE

Schedule P - Part 7A - Section 4

NONE

Schedule P - Part 7A - Section 5

NONE

Schedule P - Part 7B - Section 1

NONE

Schedule P - Part 7B - Section 2

NONE

Schedule P - Part 7B - Section 3

NONE

Schedule P - Part 7B - Section 4

NONE

Schedule P - Part 7B - Section 5

NONE

Schedule P - Part 7B - Section 6

NONE

Schedule P - Part 7B - Section 7

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) provision 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:		Yes]]	No [Х]			
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?									
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes	[]	No [Х]			
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		Yes	[]	No [Х]			
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	Yes [] No	[] N	I/A [Х]			
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:									

DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid Years in Which Premiums Were Earned and Section 2: Claims-Made Losses Were Incurred Section 1: Occurrence 1.601 1.602 2005. 1.603 2006. 1.604 2007. 1.605 2008. 1.606 2009.

	1.607	2010							
	1.609	2012							
	1.610	2013							
	1.611	2014							
	1.612	Totals		0		0			
2.	effective Jan		nition applies to both paid and	unpaid expenses. Are	ment expenses (ULAE) was chang these expenses (now reported as nitions in this statement?		[X]] No []
3.	The Adjusting the number of companies in and the claim For Adjusting Adjusting and	nts ct.							
	below. Are the	ney so reported in this Statement?	:	,	,	Yes	[X]] No []
4.		in Schedule P include reserves the of such discounts on Page 10?	at are reported gross of any o	liscount to present valu	e of future payments, and that are	Yes	[]] No [Х]
		r disclosure must be made in the N n Schedule P - Part 1, Columns 32		as specified in the Inst	ructions. Also, the discounts must	i .			
		nust be completed gross of non-ta upon request.	bular discounting. Work pape	ers relating to discount	calculations must be available for				
	Discounting i	s allowed only if expressly permitte	ed by the state insurance depart	artment to which this A	nnual Statement is being filed.				
5.	What were the	ne net premiums in force at the end	d of the year for:						
	(iii tilououliu	or donard)			5.1 Fidelity	\$			
					5.2 Surety	\$			
6.		information is reported per claim one in all years, explain in Interroga)				CLAIM	ANT
7.1	reserves, am	ion provided in Schedule P will be ong other things. Are there any e t must be considered when making	specially significant events, co	mate the adequacy of toverage, retention or ac	the current loss and expense ecounting changes that have	Yes	[]] No [Х]
7.2	An extended	statement may be attached.							

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

AL	1 Life (Group and Individual)	Annuities (Group and Individual)	3 Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
.AK						
AZ						
AR						
CA						
.CO						
CT						
DEDCFLGAHIIDILINJA						
DCFLGAHIIDILINIA						
FL						
GA HI ID IL IN JA				-		
HI ID IL JN JA					·	
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IL JN JA						
IN JA KS						
JA KS						
KS					<u> </u>	
LA						
ME						
MD						
MA						
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	<u>, </u>						,				_			
Group Code	2 Group Name	NAIC Company Code	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	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	15
	.NBIC HOLDINGS, INC		. 26 - 1736008				NBIC FINANCIAL HOLDINGS, INC, NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY NBIC FINANCIAL HOLDINGS, INC,	DE	UDP		BOARD	0.0		0
	.NBIC FINANCIAL HOLDINGS , INC		. 20-3179005				NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY. NBIC FINANCIAL HOLDINGS, INC,	RI	UDP	NBIC HOLDINGS, INC	OWNERSHIP	100.0	NBIC HOLDINGS,	0
00497	NARRAGANSETT BAY INSURANCE	43001	. 05-0394576				NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY	RI	IA	NBIC FINANCIAL HOLDINGS, INC.	OWNERSHIP	100.0	NBIC HOLDINGS,	0
00497	. PAWTUCKET INSURANCE COMPANY	14931	. 05-0197250				NBIC FINANCIAL HOLDINGS, INC, NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY	RI	RE	NARRAGANSETT BAY INSURANCE	OWNERSHIP	100.0	NBIC HOLDINGS,	0
	.NBIC SERVICE COMPANY, INC		. 26-3867627				NBIC FINANCIAL HOLDINGS, INC, NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY	RI	NIA	NBIC HOLDINGS, INC	OWNERSHIP	100.0	NBIC HOLDINGS,	0
	NBIC E&S, INC						NBIC FINANCIAL HOLDINGS, INC, NBIC SERVICE COMPANY, INC, NBIC E&S, INC, NARRAGANSETT BAY INSURANCE COMPANY, PAWTUCKET INSURANCE COMPANY.	IA	I A	NBIC HOLDINGS, INC	OWNERSHIP	100.0	NBIC HOLDINGS,	0
										TISTO TICES TICO, THO TIME				
				-										

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk Explanation

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SCHEDULE Y

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

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	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
43001	05-0394576	NARRAGANSETT BAY INSURANCE COMPANY	Dividends	CONTINUUONS	HIVESTILIENTS	Allillate(5)	(26,137,711) 579,147 25,558,564	Agreements	<u> </u>	Dusiliess	(26, 137, 711)	raker/(Liability)
14931	05-0197250 26-3867627	PAWTUCKET INSURANCE COMPANY NBIC SERVICE COMPANY INC					579, 147		ļ		(26 , 137 , 711) 579 , 147 25 , 558 , 564	
	. 26 - 3867627	NBIC SERVICE COMPANY INC					25 , 558 , 564		ļ		25,558,564	
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9999999	Control Totals		0	0	1 0	0	0	0	XXX	0	0	(

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

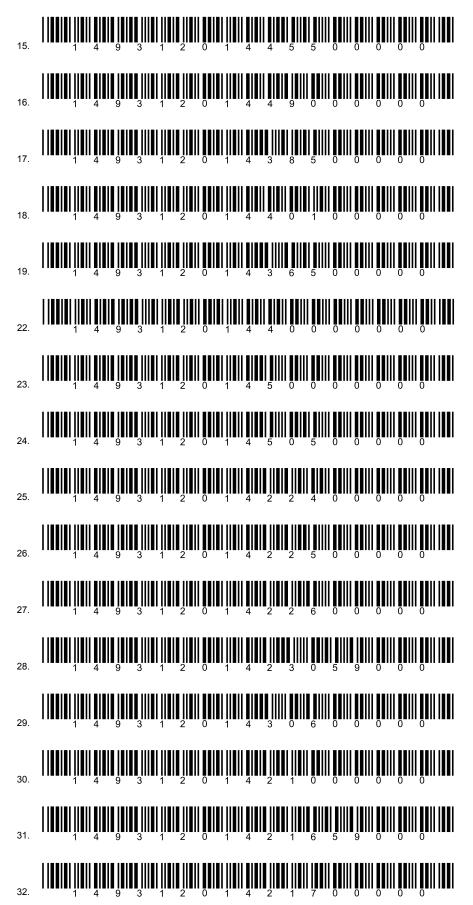
	MARCH FILING	RESPUNSES
1.	Will an actuarial opinion be filed by March 1?	WA I VED
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
_	APRIL FILING	VEO
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
	MAY FILING	
Ω		YES
8.	will this company be included in a combined annual statement that is nied with the NAIC by May 1?	ILO
	JUNE FILING	
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.
	AUGUST FILING	VE2
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
	The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	MARCH FILING	
12.		NO
	This concedit one (crossinates information experience), so meet that the state of continue by major 1.	
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
10.	This cappionion (The Concade Thomason Troccool and Elability Cappionion) be mod by major (T.	
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	will the Nemburance Attestation oupprement be med with the state of dominine and the NATO by March 11:	I LO.
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
		NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be	
_0.	filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	NO
	with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING

28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	N0
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	N0
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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