



### **ANNUAL STATEMENT**

For the Year Ended December 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

### **PAWTUCKET INSURANCE COMPANY**

NAIC Group Code _	0497,	0497	NAIC Company Cod	le <u>14931</u>	Employer's II	) Number _	05-0197250
	(Current Period)	(Prior Period)					
Organized under the L	aws of	Rhode Is	sland	, State of Domicile or	Port of Entry _	RI	node Island
Country of Domicile				United States			
Incorporated/Organize	ed	06/19/1848	С	ommenced Business		02/10/18	49
Statutory Home Office	<u></u>	25 Map	le Street			RI, US 02860	D-2104
,			d Number)	· -	(City or Town, St	tate, Country and	Zip Code)
Main Administrative O	ffice	25 Maple St	reet	Pawtucket, RI, US	02860-2104	40	01-725-5600
		(Street and Nun	nber)	(City or Town, State, Cou	ntry and Zip Code)	(Area Cod	le) (Telephone Number)
Mail Address		P. O. Box 820			Pawtucket, RI, l	JS 02862-08:	20
	(Street	and Number or P.O. Bo	ox)	(	(City or Town, State, C	ountry and Zip C	ode)
Primary Location of Bo	ooks and Records <sub>_</sub>		Maple Street		RI, US 02860-210		401-725-5600
		(Stre	et and Number)	, ,	te, Country and Zip Co	ide) (Area	Code) (Telephone Number)
Internet Web Site Add				.pawtucketinsurance.c			
Statutory Statement C	ontact _	Lai	ura Leigh Jones			1-495-6014	
ND	IC-ComplianceInbo	v@nhic.com	(Name)		(Area Code) (Tele 401-728-068		Extension)
IND	(E-Mail Addres				(Fax Number)		
	(=	-,	055105	DO	(Fax Number)		
			OFFICE				
Name		Title		Name			Title
Todd Christoph		Chief Executi		Stewart Horner Ste			Executive Chairman
Kirk Howard	Lusk,	Chief Financ	ial Officer	Stephen Donald Zu	ubiago,		Secretary
Stewart Horner S	Steffey Ir	<b>DI</b> I Arnold Larry	RECTORS OR	TRUSTEES Alex Anatol Fridly	and	Srdi:	an Vukovic
Kristin Kelly C		Todd Christo		Dale Stephen Hamr		Siuje	III VUKOVIC
ranoun racing c		Toda Officio	prior ridit	Baic Otephen nami			
State of	RHODE ISLAND.						
Oldic of			ss				
County of	PROVIDENCE						
above, all of the herein de that this statement, togeth liabilities and of the condi and have been completed may differ; or, (2) that sta knowledge and belief, res	escribed assets were ther with related exhibition and affairs of the din accordance with the rules or regulations spectively. Furthermore exact copy (except for	he absolute property s, schedules and ex said reporting entity he NAIC Annual Stat require differences be, the scope of this a formatting difference	and say that they are the d y of the said reporting entit planations therein contains as of the reporting period 2 tement Instructions and Ac in reporting not related to a attestation by the described ses due to electronic filing)	y, free and clear from any ed, annexed or referred to stated above, and of its in counting Practices and Pracounting practices and Ip d officers also includes the	r liens or claims the o, is a full and true s come and deduction rocedures manual procedures, accorder related correspon	reon, except as statement of all ons therefrom for except to the ex ling to the best ding electronic	s herein stated, and the assets and or the period ended, xtent that: (1) state law of their information, filing with the NAIC,
	hristopher Hart		Kirk Howard	Lusk	Ste	phen Donald	Zubiago
Chief E	xecutive Officer		Chief Financial			Secretar	у
Subscribed and sworn t	to hefore me			a. Is this b. If no:	an original filing?		Yes [ X ] No [ ]
this	day of	,			the amendment nu	mber	
		,	<del>_</del>	2. Date fi		-	
				2 Number	or of pages attache	d	



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)** 

**DURING THE YEAR 2015** 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 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion) ..(2,374) 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. TOTAL (a) (2.374)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 \$

<sup>(</sup>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 2015** 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 2.3 Federal flood 2.4 Private crop 3. Farmowners multiple peril Homeowners multiple peril .(180 .(180) 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. TOTAL (a) (180) (180)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 \$

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

35.

TOTAL (a)

DETAILS OF WRITE-INS 3401. 3402. 3403.



#### ANNUAL STATEMENT FOR THE YEAR 2015 OF THE PAWTUCKET INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)** 

**DURING THE YEAR 2015** 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 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 .(1,220 ..(1,220) 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

3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

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

3498. Summary of remaining write-ins for Line 34 from overflow page

and number of persons insured under indemnity only products

(1,220)

(1,220)

<sup>(</sup>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 2015** 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 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 ..(83) ..(83) .479 Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage .(480) .(480) 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. TOTAL (a) (563 (563)479 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 \$

<sup>(</sup>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 2015** 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 Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Incurred Unpaid Expenses Licenses and Fees Fire ..4,666 4,666 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril ..(3,991) Homeowners multiple peril .(3,094) . (166,918) ..115,676 ...13,508 .(63,318) ..71,516 Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) 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... ..(34,100) .(26,688 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. TOTAL (a) (3.094)(201,018) 115,676 18,174 (85,340 71.516 (3.991)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 \$

<sup>(</sup>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 2015** 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 Federal flood 2.3 2.4 Private crop Farmowners multiple peril Homeowners multiple peril ..12,341 ...12,341 ..12,341 ..12,341 .(426) Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) 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 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 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. TOTAL (a) 12,341 12,341 12,341 12,341 (426)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

<sup>(</sup>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 2015** 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 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 2.1 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril Homeowners multiple peril .22,270 ..22,270 .25,795 ..25,795 ..(709) Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) .4.061 ..33,461 ..17,698 .34,210 ..32,816 ..(1,065) 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... 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 .1,475 .1,475 Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage ..(198 .(198) 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. TOTAL (a) (198 26,133 55,731 19,173 61,480 58,611 (1,774)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

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

<sup>(</sup>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 2015** 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 Expense and Brokerage Taxes, Line of Business Written Earned Direct Business Reserves (deducting salvage Incurred Direct Losses Unpaid Incurred Unpaid Expenses Licenses and Fees Fire ..4,666 4,666 Allied lines 2.2 Multiple peril crop Federal flood 2.3 2.4 Private crop Farmowners multiple peril Homeowners multiple peril .(3,274) . (132,487) .150,287 ..13,508 .(25,182 .109.652 .(5, 126) Commercial multiple peril (non-liability portion) Commercial multiple peril (liability portion) .4.061 .33,461 ..17,698 .34,210 .32,816 .(3,439)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... ..(34,100) .(26,688 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 .(83 .(83) .1,475 1,475 479 Commercial auto no-fault (personal injury protection) 19.3 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage (1,898 ..(1,898) 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. TOTAL (a) (5.255)(164.507) 183.748 37.347 (11,519)142,468 (8,086 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 \$

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..0 and number of persons insured under indemnity only products

Schedule F - Part 1

**NONE** 

Schedule F - Part 2

**NONE** 

Schedule F - Part 3

**NONE** 

Schedule F - Part 4

**NONE** 

Schedule F - Part 5

NONE

Schedule F - Part 6 - Section 1

**NONE** 

Schedule F - Part 6 - Section 2

NONE

Schedule F - Part 7

**NONE** 

Schedule F - Part 8

NONE

Schedule F - Part 9

NONE

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

**NONE** 

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

				(\$000 OMITTED)  Loss and Loss Expense Payments									
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	Payr	nents	]			
Were				4	5	6	7	8	9		Total	Number of	
Earned										Salvage	Net Paid	Claims	
and Losses Were			NISA	Diseast and		Discret and		Disc et e e e		and	(Cols. 4 - 5	Reported	
Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	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	(3)	(21)	14	(27)	9	0	8	66	XXX	
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	(3)	(21)	14	(27)	9	0	8	66	XXX	

									Adjusting	and Other	23	24	25
ΙI		Losses	Unpaid		Defen	se and Cost (	Containment L	Inpaid	Unp				
1 [	Case	Basis	Bulk +	· IBNR		Basis	Bulk +		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
	70	0	80	0		0		0	0	٥	0		Г
1.	/0	0	80	0	26	0	80	0	0	0	J0	256	5
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.	70	0	80	0	26	0	80	0	0	0	0	256	5

		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	150	106
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	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	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	150	106

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

(\$000 ON	(ITTED)
-----------	---------

Years in	Pi	remiums Earne	ed	Loss and Loss Expense Payments  Defense and Cost Adjusting and Other 10 11								12
Which	1	2	3	D.						10	11	
Premiums Were Earned and Losses Were	Discotocad		Not	Loss Pa	syments 5	6	nt Payments 7	8	nents 9	Salvage and	Total Net Paid (Cols. 4 - 5	Number of Claims Reported
Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	+ 6 - 7 + 8 - 9)	Direct and Assumed
1. Prior	XXX	XXX	xxx	0	0	1	0	0	0	0	1	xxx
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010	0	0	0		0	0	0	0	0	0	0	0
7. 2011	0	0	0		0	0	0	0	0	0	0	0
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	1	0	0	0	0	1	XXX

		Losses	Unpaid		Defen	se and Cost (	Containment U	Inpaid	Adjusting Ung	and Other	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· 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
	7.00000	00000	7100011100	00000	, 100000	20000	7.100011100	20000	7100011100	20000	7 intiospatos	J.,pa.u	7.00000
1.	0	0	0	0	4	0	0	0	0	J0	J0	4	1
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	0	0	4	0	0	0	0	0	0	4	1

		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 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Company Pooling Participation	35 Losses	36 Loss Expenses
$\vdash$	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	4
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	0	4

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 OMITTED)  Loss and Loss Expense Payments								
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 at a sal		and	(Cols. 4 - 5	Reported
Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	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	6	0	18	0	0	0	0	24	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	6	0	18	0	0	0	0	24	XXX

									Adjusting		23	24	25
			Unpaid			se and Cost C			Unp				
	Case		Bulk +			Basis		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	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
$\Box$		0			40	^	00		0	^	2	00	4
1.	14	0	20	0	13	0	20	0	0	0	0		1
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.	14	0	20	0	13	0	20	0	0	0	0	66	1

		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	33	33
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	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	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	33	33

Schedule P - Part 1F - Med Pro Liab Occ

**NONE** 

Schedule P - Part 1F - Med Pro Liab Clm

**NONE** 

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur

**NONE** 

Schedule P - Part 1H - Other Liab Claims

**NONE** 

## SCHEDULE P-PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

Years in	Pi	emiums Earne	ed			Los	s and Loss Ex	xpense Payme	ents			12
Which	1	2	3				and Cost		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	+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	0	0	5	0	0	0	0	5	xxx
2. 2014	0	0	0	0	0	0	0	0	0	0	0	xxx
3. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	5	0	0	0	0	5	XXX

		Losses	Unpaid		Defen	se and Cost (	Containment U	Jnpaid	Adjusting Unj	and Other paid	23	24	25
l	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- 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.	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

	Losses an	Total d Loss Expense	s Incurred		Loss Expense P red/Premiums E		Nontabula	r Discount	34 Inter-	Net Balar Reserves At	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
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 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in	Pi	remiums Earn	ed			Los	s and Loss Ex	kpense Payme	ents			12
Which	1	2	3				and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	ayments	Containmer	t 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.				(0)		0					(0)	1001
1. Prior	XXX	XXX	XXX	(2)	0	0	0	J0	J0	<b> </b> 0	(2)	XXX
0.0044	_	_	_	0	٥	0	0	_ ر	۱ ،	_ ر	_	٥
2. 2014	0	0	J0	0	0	0	0	J0	J0	J	0	
3. 2015	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013		Ť	Ů	Ů	Ů	•		Ť	Ť	, ,	, and the second	Ů
4. Totals	XXX	XXX	XXX	(2)	0	0	0	0	0	0	(2)	XXX

		Losses	Unpaid		Defen	se and Cost (	Containment U	Inpaid	Adjusting Unj	and Other paid	23	24	25
	Case 13	Basis 14	Bulk + 15	· IBNR 16	Case 17	Basis 18	Bulk +	· IBNR 20	21	22		Total	Number of Claims
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Net Losses and	Outstand- ing Direct and 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	0	0	0	0	0	0

	Losses an	Total d Loss Expense	s Incurred		Loss Expense Pred/Premiums E		Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
	7.03011100	Ocaca	1401	Assumed	Ocaca	1401	2033	Ехрепас	rereentage	Onpaid	Onpaid
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

**NONE** 

#### 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 Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
iliculted											One real	TWO Teal
1. Prior	3,290	3,284	3,116	3,484	4,424	4 , 447	4,863	4 ,935	5,304	5,401	97	466
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	xxx
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
			•	•				•	•	12. Totals	97	466

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

1.	Prior	6,018	5 , 100	4,689	4,097	3,564	3,705	3,516	3,513	3,511	3,516	5	4
2.	2006	0	48	48	56	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	2	0	0	0	0	0	0	0	0
4.	2008	xxx	XXX	0	4	0	0	0	0	0	0	0	0
5.	2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2010	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	XXX
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	5	4

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

1. Pri	ior	15	4	4	4	4	4	4	4	4	4	0	0
2. 200	006	0	0	0	0	0	0	0	0	0	0	0	0
3. 200	07	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 200	800	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 200	009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 20°	)10	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 20	)11	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 20°	)12	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 20 <sup>-</sup>	)13	XXX	0	0	0	0	0						
10. 20°	)14	XXX	0	0	0	XXX							
11. 20 <sup>-</sup>	)15	XXX	0	XXX	XXX								
											12. Totals	0	0

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

(EXCLUDING EXCESS WORKERS' COMPENSATION)

				(ヒハ〇	LUDING	LXCLGG	VVOICICE	CO COM	LINOAII	O14 <i>)</i>			
1.	Prior	168	128	130	145	134	134	134	134	134	134	0	0
2.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2010	xxx	XXX	XXX	xxx	0	0	0	0	0	0	0	0
7.	2011	xxx	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8.	2012	xxx	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9.	2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totale	0	l ο

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

		_	OHED	OLL I	- i \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· · _ ·			LIVIOL			_	
1	. Prior	2,127	1,780	2,289	2,361	2,321	2,373	2,374	2,317	2,304	2,371	67	54
2	. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3	. 2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4	. 2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5	. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6	. 2010	xxx	XXX	XXX	xxx	0	0	0	0	0	0	0	0
7	. 2011	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0	0	0
8	. 2012	xxx	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0
9	. 2013	xxx	XXX	XXX	xxx	xxx	XXX	XXX	0	0	0	0	0
10	. 2014	xxx	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0	XXX
11	. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	67	54

## 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												
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	N-1		0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	I.V '		0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	xxx
11. 2015	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.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2010	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2011	XXX	XXX	XXX	XXX	xxx.N	<b>UINL</b>	0	0	0	0	0	0
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2015	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. Pi	rior	0	0	0	0	0	0	0	0	0	0	0	0
2. 20	006	0	0	0	0	0	0	0	0	0	0	0	0
3. 20	007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 20	800	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 20	009	XXX	XXX	XXX	0	<u>_</u> 0	0	0	0	0	0	0	0
6. 20	010	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7. 20	011	XXX	XXX	XXX	XXX	xxx N		0	0	0	0	0	0
8. 20	012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 20	013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 20	014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 20	015	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

	-			1 / 11 1	<b>Z</b> II						000		<u> </u>
<i></i>	. Prior	540	729	771	876	999	950	1,022	1,047	1,052	1,024	(28)	(24)
2	2006	0	0	0	0	0	0	0	0	0	0	0	0
3	. 2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4	. 2008	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5	. 2009	xxx	XXX	xxx	0	0	0	0	0	0	0	0	0
6	. 2010	xxx	xxx	XXX	xxx	0	0	0	0	0	0	0	0
7	'. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8	2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9	. 2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10	. 2014	xxx	xxx	xxx	xxx	XXX	XXX	XXX	xxx	0	0	0	XXX
11	. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totals	(28)	(24)

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

								• • • • • • •			<b>—</b> — , , , , , ,		
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	XXX	0	0	0	<u> </u>	0	0	0	0	0
6.	2010	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2011	xxx	XXX	XXX	XXX	xxx N		0	0	0	0	0	0
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	XXX
											12. Totals	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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	XXX	xxx	XXX	XXX	xx		xxx	0	0	0	0	0
2. 2014	xxx	xxx	XXX	xxx	XXX		E xxx	xxx	0	0	0	xxx
3. 2015	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	0	(2)	(2)	(2)						
2. 2014	xxx	0	0	0	xxx							
3. 2015	XXX	0	XXX	xxx								
21 2010	7001	7001	7001	7001	7001	7001	7001	7001	7001	4 Totals	(2)	(2)

#### **SCHEDULE P - PART 2K - FIDELITY, SURETY**

1. Prior	xxx	0	0	0	0	0						
2 2014	xxx	xxx	xxx	xxx	××		×××	XXX	0	0	0	xxx
3. 2015	XXX	XXX	XXX	XXX	XXX		XXX	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. 2014	XXX	xxx	XXX	XXX	××		xxx	xxx	0	0	0	xxx	
						<b>~</b>	<del>-</del>						ĺ
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	ı
													ı
										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.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2008	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5.	2009	xxx	XXX	xxx	0	0	0	0	0	0	0	0	0
6.	2010	xxx	xxx	xxx	xxx	M	ONE	0	0	0	0	0	0
7.	2011	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	0	0
8.	2012	xxx	XXX	xxx	xxx	xxx	xxx	0	0	0	0	0	0
9.	2013	xxx	0	0	0	0	0						
10.	2014	xxx	0	0	0	xxx							
11.	2015	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

**NONE** 

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

	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFE	NSE 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss	Loss
Incurred	2006					-	_				Payment	Payment
1. Prior	000	883	1,693	2,510	3,334	3,976	4,251	4 , 537	5,086	5,144	20,988	7 , 182
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
6. 2010	XXX	xxx	XXX	xxx	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	xxx	XXX	xxx	XXX	XXX	xxx	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	1,892	2,650	3,090	3,201	3,527	3,516	3,513	3,511	3,513	15,064	7,677
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	4	4	4	4	4	4	4	4	4	89	41
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	xxx	XXX	XXX	xxx	0	0	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0
8. 2012	xxx	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2013	xxx	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
10. 2014	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	0
11. 2015	l xxx	0	0	0								

#### **SCHEDULE P - PART 3D - WORKERS' COMPENSATION**

(EXCLUDING EXCESS WORKERS' COMPENSATION)

			(=)(0				10 00		<u> </u>			
1. Prior	000	0	2	2	2	2	2	2	2	2	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11 2015	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000	392	1,567	1,989	2,083	2,200	2,217	2,272	2,281	2,305	2,260	1,745
2.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2008	XXX	xxx	0	0	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2010	XXX	xxx	XXX	XXX	0	0	0	0	0	0	0	0
7.	2011	xxx	xxx	XXX	xxx	XXX	0	0	0	0	0	0	0
8.	2012	XXX	xxx	xxx	XXX	xxx	XXX	0	0	0	0	0	0
9.	2013	xxx	xxx	XXX	xxx	xxx	XXX	xxx	0	0	0	0	0
10.	2014	XXX	xxx	XXX	XXX	xxx	XXX	XXX	xxx	0	0	0	0
11.	2015	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			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI						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	2000	2007	2000	2000	2040	0044	0040	2042	2011	2045	Loss	Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0		$\frown$	0	0	0	0	0	0
3. 2007	XXX	0	0	0	IV (		<b>-</b> 0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0		0	0	0	0	0	0
5. 2009	XXX	XXX	xxx	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2015	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.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	XXX	0			0	0	0	0	0	0
6.	2010	XXX	XXX	XXX	XXX	IV'	UINE	0	0	0	0	0	0
7.	2011	XXX	XXX	XXX	XXX	xxx	0	00	0	0	0	0	0
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2014	XXX	XXX	xxx	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11.	2015	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. F	Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2	2006	0	0	0	0	0	0	0	0	0	0	xxx	XXX
3. 2	2007	XXX	0	0	0	0	0	0	0	0	0	xxx	XXX
4. 2	2008	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2	2009			XXX				0	0	0	0	XXX	XXX
6. 2	2010	XXX	XXX	XXX	XXX	<b>\</b>		<u></u> 0	0	0	0	XXX	XXX
7. 2	2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1.	Prior	000	270	510	683	819	926	974	983	1,024	1,024	112	145
2.	2006	0	0	0	0	0	0	0	0	0	0	0	0
3.	2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2008	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2009	xxx	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2010	xxx	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2012	xxx	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9.	2013	XXX	0	0	0	0	0						
10.	2014	XXX	0	0	0	0							
11.	2015	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	. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3	. 2007	xxx	0	0	0	0	0	0	0	0	0	0	0
4	2008	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5	. 2009	xxx	xxx	XXX	0			0	0	0	0	0	0
6	. 2010	xxx	xxx	XXX	xxx	N	UINE	0	0	0	0	0	0
				XXX				0	0	0	0	0	0
8	. 2012	xxx	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9	. 2013	xxx	xxx	XXX	xxx	xxx	XXX	xxx	0	0	0	0	0
10	. 2014	xxx	XXX	XXX	XXX	xxx	xxx	XXX	xxx	0	0	0	0
11	. 2015	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)

\ <del></del>					.,	_,		—, –		, .		
	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	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					N I		<del>-</del>				Loss	Loss
Incurred	2006	2007	2008	2009	2010		2012	2013	2014	2015	Payment	Payment
					1.4		<del>-</del>					
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	0	0	XXX	XXX
2. 2014	XXX	xxx	xxx	xxx	xxx	xxx	XXX	XXX	0	0	xxx	xxx

#### SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

xxx xxx xxx xxx xxx xxx xxx xxx xxx

1. Prior	xxx	.000	0	(2)	0	0						
		XXX							0	l í	0	0
3. 2015	×xx	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
	2014		xxx	XXX	xxx	$\sim$	ONE	E xxx	xxx	0	0	XXX	xxx
İ	2015	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. 2014	XXX	XXX	XXX	xxx	$N_{xx}$	ONE	XXX	xxx	0	0	xxx	xxx
3. 2015	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.	2006	0	0	0	0	0	0	0	0	0	0	xxx	xxx
3.	2007	xxx	0	0	0	0	0	0	0	0	0	xxx	xxx
4.	2008	xxx	xxx	0	0	0	0	0	0	0	0	xxx	xxx
5.	2009	xxx	xxx	xxx	0	0	0	0	0	0	0	xxx	xxx
6.	2010	xxx	xxx		xxx		$\Gamma$	<b>-</b> 		0	0	xxx	xxx
7.	2011	xxx	XXX		XXX		0	0	0	0	0	xxx	xxx
8	2012	XXX				XXX	XXX	0	0	0	0	xxx	xxx
		XXX	XXX			XXX		XXX	0	0	0	XXX	XXX
10.	2014	XXX 	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11.	2015	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

**NONE** 

#### 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		222		0000	2010	0044	0040	0040		0045
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	863	403	242	158	270	141	270	177	157	161
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	ļ0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	ļ0
7. 2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	xxx	0	0	0	0
9. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	xxx	XXX	xxx	XXX	XXX	xxx	xxx	XXX	0	0
11. 2015	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	2,643	1 , 534	812	328	186	153	(50)	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	xxx	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	xxx	xxx	0	0	0	0	0
8. 2012	XXX	XXX	XXX	xxx	xxx	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	xxx	xxx	XXX	xxx	0	0	0
10. 2014	XXX	xxx	xxx	xxx	xxx	XXX	xxx	XXX	ļ0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	5	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	xxx	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	xxx	xxx	0	0	0	0	0
8. 2012	XXX	XXX	XXX	xxx	xxx	XXX	0	0	0	0
9. 2013	XXX	0	0	0						
10. 2014	XXX	0	0							
11. 2015	XXX	0								

#### SCHEDULE P - PART 4D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

				(EYCLODI	NG EXCES	3 WURKE	KO COMP	ENSATION	)		
	1. Prior	0	0	0	0	0	0	0	0	0	0
	2. 2006	0	0	0	0	0	0	0	0	0	0
	3. 2007	xxx	0	0	0	0	0	0	0	0	0
	4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
	5. 2009	xxx	XXX	xxx	Q	I A I	0	0	0	0	0
	6. 2010	xxx	XXX	xxx	XXX	リノンコン	0	0	0	0	0
	7. 2011	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0
	8. 2012	xxx	XXX	xxx	XXX	xxx	XXX	0	0	0	0
	9. 2013	xxx	xxx	xxx	XXX	xxx	XXX	xxx	0	0	0
	10. 2014	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	ļ0 <b> </b>
-1	11 2015	l xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0

#### SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

					•••••					
1. Prior	732	441	198	189	133	112	97	20	18	39
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	xxx	xxx	0	0	0	0	0	0	0
6. 2010	xxx	XXX	xxx	xxx	0	0	0	0	0	0
7. 2011	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0
8. 2012	xxx	xxx	xxx	xxx	xxx	XXX	ļ0	0	0	0
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0
10. 2014	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	0	0
11 2015		YYY	YYY	l xxx	YYY	YYY	YYY	YYY	YYY	l 0 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0			0	0	0	0	0
5. 2009	xxx	XXX	xxx	0		0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	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.	2006	0	0	0	0	0	0	0	0	0	0
3.	2007	XXX	0	0	0	0	0	0	0	0	0
4.	2008	XXX	XXX	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	xxx	Q		0	0	0	0	0
							0				
7.	2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	L0
8.	2012	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9.	2013	XXX	0	0	0						
10.	2014	XXX	0	L0							
11.	2015	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. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	XXX			0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX		0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 2013	XXX	0	0	0						
10. 2014	xxx	0	0							
11. 2015	XXX	0								

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

1.	Prior	142	93	57	38	48	(14)	4	28	28	0
2.	2006	0	0	0	0	0	0	0	0	0	0
3.	2007	XXX	0	0	0	0	0	0	0	0	0
4.	2008	XXX	XXX	0	0	0	0	0	0	0	0
5.	2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2014	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	0	
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	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.	2006	0	0	0	0	0	0	0	0	0	0
				0							
4.	2008	xxx	xxx	0	0	0	0	0	0	0	0
5.	2009	xxx	xxx	xxx			0	0	0	0	0
				xxx						0	
7.	2011	xxx	xxx	xxx	XXX	xxx	0	0	0	0	0
8.	2012	xxx	xxx	xxx	XXX	xxx	xxx	0	0	0	0
9.	2013	xxx	xxx	xxx	XXX	xxx	XXX	xxx	0	0	0
10.	2014	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0	0
1 11	2015	l 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 A	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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	5,709	8,954	5,718	12	6	9	7	1	0	2
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	108	74	46	37	27	15	12	9	4	5
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
					2010	2011	2012	2010	2014	2010
1. Prior	7 , 104	7 , 102	7 , 139	3,269	3	1	7	2	(5)	3
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0

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

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										
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1,491	1,483	1,414	16	9	5	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	xxx	0	0	0	0	0	0	0
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	xxx	XXX	xxx	XXX	xxx	XXX	xxx	xxx	0	0
11. 2015	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	2006	2007	2008	2000	2010	2011	2012	2013	2014	2015
were incurred	2006	2007	2006	2009	2010	2011	2012	2013	2014	2015
1. Prior	209	82	53	32	9	1	1	0	0	1
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX		0	0	0	0	0	0	0
6. 2010	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	xxx	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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 and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	2,531	(490)	2,558	2,942	0	0	0	0	0	1
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx		XXX					0	0	0
10. 2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	L0
11. 2015	l xxx	XXX	l xxx l	XXX	XXX	XXX	XXX	XXX	XXX	0

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

**SECTION 1** 

					SECTION 1					
		CUMULA	ATIVE 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										
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	1	8	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2014	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	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	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
vvere incurred	2000	2001	2000	2003	2010	2011	2012	2013	2014	2013
1. Prior	1	1	1	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	xxx	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	xxx	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	xxx	xxx	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	(44)	18	8	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	(
3. 2007	xxx	0	0	0	0	0	0	0	0	(
4. 2008	xxx	XXX	0	0	0	0	0	0	0	(
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	(
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	(
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	(
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	(
9. 2013	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	(
10. 2014	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	(
11. 2015	l xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	XXX	(

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

					SECTION 1					
		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years in Which Premiums Were Earned	1	2	3	4	5	6	7	8	9	10
and Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	xxx	0	0	R		0	0	0	0	0
4. 2008	xxx	XXX	0	b\		0	0	0	0	0
5. 2009	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0

			NUMBER	OF CLAIMS O	SECTION 2 UTSTANDING D	NIDECT AND AS	SLIMED AT VE	AP END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	0	0	0	0	0	0	
4. 2008	xxx	XXX	0			0	0	0	0	
5. 2009	XXX	XXX	xxx	0	0	0	0	0	0	
6. 2010	xxx	XXX	xxx	xxx	0	0	0	0	0	
7. 2011	xxx	XXX	xxx	xxx	XXX	0	0	0	0	
8. 2012	xxx	XXX	xxx	xxx	XXX	xxx	0	0	0	
9. 2013	xxx	XXX	xxx	xxx	XXX	xxx	XXX	0	0	
10. 2014	xxx	XXX	xxx	xxx	XXX	xxx	XXX	xxx	0	
11 2015	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	

					SECTION 3					
			CUMULATIVE	NUMBER OF C	LAIMS 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	<u>0</u>	0	<u></u> 0	0	0	0	0
4. 2008	XXX	XXX	0			0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	ļ0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	XXX	XXX	XXX	XXX	xxx	0	0	c
10. 2014	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

### **SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
	ars in	1 1	2	3	4	5	6	7	8	9	10
	hich niums										
	Earned										
and I	osses										
Were	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior	600	15	619	(5)	3	3	1	1	0	0
2.	2006	0	0	0	0	0	0	0	0	0	0
3.	2007	XXX	0	0	0	0	0	0	0	0	0
4.	2008	xxx	XXX	0	0	0	0	0	0	0	0
5.	2009	xxx	XXX	xxx	0	0	0	0	0	0	0
6.	2010	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7.	2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9.	2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10.	2014	xxx	XXX	xxx	XXX	XXX	XXX	xxx	xxx	0	0
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 2					
			NUMBEF	R OF CLAIMS O	UTSTANDING D	IRECT 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	68	45	42	22	11	3	2	1	0	1
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	xxx	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which Premiums	1	2	3	4	5	6	7	8	9	10
Were Earned and Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
vvere incurred	2000	2007	2000	2009	2010	2011	2012	2013	2014	2013
1. Prior	1,034	933	976	(4)	0	0	1	1	(1)	1
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	0	0	0	0	0	0	0
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0
5. 2009	xxx	XXX	xxx	0	0	0	0	0	0	0
6. 2010	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	xxx	xxx	XXX	XXX	xxx	xxx	0	0	0
10. 2014	xxx	xxx	xxx	XXX	XXX	XXX	xxx	XXX	0	0
11 2015	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	YYY	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 1	2	3	4	5	6	7	8	9	10
Which Premiums										
Were Earned										
and Losses										
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	58	54	52	5	1	1	0	1	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 2A						
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10	
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	28	18	13	7	5	3	2	1	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	0	0	0	0	0	0	0	
4. 2008	xxx	XXX	0	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0	
8. 2012	xxx	XXX	XXX	XXX	xxx	XXX	0	0	0	0	
9. 2013	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0	
10. 2014	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	

**SECTION 3A** 

					SECTION SA					
	CUMULATIVE NUMBER OF CLAIMS REPORTED 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	123	123	133	(3)	0	0	0	0	(1)	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX		0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2012	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2014	XXX	XXX	xxx	XXX	XXX	xxx	XXX	XXX	0	0
11. 2015	xxx	xxx	xxx	XXX	XXX	XXX	xxx	XXX	xxx	0

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

<b>SECTION</b>	1
DIRECT A	NΠ

		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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Earned	
1. Prior	0	0	114	0	0	0	0	0	<u> </u> 0	0	0	
2. 2006	0	0	0	0	0	0	0	0	<u> </u> 0	0	0	
3. 2007	XXX	0	0	0	0	0	٥	۵	l0	0	0	
4. 2008	XXX	XXX	D	0	0	0	Δ	۵	J0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	٥	L0	J0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	L0	J0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	L0	J0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	L0	J0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	L0	J0	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	<u>0</u>	0	0	
11. 2015	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**

			CLIMI II ATI	/E DDEMILIM	S EARNED CI	EDED AT VE	AR END (\$000	OMITTED			11
Value in Minish	4	_	COMOLATI	VET KEIVITOIVI	5 LAINILD CI	CDLD AT TLA		OWITTED)		10	0
Years in Which	1		3	4	5	ь	/	8	9	10	Current
Premiums Were											Year
Earned and Losses											Premiums
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Earned
1. Prior	0	0	(13)	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015	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)

**SECTION 1** 

					<u> </u>	•					
		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUMEI	D AT YEAR E	ND (\$000 OM	ITTED)		11
Years in Which	1	2	3	4	5	6	7	8	9	10	Current
Premiums Were											Year
Earned and Losses											Premiums
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Earned
1. Prior	0	Ω	(59)	0	0	0	0	0	0	0	0
2. 2006	0	٥	l0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015	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

					0_0						
			CUMULATI	<u>/E PREMIUM</u>	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
Years in Which	1	2	3	4	5	6	7	8	9	10	Current
Premiums Were											Year
Earned and Losses											Premiums
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Earned
1. Prior	0	0	(5)	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0 <b> </b>	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	٥	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	٥	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Q0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015	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 - SN1

# **NONE**

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

**NONE** 

Schedule P - Part 6H - SN2A

**NONE** 

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 - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1	

	1	2 Net Losses and	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss	Loss Sensitive as Percentage of Total
	Unpaid				Sensitive Contacts	0.0
1. Homeowners/Farmowners				0		
2. Private Passenger Auto Liability/Medical				0		0.0
3. Commercial Auto/Truck Liability/Medical						0.0
4. Workers' Compensation				0		0.0
5. Commercial Multiple Peril				0		
6. Medical Professional Liability-Occurrence	0		0.0	0		0.0
Medical Professional Liability -Claims-     Made	0		0.0	0		0.0
8. Special Liability	0		0.0	0		0.0
9. Other Liability-Occurrence	0		0.0	0		0.0
10. Other Liability-Claims-Made	0		0.0			0.0
11. Special Property	0		0.0	0		0.0
12. Auto Physical Damage						0.0
13. Fidelity/Surety	0		0.0	0		0.0
14. Other				0		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property	xxx	xxx	XXX		xxx	xxx
Reinsurance-Nonproportional Assumed     Liability						
18. Reinsurance-Nonproportional Assumed Financial Lines	xxx	xxx	xxx	xxx	xxx	xxx
19. Products Liability-Occurrence	0		0.0	0		0.0
20. Products Liability-Claims-Made				<u></u> 0		0.0
21. Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Totals	326	0	0.0	0	0	0.0

					3ECTION 2					
		INCURRED LC	SSES AND DEF	FENSE AND CC	ST CONTAINME	ENT EXPENSES	S REPORTED A	T YEAR END (\$	\$000 OMITTED)	
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	<u>Q</u>	0	0	0	0	0	
4. 2008	xxx	xxx	0		J()  V  H	0	0	0	0	
5. 2009	xxx	xxx	xxx	0	0	0	0	0	0	
6. 2010	xxx	xxx	xxx	XXX	0	0	0	0	0	
7. 2011	xxx	xxx	xxx	XXX	xxx	0	0	0	0	
8. 2012	xxx	xxx	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	xxx	xxx	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2014	xxx	xxx	XXX	XXX	xxx	XXX	xxx	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

3	F	C:	т	ıc	N	3
9	ᆮ	v	ı	IC	ΛIA	ာ

					SECTION 3					
	BULK AND IN	ICURRED BUT I	NOT REPORTE	D RESERVES F	OR LOSSES AN		ND COST CON	TAINMENT EXF	PENSES AT YEA	AR END (\$000
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0			0	0	0	0	
4. 2008	xxx	XXX	0	b`		0	0	0	0	
5. 2009	xxx	XXX	xxx	0	0	0	0	0	0	
6. 2010	xxx	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	xxx	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2014	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	

# SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued) SECTION 4

			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	ΓED)	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)											
Years in	1	2	3	4	5	6	7	8	9	10										
Which Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015										
1. Prior	0	0	0	0	0	0	0	0	0											
2. 2006	0	0	0	0	0	0	0	0	0											
3. 2007	xxx	0	0	0	0	0	0	0	0											
4. 2008	xxx	xxx	0	0	0	_		0	0											
5. 2009	xxx	xxx	xxx			0	0	0	0											
6. 2010	xxx	xxx	xxx	xxx	0	0	0	0	0											
7. 2011	xxx	xxx	xxx	xxx	xxx	0	0	0	0											
8. 2012	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0											
9. 2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0											
10. 2014	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	0											
11. 2015	XXX	XXX	xxx	XXX	xxx	XXX	XXX	XXX	XXX											

						SECTION 5					
		NE	T RESERVE FO	OR PREMIUM A	DJUSTMENTS /	AND ACCRUED	RETROSPECT	IVE PREMIUMS	AT YEAR END	(\$000 OMITTE	,
Years		1	2	3	4	5	6	7	8	9	10
Which P											
Were Is	ssued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. 6	Prior	0	0	0	0	0	0	0	0	0	
, ,	2006	0	0	ا ۱	0	0	0	٥	0	0	
2. 2	2000			<sup>0</sup>			0			0	
						0	0				
3. 2	2007	XXX	0	0	0	0	0	l0	0	0	
4. 2	2008	XXX	XXX	0	0	0	0	0	0	0	
					N		-				
5. 2	2009	xxx	XXX	xxx	b <b>\</b>		0	0	0	0	
					<u>-</u> [		_				
6 2	2010	xxx	YYY	YYY	YYY	0	٥	n	0	0	
0. 2	-010										
		2004	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2004	2007	2007	0	0	0	0	
/. 2	2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2	2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2	2013	XXX	xxx	xxx	xxx	XXX	XXX	XXX	0	0	
10 2	2014	xxx	XXX	xxx	xxx	xxx	XXX	xxx	XXX	0	
.0. 2	-01-7										
111		VVV				VVV	VVV			VVV	
11. 2	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

# SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECT	ION 1	

		1	2	3	4	5	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contacts	Loss Sensitive as Percentage of Total
1.	Homeowners/Farmowners	260		0.0	0		0.0
	Private Passenger Auto Liability/Medical				0		0.0
3.					0		0.0
4.	Workers' Compensation				0		0.0
5.					0		0.0
6.	Medical Professional Liability-Occurrence	0		0.0	0		0.0
l	Medical Professional Liability -Claims- Made				0		0.0
8.	Special Liability	0		0.0	0		0.0
9.	Other Liability-Occurrence	0		0.0	0		0.0
10.	Other Liability-Claims-made	0		0.0	0		0.0
11.	Special Property	0		0.0	0		0.0
	Auto Physical Damage				0		0.0
13.	Fidelity/Surety	0		0.0	0		0.0
	Other				0		0.0
15.	International	0		0.0	0		0.0
16.	Reinsurance-Nonproportional Assumed Property	0		0.0	0		0.0
17.	Reinsurance-Nonproportional Assumed Liability	0		0.0	0		0.0
18.	Reinsurance-Nonproportional Assumed Financial Lines	0		0.0	0		0.0
	Products Liability-Occurrence	0		0.0	0		0.0
20.	Products Liability-Claims-Made	0		0.0	0		0.0
21.	Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22.	Warranty	0		0.0	0		0.0
23.	Totals	326	0	0.0	0	0	0.0

## SECTION 2

		INCURRED LC	SSES AND DEF	ENSE AND CO	ST CONTAINME	ENT EXPENSE:	S REPORTED A	T YEAR END (S	\$000 OMITTED)	
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	xxx	0	N		0	0	0	0	
5. 2009	XXX	xxx	xxx			0	0	0	0	
6. 2010	XXX	xxx	XXX	XXX	0	0	0	0	0	
7. 2011	xxx	xxx	xxx	XXX	xxx	0	0	0	0	
8. 2012	XXX	xxx	xxx	XXX	xxx	XXX	0	0	0	
9. 2013	XXX	xxx	xxx	xxx	xxx	XXX	xxx	0	0	
10. 2014	XXX	xxx	xxx	XXX	xxx	XXX	xxx	xxx	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

					OLUTION U					
	BULK AND IN	ICURRED BUT I	NOT REPORTE	D RESERVES F	FOR LOSSES A		IND COST CON	TAINMENT EXF	PENSES AT YEA	AR END (\$000
					OMIT	TED)				
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	0	0	0	0	0	0	
4. 2008	xxx	XXX	0			0	0	0	0	
5. 2009	xxx	xxx	xxx	0		0	0	0	0	
6. 2010	xxx	xxx	xxx	XXX	0	0	0	0	0	
7. 2011	xxx	XXX	xxx	XXX	xxx	0	0	0	0	
8. 2012	xxx	xxx	xxx	XXX	xxx	XXX	0	0	0	
9. 2013	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	
10. 2014	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 4** 

					OLUTION T					
			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	TED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	<b>N</b>		0	0	0	0	
5. 2009	XXX	XXX	xxx	) `		0	0	0	0	
6. 2010	XXX	XXX	xxx	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	xxx	XXX	xxx	0	0	0	0	
8. 2012	XXX	XXX	xxx	XXX	xxx	XXX	0	0	0	
9. 2013	XXX	XXX	xxx	XXX	xxx	XXX	xxx	0	0	
10. 2014	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	
11. 2015	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	

**SECTION 5** 

					SECTION 5					
	NE	ET RESERVE F	OR PREMIUM A	DJUSTMENTS	AND ACCRUED	RETROSPECT	TIVE PREMIUM:	S AT YEAR ENI	O (\$000 OMITTE	ED)
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	<b>N</b>		0	0	0	0	
5. 2009	xxx	XXX	XXX		N O I N <sub>0</sub> L	0	0	0	0	
6. 2010	xxx	XXX	xxx	XXX	0	0	0	0	0	
7. 2011	xxx	XXX	xxx	xxx	xxx	0	0	0	0	
8. 2012	xxx	XXX	xxx	xxx	xxx	xxx	0	0	0	
9. 2013	xxx	XXX	xxx	xxx	xxx	XXX	xxx	0	0	
10. 2014	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	
11. 2015	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	xxx	

**SECTION 6** 

					SECTION 6					
			INCURRED A	ADJUSTABLE C	OMMISSIONS R	EPORTED AT	YEAR END (\$00	00 OMITTED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	xxx	0	0	0	0	0	0	0	0	
4. 2008	xxx	xxx	0			0	0	0	0	
5. 2009	xxx	xxx	xxx			<del></del> 0	0	0	0	
6. 2010	xxx	xxx	xxx	XXX	0	0	0	0	0	
7. 2011	XXX	xxx	xxx	XXX	XXX	0	0	0	0	
8. 2012	XXX	xxx	xxx	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	xxx	xxx	XXX	XXX	XXX	XXX	0	0	
10. 2014	xxx	xxx	xxx	XXX	XXX	XXX	xxx	xxx	0	
11. 2015	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	XXX	

					SECTION /					
			RESERV	ES FOR COMM	IISSION ADJUS	TMENTS AT YE	AR END (\$000 (	OMITTED)		
Years in	n 1	2	3	4	5	6	7	8	9	10
Which Poli Were Issu		2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Pri		0	) 0	0	0	0	0	0	0	2010
2. 200		0	0	0	0	0	0	0	0	
3. 200	07xxx		0	0	0	0	0	0	0	
4. 200	08XXX	xxx	0	<b></b>		0	0	0	0	
5. 200	09xxx	xxx	xxx	<u> </u>		0	0	0	0	
6. 201	10xxx	xxx	xxx	xxx	0	0	0	0	0	
7. 201	11XXX	XXX	xxx	xxx	xxx.	0	0	0	0	
8. 201	12XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	
9. 201	13XXX	XXX	XXX	xxx	XXX	XXX	XXX	0	0	
10. 201	14XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	
11. 201	15 XXX	XXX	XXX	l xxx	XXX	XXX	XXX	XXX	XXX	

# SCHEDULE P INTERROGATORIES 1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical

	Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.						
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?	Yes	]	]	No	[ X	[ ]
	If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:						
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?						
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?	Yes	[	]	No	[ )	. ]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?	Yes	[	]	No	[ )	. ]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit. Part 1A – Recapitulation of all Premiums (Page 7) Column 2. Lines 11.1 plus 11.2?	1 No	1 (	1	N/A	ſλ	( 1

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 Reserv Schedule P, Part 1F, Med Column 24: Total Net Loss	dical Professional Liability
Ye	ears in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2006		
1.603	2007		
1.604	2008		
1.605	2009		
1.606	2010		
1.607	2011		
1.608	2012		
1.609	2013		
1.610	2014		
1.611	2015		
1.612	Totals	0	0

	1.007 2011							
	1.608 2012							
	1.609 2013							
	1.610 2014							
	1.611 2015	1						
	1.612 Totals	0		0				
2.	The definition of allocated loss adjustment expenses (ALAE) effective January 1, 1998. This change in definition applies t "Defense and Cost Containment" and "Adjusting and Other")  The Adjusting and Other expense payments and reserves sh	to both paid and unpaid expenses. Are reported in compliance with these defi	e these expenses (now reported nitions in this statement?	as	Yes	[ X ]	] No [	]
3.	the Adjusting and Other expense payments and reserves sin the number of claims reported, closed and outstanding in tho companies in a group or a pool, the Adjusting and Other expended the claim counts. For reinsurers, Adjusting and Other expense incurred by reinsurers, or in Adjusting and Other expense should be allocated by a reason below. Are they so reported in this Statement?:	ose years. When allocating Adjusting a ense should be allocated in the same p expense assumed should be reported ac n those situations where suitable claim	and Other expense between percentage used for the loss am ccording to the reinsurance cont count information is not availab	ounts ract. le, ory 7,	Yes	[ X ]	] No [	. 1
4.	Do any lines in Schedule P include reserves that are reported reported net of such discounts on Page 10?	d gross of any discount to present valu	ue of future payments, and that		Yes	[ ]	] No [	Х]
	If yes, proper disclosure must be made in the Notes to Finanche be reported in Schedule P - Part 1, Columns 32 and 33.	cial Statements, as specified in the Ins	tructions. Also, the discounts m	ıust				
	Schedule P must be completed gross of non-tabular discount examination upon request.	ting. Work papers relating to discount	calculations must be available f	or				
	Discounting is allowed only if expressly permitted by the state	e insurance department to which this A	annual Statement is being filed.					
5.	What were the net premiums in force at the end of the year for (in thousands of dollars)	or:						
	(iii a iosociaco oi solicio)		5.1 Fidelity	\$				
			5.2 Surety	\$				
6.	Claim count information is reported per claim or per claimant If not the same in all years, explain in Interrogatory 7.	. (indicate which)					CLAIN	MANT
7.1	The information provided in Schedule P will be used by many reserves, among other things. Are there any especially signi occurred that must be considered when making such analyse	ificant events, coverage, retention or a			Yes	[	] No [	X ]
7.2	An extended statement may be attached.							

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

				siness Only		
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
bamaAL						
skaAK						
ronaAZ						
ansas				-		
iforniaCA				-		
oradoCO				-		
nnecticutCT				-		
awareDE				-		
trict of ColumbiaDC						
ridaFL				-		
orgiaGA				-		
vaiiHl						
hoID						
oisIL				-		
anaJN				-	-	
aJA						
nsasKS						
ntuckyKY						
iisianaLA						
neME						
rylandMD						
ssachusettsMA						
higanMI						
nesotaMN						
sissippiMS						
souriMO		·····				
ntanaMT	N					
oraskaNE						
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v JerseyNJ						
w MexicoNM						
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regate Other AlienOT						
am						

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
0.11		NAIC	I	F. d		Publicly	Names of	D	Relationship to	D'arril Oratollada	Management,	Ownership	Controlling	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Entity(ies)/ Person(s)	*
Code	Group Name	00000	26-1736008	KOOD	CIK		NBIC HOLDINGS, INC	DF	UDP	(Name of Entity/Ferson)	BOARD	↑ ∩	reison(s)	1
			20-1730000				INDIC HOLDINGS, INC				DOMNU	0.0	NBIC HOLDINGS,	0
		00000	20-3179005				NBIC FINANCIAL HOLDINGS , INC	RI	UDP	NBIC HOLDINGS, INC.	OWNERSHIP	100.0	INC	0
	NARRAGANSETT BAY INSURANCE	1					NARRAGANSETT BAY INSURANCE						NBIC HOLDINGS,	
00497	COMPANY GROUP.	43001	05-0394576				COMPANY	RI	IA	NBIC FINANCIAL HOLDINGS, INC.	OWNERSHIP	100.0	INC	0
	NARRAGANSETT BAY INSURANCE									NARRAGANSETT BAY INSURANCE			NBIC HOLDINGS,	
00497	COMPANY GROUP	14931	05-0197250				PAWTUCKET INSURANCE COMPANY	RI	RE	COMPANY	OWNERSHIP	100.0		0
													NBIC HOLDINGS,	
		00000	26 - 3867627				NBIC SERVICE COMPANY, INC	RI	NIA	NBIC HOLDINGS, INC	OWNERSHIP	100.0	I NC	0
							LIBLO FOO INO			NET CHOLENNOC INC	OWNERS OF THE	400.0	NBIC HOLDINGS,	
		. 00000					NBIC E&S, INC	IA	IA	NBIC HOLDINGS, INC	OWNERSHIP	100.0	INC	0
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Asterisk	Explanation

# 86

# **SCHEDULE Y**

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

1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities, Real	7 Income/ (Disbursements) Incurred in Connection with Guarantees or	8	9 Income/ (Disbursements)	10	Any Other Material Activity Not in the Ordinary Course of	12	Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Estate, Mortgage Loans or Other Investments	Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Incurred Under Reinsurance Agreements	*	Ordinary Course of the Insurer's Business	Totals	Reserve Credit Taken/(Liability)
43001	05-0394576	NARRAGANSETT BAY INSURANCE COMPANY		1,500,000			(28,918,079) 579,144				(28,918,079) 2,079,144 26,838,935	
14301	26 - 3867627 26 - 1736008	PAWTUCKET INSURANCE COMPANY NBIC SERVICE COMPANY INC NBIC HOLDINGS, INC.	(1,500,000) 1,500,000				28,338,935				26,838,935	
	26 - 1736008	NBIC HOLDINGS, INC	1,500,000	(1,500,000)							0	
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	Control Totals		0	0	0	0	0	0	XXX	0	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.

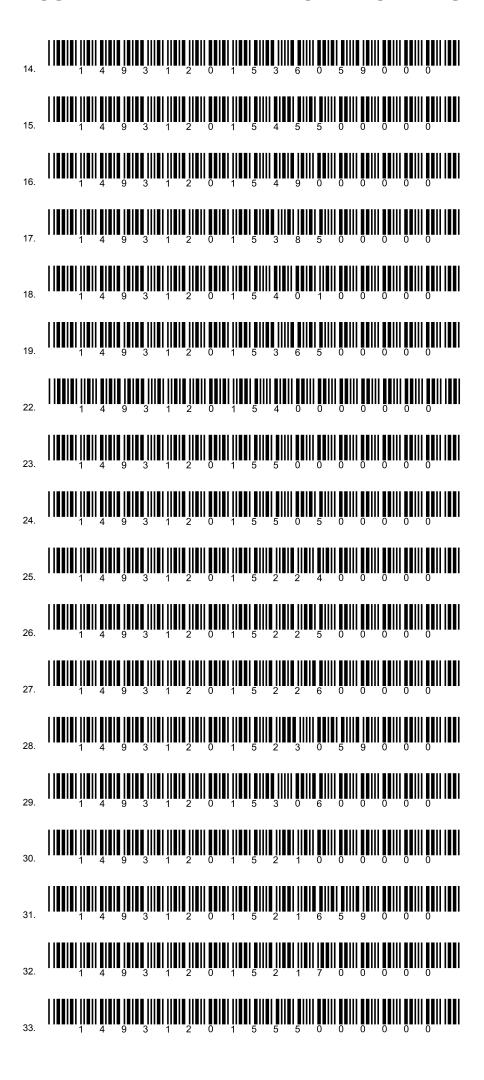
	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	WA I VED
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES.
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
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	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.		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	VEO
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 <b>NO</b> 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 <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.	
	MARCH FILING	
12.		NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	N0
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N0
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
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	N0
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	N0
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
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?	N0
27.		N0

## 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?	NO
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?	NO
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
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	nation:	
12.		
13.		
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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



# **OVERFLOW PAGE FOR WRITE-INS**

## ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
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Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

<b>ANNUAL STATEMENT I</b>	<b>BLANK</b> (	(Continued)
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Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
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