



ANNUAL STATEMENT

For the Year Ended December 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

NARRAGANSETT BAY INSURANCE COMPANY

NAIC Group Code	0497,	0497	NAIC Company Code	43001	Employer's ID I	Number	05-0394576
	(Current Period)	(Prior Period)					
Organized under the L	aws of	Rhode Islar	nd ,	State of Domicile or	Port of Entry	Rh	ode Island
Country of Domicile	·		_	United States			
Incorporated/Organize	ed	06/10/1981	Со	mmenced Business		04/01/198	 32
Statutory Home Office		25 Maple S			Pawtucket, R	I. US 02860)-2104
,		(Street and N			(City or Town, State	-	
Main Administrative O	ffice	25 Maple Stree	t	Pawtucket, RI, US			1-725-5600
		(Street and Number		(City or Town, State, Cour			e) (Telephone Number)
Mail Address	F	P. O. Box 820	,		Pawtucket, RI, US	02862-082	20
	(Street	and Number or P.O. Box)		(City or Town, State, Cou	ntry and Zip Cc	nde)
Primary Location of Bo	ooks and Records _		ole Street		RI, US 02860-2104		401-725-5600
	_	(Street a	nd Number)	(City or Town, Stat	te, Country and Zip Code	(Area	Code) (Telephone Number)
Internet Web Site Add	ress			www.nbic.com			
Statutory Statement C	ontact _	Laura	Leigh Jones		401-4	195-6014	
			(Name)		(Area Code) (Teleph	one Number) (F	Extension)
NB	IC-ComplianceInbox (E-Mail Address				401-728-0680		
	(E-Mail Address)		_	(Fax Number)		
			OFFICE	RS			
Name		Title		Name			Title
Todd Christoph	ner Hart,	Chief Executive	Officer	Stewart Horner Stet	ffey Jr. , l	-ounder & F	Executive Chairman
Kirk Howard	Lusk ,	Chief Financial	Officer	Stephen Donald Zu	ubiago ,		Secretary
Stewart Horner S		Arnold Larry Ch		Alex Anatol Fridly		Srdj <i>a</i>	ın Vukovic
Kristin Kelly C	Gilbert	Todd Christophe	er Hart	Dale Stephen Hamr	mond		
	RHODE ISLAND	ss					
The officers of this report above, all of the herein de that this statement, togeth liabilities and of the condi and have been completed may differ; or, (2) that state knowledge and belief, reswhen required, that is an regulators in lieu of or in a state of the conditions of the co	escribed assets were the with related exhibits tition and affairs of the sid in accordance with the rules or regulations spectively. Furthermore exact copy (except for	ne absolute property of s, schedules and expla- aid reporting entity as e NAIC Annual Statem require differences in re- t, the scope of this atter- formatting differences	the said reporting entity, nations therein contained of the reporting period st ent Instructions and Act eporting not related to ac station by the described	free and clear from any d, annexed or referred to ated above, and of its in ounting Practices and Procounting practices and pofficers also includes the	liens or claims there o, is a full and true state come and deductions rocedures manual ex procedures, according e related corresponding	on, except as a stement of all as therefrom for cept to the extended to the best on the determine the steme that the steme tha	the herein stated, and the assets and or the period ended, dent that: (1) state law of their information, filing with the NAIC,
	Christopher Hart executive Officer		Kirk Howard L Chief Financial (Officer	·	nen Donald Secretary	у
Subscribed and sworn t	to before me day of	j		b. If no: 1. State t 2. Date fi		oer	Yes [X] No []
				3. Numbe	er of pages attached		

ASSETS

			Current Year		Prior Year
		1	2	3	4
				Net Admitted Assets	Net Admitted
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)			99,324,252	
					01 ,300 ,300
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			J0	0
	2.2 Common stocks	1,667,421		1,667,421	0
3.	Mortgage loans on real estate (Schedule B):				
Ŭ.	, ,			0	0
	3.1 First liens	i		i i	
	3.2 Other than first liens	-		0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$encumbrances)			ا ۱	0
					
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			ļ0	0
	4.3 Properties held for sale (less				
İ	\$ encumbrances)			ا ۱	0
_		-		i	
5.	Cash (\$47,349,821 , Schedule E-Part 1), cash equivalents				
	(\$0 , Schedule E-Part 2) and short-term				
	investments (\$913,472 , Schedule DA)			48,263,293	55 , 240 , 553
6.	Contract loans (including \$premium notes)				0
7.	Derivatives (Schedule DB)				0
					_
8.	Other invested assets (Schedule BA)				0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			l0 l	0
11.	Aggregate write-ins for invested assets				0
	00 0			1	
12.	Subtotals, cash and invested assets (Lines 1 to 11)	149,204,900	0	149,254,966	122,540,853
13.	Title plants less \$				
	only)			0	0
14.	Investment income due and accrued	577 472		577 , 472	289 620
					200 , 020
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	6,421,696	241,452	6,180,244	5,495,317
	15.2 Deferred premiums, agents' balances and installments booked but				
	, , ,				
	deferred and not yet due (including \$earned				
	but unbilled premiums).	21,562,034		21,562,034	20 , 161 , 196
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)			0	0
16.					
10.	Reinsurance:	00 500 000		00 500 000	00 007 050
	16.1 Amounts recoverable from reinsurers				20 , 367 , 358
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans				0
18.1	Current federal and foreign income tax recoverable and interest thereon				0
18.2					7 ,729 ,402
19.	Guaranty funds receivable or on deposit			 0	0
20.	Electronic data processing equipment and software				0
21.	Furniture and equipment, including health care delivery assets				
21.					•
	(\$)				0
22.	Net adjustment in assets and liabilities due to foreign exchange rates		ļ	0	0
23.	Receivables from parent, subsidiaries and affiliates			0	0
24.	Health care (\$				
25.	Aggregate write-ins for other-than-invested assets		190,485		4,550,16/
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	225 , 857 , 485	534 , 199	225,323,286	187 , 145 , 913
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts			٨	Λ
66					
28.	Total (Lines 26 and 27)	225,857,485	534,199	225,323,286	187,145,913
DETAIL	S OF WRITE-INS				
1101.				l l	0
1102.		i		0	0
					_
1103.		1		0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
	PREPAID OUTSIDE SERVICE COSTS	<u> </u>		_	
2501.					0
2502.	FEE INCOME RECEIVABLE			1,543,322	
2503.	EQUITY FROM POOLS AND ASSOCIATIONS	3,891,244	 	3,891,244	3,285,837
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,625,051			4,556,167
2599.				n /13/1 hhh	

LIABILITIES, SURPLUS AND OTHER FUNDS

	·	1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
1	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		0
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	6,320,143	5,268,751
4.	Commissions payable, contingent commissions and other similar charges	7 ,458 ,226	6,281,112
5.	Other expenses (excluding taxes, licenses and fees)	598,334	1,250,435
	Taxes, licenses and fees (excluding federal and foreign income taxes)		2,918,291
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))	1,704,654	434 , 169
	Net deferred tax liability.		
	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$119,513,469 and including warranty reserves of \$		
	Service Act)	40,966,571	55 , 233 , 761
10.	Advance premium	4,670,754	4,326,932
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		
	Ceded reinsurance premiums payable (net of ceding commissions)		
	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
1	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		
	Provision for reinsurance (including \$ certified) (Schedule F, Part 8) Net adjustments in assets and liabilities due to foreign exchange rates		
	Drafts outstanding		
	Payable to parent, subsidiaries and affiliates		
	Derivatives		
	Payable for securities	i	0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	115,332	143,657
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		127 , 887 , 172
	Protected cell liabilities		
	Total liabilities (Lines 26 and 27)		127 , 887 , 172
	Aggregate write-ins for special surplus funds		0
	Common capital stock		4,000,000
	Preferred capital stock		
	Aggregate write-ins for other-than-special surplus funds Surplus notes		
	Gross paid in and contributed surplus		
İ	Unassigned funds (surplus)		
	Less treasury stock, at cost:		(2,), 10,20 .)
	36.1shares common (value included in Line 30 \$)		0
	36.2 shares preferred (value included in Line 31 \$		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	89,363,619	59,258,741
38.	Totals (Page 2, Line 28, Col. 3)	225,323,286	187,145,913
DETAII	LS OF WRITE-INS		
2501.	AMOUNTS TO BE ESCHEATED.	115,332	143,657
2502.			0
2503.			0
2598.	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	115,332	143,657
			0
			0
İ	Summany of remaining write ine for Line 20 from everflow page		
	Summary of remaining write-ins for Line 29 from overflow page	0	0
	Totals (Lines 2901 through 2903 plus 2996) (Line 29 above)		0
			0
i	Summary of remaining write-ins for Line 32 from overflow page		
	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	STATEMENT OF INCOME	, ,	
		1 Current Year	2 Prior Year
1.	UNDERWRITING INCOME Premiums earned (Part 1, Line 35, Column 4)		
	DEDUCTIONS:	24 272 000	34,960,410
	Losses incurred (Part 2, Line 35, Column 7)		
4	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	4 637 183	19,484,727
5.	Aggregate write-ins for underwriting deductions	0	0
1	Total underwriting deductions (Lines 2 through 5)	39,185,815	62,044,788
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	26,717,019	8,748,366
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	2,198,200	1,522,044
10.	Net realized capital gains (losses) less capital gains tax of \$(Exhibit of Capital Gains (Losses))	13,344	40,417
11.	Net investment gain (loss) (Lines 9 + 10)	2,211,544	1,562,461
	OTHER INCOME		
10	Net asia (lan) form annual annual in haloman should eff (annual and 6		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$	(656 313)	(604 385)
13	Finance and service charges not included in premiums		
1	Aggregate write-ins for miscellaneous income	3,823,988	2,755,018
i	Total other income (Lines 12 through 14)		3,812,347
1	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	, ,	
	(Lines 8 + 11 + 15)	33,729,991	
	Dividends to policyholders		0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	22 720 004	14 100 174
10	(Line 16 minus Line 17)	1,445,193	4,292,079
i	Federal and foreign income taxes incurred	32,284,798	9,831,095
20.	Net income (Line 18 minus Line 19) (to Line 22)	32,204,190	9,031,093
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	59,258,741	47 , 595 , 305
	Net income (from Line 20)		
	Net transfers (to) from Protected Cell accounts		
	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax	(10,597,213)	(1,518,395)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	160,000	317 600
20.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	109,000	
1	Surplus (contributed to) withdrawn from protected cells		
			0
i	Capital changes:		
	32.1 Paid in		0
	32.2 Transferred from surplus (Stock Dividend)		0
	32.3 Transferred to surplus		0
33.	Surplus adjustments:		
	33.1 Paid in		0
	33.2 Transferred to capital (Stock Dividend)		0
	·		0
i	Net remittances from or (to) Home Office		0
1	Dividends to stockholders		0
1	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		0
1	Aggregate write-ins for gains and losses in surplus	30,104,878	11,663,436
1	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	89,363,619	59,258,741
	LS OF WRITE-INS	30,000,010	50,200,771
	20 01 WKI12-IKO		0
i			0
1			0
	Summary of remaining write-ins for Line 5 from overflow page	0	0
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
		i	2,755,018
		i	0
i			0
1	Summary of remaining write-ins for Line 14 from overflow page	3,823,988	
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		2,755,016
1			ν
i			0
i		0	0
1	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0

CASH FLOW

		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		94 , 210 , 88
2.	Net investment income		2,074,9
3.	Miscellaneous income		3,812,3
4.	Total (Lines 1 through 3)	80,773,523	100,098,2
5.	Benefit and loss related payments		49,012,6
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	14 , 111 , 085	26,498,2
	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)		3,973,6
10.	Total (Lines 5 through 9)	50,789,378	79,484,5
11.	Net cash from operations (Line 4 minus Line 10)	29,984,145	20,613,6
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	12,424,972	10,268,8
	12.2 Stocks	0	
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,424,972	10,268,8
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	45,009,797	11,894,5
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		11,894,5
14.	Net increase (decrease) in contract loans and premium notes	0	
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(1,625,6
	Cash from Financing and Miscellaneous Sources	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		5,989,9
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		5,989,9
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(1,212,220)	2,220,0
18	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(6 977 260)	24 977 8
	Cash, cash equivalents and short-term investments:	(0,0,200)	
	19.1 Beginning of year	55,240,553	30,262,7
	19.2 End of year (Line 18 plus Line 19.1)	48,263,293	55,240,5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

	PARI I - PR	EMIUMS EARN			
		Net Premiums Written per	Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's		4 Premiums Earned During Year
	Line of Business	Column 6, Part 1B	Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire	625,210	255,415	288,691	591,934
2.	Allied lines	808,709	677,685	602,393	884,001
3.	Farmowners multiple peril	0	0	0	0
4.	Homeowners multiple peril	48,506,811	53,279,975	39,022,326	62,764,460
5.	Commercial multiple peril	0	0	0	0
6.	Mortgage guaranty	0	0	0	0
8.	Ocean marine	0	0	0	0
9.	Inland marine	904,307	628,788	535,389	997 , 706
10.	Financial guaranty	0	0	0	0
11.1	Medical professional liability-occurrence	0	0	0	0
11.2	Medical professional liability-claims-made				0
12.	Earthquake	47 , 110	36,003	28,910	54 ,203
13.	Group accident and health		·	· ·	0
14.	Credit accident and health (group and individual)				0
15.	Other accident and health				0
16.	Workers' compensation				0
17.1	Other liability-occurrence				
	Other liability-occurrence Other liability-claims-made				
17.2	·				0
17.3	Excess workers' compensation				0
18.1	Products liability-occurrence				0
18.2	Products liability-claims-made				0
19.1,19	2 Private passenger auto liability	0	0	0	0
19.3,19	4 Commercial auto liability	0	0	0	0
21.	Auto physical damage	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0
23.	Fidelity	0	0	0	0
24.	Surety	0	0	0	0
26.	Burglary and theft	0	0	0	0
27.	Boiler and machinery	699,500	213,071	358,049	554,522
28.	Credit	0	0	0	0
29.	International	0	0	0	0
30.	Warranty		0	0	0
31.	Reinsurance-nonproportional assumed property		0	0	0
32.	Reinsurance-nonproportional assumed liability			0	0
33.	Reinsurance-nonproportional assumed financial lines			0	0
34.	Aggregate write-ins for other lines of business		0	n	n
35.		51,635,644	55,233,761	AN DES 574	65 UUU 004
	TOTALS OF WRITE-INS	51,030,044	JU,Z33,701	40,966,571	65,902,834
3401.		0	0	n	n
		0		V	۸
3402.			U		U
3403.		0	0	0	0
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

	.,,,,,,		ATION OF ALL			
	Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire	` '	(2)			288,691
2.	Allied lines	ĺ				Í
3.	Farmowners multiple peril					
4.	Homeowners multiple peril					
5.	Commercial multiple peril					
6.	Mortgage guaranty					0
8.	Ocean marine					0
9.	Inland marine	535,389				
10.	Financial guaranty					0
11.1	Medical professional liability-occurrence					
11.2	Medical professional liability-claims-made					
12.	Earthquake					
13.	Group accident and health					
14.	Credit accident and health (group and individual)					
15.	Other accident and health					
16.	Workers' compensation					
17.1	Other liability-occurrence		İ		į .	
17.2	Other liability-claims-made					
17.3	Excess workers' compensation					
18.1	Products liability-occurrence					
18.2	Products liability-claims-made					
	2 Private passenger auto liability					
	4 Commercial auto liability					
21.	Auto physical damage					
22.	Aircraft (all perils)					_
23.	Fidelity					0
24.	Surety					0
26.	Burglary and theft					0
27.	Boiler and machinery					358,049
28.	Credit					
29.	International					0
30.	Warranty					0
31.	Reinsurance-nonproportional assumed property					0
32.	Reinsurance-nonproportional assumed liability					0
33.	Reinsurance-nonproportional assumed financial lines					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	40,966,571	0	0	0	40,966,571
36.			-			40,300,071
30. 37.	Accrued retrospective premiums based on experier					
	Earned but unbilled premiums					40 066 571
38.	Balance (Sum of Lines 35 through 37)					40,966,571
	OF WRITE-INS					_
3401.						0
3402.						0
3403.						0
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line					
	34 above)	0	0	0	0	0

⁽a) State here basis of computation used in each case.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

		1	Reinsuranc		Reinsurar	6	
	Live of B. vivos	Direct Business	2 From	3 From	4 To	5 To	Net Premiums Written Cols.
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	1+2+3-4-5
1.	Fire	I .					625,210
2.	Allied lines	I .					808,709
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril					243,835,721	48,506,811
5.	Commercial multiple peril						0
6.	Mortgage guaranty						0
8.	Ocean marine	i i					0
9.	Inland marine	3 , 439 , 176				2,534,869	904 , 307
10.	Financial guaranty						0
11.1	Medical professional liability-occurrence						0
11.2	Medical professional liability-claims-made						0
12.	Earthquake	181,422				134,312	47 , 110
13.	Group accident and health						0
14.	Credit accident and health (group and individual)						0
15.	Other accident and health						0
16.	Workers' compensation						0
17.1	Other liability-occurrence	2,057,012				2,013,015	43,997
17.2	Other liability-claims-made						0
17.3	Excess workers' compensation						0
18.1	Products liability-occurrence						0
18.2	Products liability-claims- made						0
19.1,19	.2 Private passenger auto liability						0
19.3,19	.4 Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						0
23.	Fidelity						0
24.	Surety						0
26.	Burglary and theft						0
27.	Boiler and machinery	ı				4,047,973	699,500
28.	Credit						0
29.	International	i			İ	i	0
30.	Warranty	i					0
31.	Reinsurance- nonproportional assumed						
	property	XXX				-	0
32.	Reinsurance- nonproportional assumed liability	xxx					0
33.	Reinsurance- nonproportional assumed financial lines						0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	306,621,544	0	0	0	254,985,900	51,635,644
DETAILS	OF WRITE-INS	, ,				, ,	, ,
3401.							0
3402.							0
3403.							0
3498.	Sum. of remaining write- ins for Line 34 from	0		^			
0400	overflow page	J	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403						
	plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis?	Yes []	No [X]	
If yes: 1. The amount of such installment premiums \$				

^{2.} Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

			LOSSES PAID AND	INCURRED				
		Losses Paid L			5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	236,622			163,022	120,894	98,300	185,617	31.4
2. Allied lines	872,940		535,017	337 ,922	128,513	167 , 219	299,217	
Farmowners multiple peril				0	0	0	0	0.0
Homeowners multiple peril	100,466,296		77 ,045 ,411	23 , 420 , 885	15,455,255	15,687,169	23,188,971	36.9
Commercial multiple peril				0	0	0	0	0.0
6. Mortgage guaranty				0	0	0	0	0.0
8. Ocean marine				0	0	0	0	0.0
9. Inland marine			715,329	294,991	149,906	94,624	350,272	35.1
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence				0	0	0	0	0.0
11.2 Medical professional liability-claims-made				0	0	0	0	0.0
12. Earthquake				0	0	0	0	0.0
13. Group accident and health				0	0	0	0	0.0
14. Credit accident and health (group and individual)				0	0	0	0	0.0
15. Other accident and health				0	0	0	0	0.0
16. Workers' compensation				0	0	0	0	0.0
17.1 Other liability-occurrence	288,305		202,985	85,321	866,203	701,630	249,893	446.2
17.2 Other liability-claims-made				0	0	0	0	0.0
17.3 Excess workers' compensation				0	0	0 	0	0.0
18.1 Products liability-occurrence				0	0	0 	0	0.0
18.2 Products liability-claims-made				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability				0	0	0	0	0.0
19.3,19.4 Commercial auto liability				0	0	0	0	0.0
21. Auto physical damage				0	0	0 	0	0.0
22. Aircraft (all perils)				0	0	0	0	0.0
23. Fidelity				0	0	0	0	0.0
24. Surety				0	0	0	0	0.0
26. Burglary and theft				0	0	0	0	0.0
27. Boiler and machinery	354,320		354,320	0	0	0	0	0.0
28. Credit				0	0	0	0	0.0
29. International				0	0	0	0	0.0
30. Warranty				0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property	xxx			0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability	xxx			0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines	xxx			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business]	0	0	0	0	0	0	0.0
35. TOTALS	103,228,802	0	78,926,661	24,302,141	16,720,770	16,748,941	24,273,969	36.8
DETAILS OF WRITE-INS			, ,					0.0
3401.				<u>0</u>	0	0		0.0
3402.				0	0	0	0	0.0
3403.				0	0	0	0	0.0
3498. Sum. of remaining write-ins for Line 34 from overflow page		0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES										
				d Losses			curred But Not Reporte		8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire	108.537	7 locumeu	3,500	105,037	24.457	7 todamou	8.599	120.894	10,814
2.	Allied lines	204.109		101,151	102,958	73.990		48,435	128,513	10,940
3.	Farmowners multiple peril	204, 100			102,000			, , , , , , , , , , , , , , , ,	0	
4.	Homeowners multiple peril	34,699,266		27,591,582	7 , 107 , 684	32,378,750		24,031,179	15 , 455 , 255	6,113,896
5.	Commercial multiple peril			1	0				0	, 110,000
6.	Mortgage guaranty				0				0	
8.	Ocean marine				0				0	
9.	Inland marine	353,929		246,488	107.441	124,952		82.487	149.906	3.493
10.	Financial quaranty			1	0				0	, 100
11.1	Medical professional liability-occurrence				0				0	
11.2	Medical professional liability-claims-made				0				0	
12.	Earthquake				0				0	
13.	Group accident and health		***************************************		0				(a) 0	
14.	Credit accident and health (group and individual)		•••••		0				0	•
15.	Other accident and health				 N				(a)0	
16.	Workers' compensation				 N				(a)	
17.1	Other liability-occurrence	1,091,185		.525,000		1,604,347		1,304,329	866.203	181,000
17.2	Other liability-claims-made			1	Λ	1,004,047		1,004,020	000,200	101,000
17.3	Excess workers' compensation				 N				 0	
18.1	Products liability-occurrence								 0	
18.2	Products liability-claims-made								 	
	1.2 Private passenger auto liability								 1	
	1.4 Commercial auto liability			1					 1	
21.	Auto physical damage				 0				0	
22.	Aircraft (all perils)				O				 0	
23.	Fidelity				 N				 0	
24.	Surety								 1	
26.	Burglary and theft				 N				 1	
27.	Boiler and machinery			53.000	 N	151,728		151,728	 0	
28.	Credit				0	101,720		101,720	0	
29.	International				O				 0	
30.	Warranty								 0	
31.	Reinsurance-nonproportional assumed property	xxx				XXX				
32.	Reinsurance-nonproportional assumed property Reinsurance-nonproportional assumed liability	XXX				XXX				
33.	Reinsurance-nonproportional assumed financial lines	XXX				XXX				
34.	Aggregate write-ins for other lines of business		Λ	n			0	n	 N	n
35.	TOTALS	36,510,025	0	28,520,720	7,989,304	34,358,223	0	25,626,758	16,720,770	6,320,143
	S OF WRITE-INS									
3401.					J0				0	
3402.					0				0	
3403.					L0				0	
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0	ļ0	ļ0	0	0	ļ0	<u>0</u>	<u>0</u>
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	1 0	0	0	0	0	0	0

(a) Including \$for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	PARI 3	- EXPENSES			
		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:				
	1.1 Direct	8,854,816			8,854,816
	1.2 Reinsurance assumed				0
	1.3 Reinsurance ceded	5,422,083			5,422,083
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)		0	0	
2	Commission and brokerage:	, 102,100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2.1 Direct, excluding contingent		43 842 299		43 842 299
	2.2 Reinsurance assumed, excluding contingent				
	Reinsurance ceded, excluding contingent				
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed				
	2.6 Contingent-reinsurance ceded				
	-				n
	2.7 Policy and membership fees2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		(04, 400, 700)		(24, 400, 720)
	Allowances to manager and agents				
	Advertising				
	Boards, bureaus and associations				
	Surveys and underwriting reports				
7.	Audit of assureds' records				0
8.	Salary and related items:				
	8.1 Salaries				
	8.2 Payroll taxes	205,877	656,212		862,089
9.	Employee relations and welfare	450 , 717	1,298,316		1,749,033
10.	Insurance	101,819	331,409		433,228
11.	Directors' fees	23 , 141	75,319		98,460
12.	Travel and travel items	147 , 774	582,390		730 , 164
13.	Rent and rent items	274,595	893,770		1,168,365
14.	Equipment	837 , 177	2,003,709		2,840,886
	Cost or depreciation of EDP equipment and software		324,467		424 , 154
	Printing and stationery				1,016,901
	Postage, telephone and telegraph, exchange and express				1,282,199
	Legal and auditing	187,297	589,762		777,059
	Totals (Lines 3 to 18)			0	
	Taxes, licenses and fees:	, 000,200	20,101,001		
20.	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$		6 105 221		6 105 331
	20.2 Insurance department licenses and fees				469,641
	20.3 Gross guaranty association assessments				İ '
					341,972
	20.4 All other (excluding federal and foreign income and real estate)		911		911
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
	Real estate expenses				
22.					
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses	633,260	3,405,137	233,866	4,272,263
25.	Total expenses incurred	10,274,663	4,637,183	233,866	(a)15,145,712
26.	Less unpaid expenses-current year	6,320,143	10 , 199 , 205		16,519,348
27.	Add unpaid expenses-prior year	5 , 268 , 751	10,449,834	0	15,718,585
28.	Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29.	Amounts receivable relating to uninsured plans, current year				0
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	9,223,271	4,887,812	233,866	14,344,949
	LS OF WRITE-INS	<u>.</u>		<u> </u>	
	CONSULTING SERVICES.	591 163	1 963 208		2,554,371
	BANK AND CREDIT CARD SERVICE CHARGES.		1		1,346,518
	MISCELLANEOUS EXPENSE				137,508
	Summary of remaining write-ins for Line 24 from overflow page				233,866
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	633,260	3,405,137	233,866	4,272,263

 $\hbox{ (a) Includes management fees of \$} \qquad \hbox{} 30\,, 335\,, 245 \qquad \hbox{ to affiliates and \$} \qquad \hbox{} to non-affiliates.$

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	82.034
1.1	Bonds exempt from U.S. tax	(a)	11,905
1.2	Other bonds (unaffiliated)		2,087,086
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)		
1	Preferred stocks of affiliates		
2.2	Common stocks (unaffiliated)		
1	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate	(d)	
5.	Contract loans.	1 ' '	
6.	Cash, cash equivalents and short-term investments		64,887
7.	Derivative instruments		
8.	Other invested assets	1 ()	
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	2.073.335	2,432,066
		, , , , , , , , , , , , , , , , , , , ,	, - ,
11.	Investment expenses		(g)233,866
12.	Investment taxes, licenses and fees, excluding federal income taxes		107
13.	Interest expense		l ' '
14.	Depreciation on real estate and other invested assets		1 17
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17	Net investment income (Line 10 minus Line 16)		2,198,200
DETAI	_S OF WRITE-INS		
0901.	OTHER INTEREST INCOME.		186 , 155
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	186,155
1501.		•	
1501.			
1502.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		1
1099.	Totals (Lines 1501 tillough 1505 plus 1596) (Line 15 above)		
(a) Incl	udes \$14,120 accrual of discount less \$585,850 amortization of premium and less \$	112 720 maid for account	d interest on nurshages
(D) INCI	udes \$accrual of discount less \$amortization of premium and less \$ des \$0 amortization of premium and less \$	paid for accrue	d interest on purchases.
	Ides \$		u interest on purchases.
	Ides \$		d interest on nurshas
		paid for accrue	u interest on purchases.
	ides \$	studing fodoral incom-	attributable to
	investment expenses and \$investment taxes, licenses and fees, excepted and Consists Assess the second	ciuding tederal income taxes	s, attributable to
	regated and Separate Accounts.		
	interest on surplus notes and \$ interest on capital notes.	1-	
(I) Incli	ides \$depreciation on real estate and \$depreciation on other invested asse	ets.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

					U ,	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	1,732		1,732	(8,483)	
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)			0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	1,667,421	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	13,344	0	13,344	1,658,938	0
DETAI	LS OF WRITE-INS					
0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)		0	0
	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			0
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			0
	4.2 Properties held for the production of income			0
_	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and			_
	short-term investments (Schedule DA)			0
	Contract loans			0
1	Derivatives (Schedule DB)			0
	Other invested assets (Schedule BA)			0
ı	Receivables for securities			0
	Securities lending reinvested collateral assets (Schedule DL)			0
	Aggregate write-ins for invested assets			0
	Subtotals, cash and invested assets (Lines 1 to 11)			0
l	Title plants (for Title insurers only).			0
	Investment income due and accrued	U		
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of	241,452	216,007	(25, 445)
		241,402	210,007	(20,440)
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
16.	15.3 Accrued retrospective premiums and contracts subject to redetermination Reinsurance:			0
	16.1 Amounts recoverable from reinsurers			0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			0
1	Amounts receivable relating to uninsured plans			0
1	1 Current federal and foreign income tax recoverable and interest thereon			
1	2 Net deferred tax asset			6,613,015
	Guaranty funds receivable or on deposit			0
	Electronic data processing equipment and software			0
21.	, , ,			0
22.	,			0
23.				0
	Health care and other amounts receivable			
		190,400	192,270	1,700
20.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	53/ 100	7 , 123 , 554	6 580 355
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	, 120,304	0.000, 6000, 0
l	Total (Lines 26 and 27)	534,199	7,123,554	6,589,355
	LS OF WRITE-INS	304, 199	7,120,004	0,000,000
	LO OF WRITE-INO		0	0
i			i	0
1				0
1	Summary of remaining write-ins for Line 11 from overflow page			0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	
	PREPAID OUTSIDE SERVICE COSTS		-	1,785
1	FREFAID OUISIDE SERVICE COSTS			0
2502.				0
i	Summary of remaining write-ins for Line 25 from overflow page			0
1	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	190,485	192,270	1,785
∠∪⊎⊎.	ו טנמיס נבווופס בטט די נווויטענוז בטטט אועס בטסט (בווופ בט אטטעפ)	190,400	132,210	1,700

1. Summary of Significant Accounting Practices

A. Accounting Practices

The accompanying financial statements of Narragansett Bay Insurance Company (the "Company" or "NBIC") are presented on the basis of accounting practices prescribed or permitted by the Rhode Island Insurance Department.

The Rhode Island Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Rhode Island for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Rhode Island Insurance Law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Rhode Island.

A reconciliation of the Company's surplus between the practice permitted by the Rhode Island Department and the NAIC SAP is shown below:

	SSAP#	F/S Page	F/S Line #	2016	2015
NET INCOME (LOSS)					
(1) Narragansett Bay Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)				\$ 32,284,798	\$ 9,831,095
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				-	-
(3) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$ -	\$
(4) NAIC SAP (1-2-3=4)				\$ 32,284,798	\$ 9,831,095
<u>SURPLUS</u>					
(5) Narragansett Bay Insurance Company state basis (Page 3, Line 37, Columns 1 &2)				\$ 89,363,619	\$ 59,258,741
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				-	-
(7) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$ -	
(8) NAIC SAP (5-6-7=8)				\$ 89,363,619	\$ 59,258,741

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles ("SAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed and contract terms for reinsurance ceded.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized costs.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific interest method.
- (3) Unaffiliated common stocks are stated at market value.
- (4) Preferred stocks N/A
- $\begin{array}{c} \hbox{(5)} & \hbox{Mortgage loans on real estate} \\ \hbox{N/A} \end{array}$
- (6) Loan-backed securities are stated at amortized cost. The retrospective amortization adjustment method is used to value all loan-backed securities.
- (7) Investments in uncombined subsidiaries controlled and affiliated companies in which the Company had an interest of 20% or more are carried on the equity basis.
- (8) Investments in joint ventures, partnerships and limited liability companies N/A

- (9) Derivatives N/A
- (10) N/A
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Method used to estimate pharmaceutical rebate receivables N/A
- D. Going Concern

N/A

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

The Company had no unamortized goodwill and did not participate in a business combination during the years ended December 31, 2016 and 2015.

A. Statutory Purchase Method N/A

IN/A

B. Statutory Merger

N/A

C. Impairment Loss

N/A

4. Discontinued Operations

N/A

- 5. Investments
 - A. Mortgage Loans, including Mezzanine Real Estate Loans N/A
 - B. Troubled Debt Restructuring for Creditors N/A
 - C. Reverse Mortgages
 - D. Loan-Backed Securities
 - (1) Prepayments assumptions for Mortgage-Backed Securities, Collateralized Mortgage Obligations and Other Structured Securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels or interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
 - (2) N/A
 - (3) N/A
 - (4) The fair value and gross unrealized losses by length of time that individual security within the Company's portfolio had been in continuous unrealized loss position were as follows at December 31, 2016:
 - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ (360,758)
2.	12 Months or Longer	\$ (237,185)

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$ 30,674,515
2.	12 Months or Longer	\$ 5,417,802

(5) The Company routinely assesses whether declines in fair value of its investments represent impairments that are other than temporary. There are several factors that are considered in the assessment of a security, which include: (a) the time period during which there has been a significant decline below cost; (b) the extent of the decline below cost; (c) The Company's intent and ability to hold the security; (d) the potential for the security to recover in value; (e) an analysis of the financial condition of the issuer; and (f) an analysis of the collateral structure and credit support of the security, if applicable.

When the Company has determined that an other than temporary decline in the fair value of the security exists, the cost of the security is written down to its fair value and the unrealized loss at the time of the determination is charged to income through the recognition of a realized capital loss. There were no other than temporary charges recorded during the years ended December 31, 2016 and 2015.

- $\begin{array}{ll} E. & Repurchase \ Agreements \ and/or \ Securities \ Lending \ Transactions \\ N/A & \end{array}$
- F. Real Estate N/A
- G. Low Income Housing Tax Credits N/A

H. Restricted Assets

In accordance with revisions to SSAP No. 1, effective in 2013, the following tables disclose quantitative information about the Company's restricted assets by category of restricted asset for the year ended December 31, 2016.

(1) Restricted assets (including pledged) summarized by restricted asset category

									Current	Year	
			Gross (Admit	ted & Nonadmi	tted) Restricte	d				1	ntage
			Current Year	-					9		-
D- 4 i · · ·	1	2	3	4	5	6	7	8		10	11
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	-	0.0%	0.0%
c.Subject to repurchase agreements	-	-	-	-	-	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	,		-	-	1	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-		-		-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	_		_	_	_	_	_	_	_	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	_	-	_	_	-	<u>-</u>	_	_	_	0.0%	0.0%
i. FHLB capital stock	-	-	-	-	-	-	-	-	-	0.0%	0.0%
j. On deposit with states	601,568	-	-	-	601,568	602,063	(495)	-	601,568	0.3%	0.3%
k. On deposit with other regulatory bodies	-	-	-	-		-	-	-	-	0.0%	0.0%
I. Pledged collateral to FHLB (including assets backing funding agreements)	_	_	_	_		_	_	_	_	0.0%	0.0%
m. Pledged as collateral not captured in other categories	-					<u>-</u>		-	_	0.0%	0.0%
n. Other restricted assets	-	-	-	-	-	-	-	-	-	0.0%	0.0%
o. Total Restricted Assets	\$601,568	\$ -	\$ -	\$ -	\$ 601,568	\$ 602,063	\$ (495)	\$ -	\$ 601,568	0.3%	0.3%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

- (2) Detail of assets pledged as collateral not captured in other categories (reported on line k above)
- (3) Detail of other restricted N/A

(4) Collateral Received and Reflected as Assets Within the Financial Statements N/A

I. Working Capital Finance Investments

- (1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusting Carrying Value by NAIC Designation: N/A
- (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs: N/A
- (3) Events of default of working capital finance investments N/Δ
- J. Offsetting and Netting of Assets and Liabilities N/A
- K. Structured Notes

N/A

L. 5* Securities

N/A

- 6. Joint Ventures, Partnerships and Limited Liability Companies
 - A. Detail for Those Greater than 10% of Admitted Assets N/A
 - B. Write-downs for Impairments N/A

7. Investment Income

A. Due and Accrued Investment Income

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-Admitted

No investment income due and accrued was excluded from surplus as of December 31, 2016.

8. Derivative Instruments

N/A

- 9. Income Taxes
 - A. The components of the net deferred tax asset (liability) at December 31 are as follows:

			12/31/2016		12/31/2015			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1		Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	3,853,822	0	3,853,822	14,447,964	0	14,447,964	(10,594,142)	0	(10,594,142)
(b)	Statutory Valuation Allowance Adjustments	0	0	0	0	0	0	0	0	0
(c)	Adjusted Gross Deferred Tax Assets (1a-1b)	3,853,822	0	3,853,822	14,447,964	0	14,447,964	(10,594,142)	0	(10,594,142)
(d)	Deferred Tax Assets Nonadmitted	(102,262)	0	(102,262)	(6,715,277)	0	(6,715,277)	6,613,015	0	6,613,015
(e)	Subtotal Net Admitted Deferred Tax Asset (1c-1d)	3,751,560	0	3,751,560	7,732,687	0	7,732,687	(3,981,127)	0	(3,981,127)
(f) (g)	Net Admitted Deferred Tax Assets/	(6,358)	0	(6,358)	(3,285)	0	(3,285)	(3,073)	0	(3,073)
	(Net Deferred Tax Liabilities) (1e-1f)	3,745,202	0	3,745,202	7,729,402	0	7,729,402	(3,984,200)	0	(3,984,200)
			12/31/2016		_	12/31/2015			Change	
		(1)	(2)	(3)	(1)	(2)	(3)	(7)	(8)	(9)
2		Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Co12-5) Capital	(Col 7+8) Total
, ,	Admission Calculation Components SSAP No. 101: Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1and 2(b)2 Below). 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	0 0 3,745,202	0	0 0 3,745,202	0 0 13,707,705	0	0 0 13,707,705	0 (9,962,503)	0	0 (9,962,503)
	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	12,842,763	0	12,842,763	7,729,402	0	7,729,402	5,113,361	0	5,113,361
	Lesser of (b)1or (b)2.	3,745,202		3,745,202	7,729,402		7,729,402	(3,984,200)		(3,984,200)
(-,	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferrred Tax Liabilities Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2(a)+2(b)+2(c))	6,358 3,751,560	0	6,358 3,751,560	3,285 7,732,687	0	3,285 7,732,687	3,073	0	3,073

Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)1

(b) Amount of Adjusted Capital And Surplus Used To Determine Recovery Period and Threshold Limitation In 2(b)2 above

2016	2015
375%	471%
85,618,417	51,529,340

Impact of Tax-Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character, as a percentage 1. Adjusted Gross DTAs amount from Note 9A1(c). (Percentage of Total Adjusted Gross Deferred Tax Assets) 2. Net Admitted Adjusted Gross DTAs amount from Note 9A 1(e). (Percentage of net admitted

because of the impact of tax planning

12/31	2016	12/31/	2015	Change		
(1)	(2)	(3)	(4)	(5)	(6)	
Ordinary Percentage	Capital Percentag e	Ordinary Percentage	Capital Percentage	Total Ordinary Percentage	Total Capital Percentage	
N/A N/A	N/A N/A	N/A	N/A	N/A	N/A N/A	
IN/A	N/A	N/A	N/A	N/A	N/A	

 $\label{loss_problem} \mbox{Does the Company's tax-planning strategies include the use of reinsurance?}$

Yes_ ___ No_X__

B. Deferred tax liabilities are not recognized for the following amounts:

N/A

strategies).

C. Current Tax and Change in Deferred Tax

		(1)	(2)	(3)
		12/31/2016	12/31/2015	Col 1-2 Change
1	Current Income Tax			<u> </u>
(a)	Federal	1,445,193	4,292,079	(2,846,886)
(b)	Foreign	0	0	0
(c)	Subtotal	1,445,193	4,292,079	(2,846,886)
(d)	Federal income tax on net capital gains	0	0	0
(e)	Utilization of capital loss carry-forwards	0	0	0
(f)	Other	0	0	0
(g)	Federal and foreign income taxes incurred	1,445,193	4,292,079	(2,846,886)
(8)	redetal and lovelgh medine taxes medited	1,443,173	7,272,077	(2,040,000)
2	Deferred Tax Assets:			
(a)	Ordinary			
	(1) Discounting of unpaid losses	362,066	428,468	(66,402)
	(2) Unearned premium reserve	3,194,613	4,169,249	(974,636)
	(3) Policyholder reserves	0	0	0
	(4) Investments	0	0	0
	(5) Deferred acquisition costs	0	0	0
	(6) Policyholder dividends accrual	0	0	0
	(7) Fixed assets	0	0	0
	(8) Compensation and benefits accrual	0	0	0
	(9) Pension accrual	0	0	0
		· 1	Ť	-
	(10) Receivables - nonadmitted	154,147	142,897	11,250
	(11) Net operating loss carry-forward	0	8,928,246	(8,928,246)
	(12) Tax credit carry-forward	0	611,718	(611,718)
	(13) Other (including items <5% of total ordinary tax assets)	142,996	167,386	(24,390)
	(99) Subtotal	3,853,822	14,447,964	(10,594,142)
(b)	Statutory valuation allowance adjustment	0	0	0
(c)	Non admitted	(102,262)	(6,715,277)	6,613,015
(d)	Admitted ordinary deferred tax assets (2a99-2b-2c)	3,751,560	7,732,687	(3,981,127)
(e)	Capital:			
	(1) Investments	0	0	0
	(2) Net capital loss carry-forward	0	0	0
	(3) Real estate	0	0	0
	(4) Other (including items <5% of total capital tax assets)	0	0	0
	(99) Subtotal	0	0	0
(f)	Statutory valuation allowance adjustment	0	0	0
(g)	Non admitted	0	0	0
(h)	Admitted capital deferred tax assets (2e99-2f-2g)	0	0	0
` ′	Admitted deferred tax assets (2d+2h)	3,751,560	7,732,687	(3,981,127)
(i)	Admitted deferred tax assets (2d+2ff)	3,731,300	1,132,081	(3,981,127)
3	Deferred Tax Liabilities:			
(a)	Ordinary			
(4)	(1) Investments	6,358	3,285	3,073
	(2) Fixed assets	0	0	0
	(3) Deferred and uncollected premium	0	0	0
	(4) Policyholder reserves	0	0	0
		•	0	
	(5) Other (including items <5% of total ordinary tax liabilitie		_	0
(1)	(99) Subtotal	6,358	3,285	3,073
(b)	Capital: (1) Investments	0	0	0
	(2) Real estate	0	0	0
	(3) Other (including items <5% of total capital tax liabilities)		0	0
	(99) Subtotal	0	0	0
(c)	Deferred tax liabilities (3a99+3b99)	6,358	3,285	3,073
4	Net deferred tax assets/liabilities (2i-3c)	3,745,202	7,729,402	(3,984,200)
	()	, -,	, -, -=	(/ -) - "/

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	12/31/2016	Tax effect	Effective
_	Amount	35%	Tax Rate
Income before taxes	33,729,990	11,805,497	35.00%
Tax-exempt interest	(10,119)	(3,542)	-0.01%
Dividends received deduction	(5,495)	(1,923)	-0.01%
Prior Period True-ups	225,377	78,882	0.23%
Change in statutory valuation allow ance adjustment	0	0	0.00%
Change in Non-Admitted Assets	(32,142)	(11,250)	-0.03%
Rate Change	0	0	0.00%
Other	499,265	174,742	0.52%
Total	34,406,876	12,042,406	35.70%
Federal and foreign income taxes incurred		1,445,193	4.28%
Tax on capital gains(losses)		1,445,199	0.00%
Change in net deferred taxes		10,597,213	31.42%
Total statutory taxes	_	12,042,406	35.70%

- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits
 - (1) At December 31, 2016, there are no operating loss carry-forwards or net capital loss carry-forwards available for tax purposes. In addition, there is no alternative minimum tax credit carryover available.
 - (2) The Company had no income tax expense for the years ended December 31, 2016 and 2015 that will be available for recoupment in the event of future net losses.
 - (5) The Company had no admitted deposits under Section 6603 of the Internal Revenue Service Code during the years ended December 31, 2016 and 2015 Consolidated Federal Income Tax Return.

The Company believes it is reasonably possible that the liability related to any federal or foreign tax loss contingencies may significantly increase within the next 12 months. However, an estimate of the reasonably possible increase cannot be made at this time.

- F. Consolidated Federal Income Tax Return
 - (1) The Company's 2016 federal income tax return will be consolidated with the following entities:

NBIC Holdings, Inc., NBIC Financial Holdings, Inc., NBIC Service Company, Inc., Pawtucket Insurance Company and Westwind Underwriters, Inc.

- (2) Allocation is based upon separate return calculations.
- G. Federal or foreign income tax loss contingencies N/A
- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
 - A.- C. The Company had been capitalized through a \$200 million funding agreement between Blackstone Financial Group, Inc. ("BFG") (ultimate parent company of the group) and an outside investment group. During 2008, Blackstone Financial Group, Inc. changed its name to NBIC Financial Holdings, Inc. and later to NBIC Holdings, Inc.

The Company received additional capital contributions from NBIC Financial Holdings, Inc. in the form of cash in the amount of \$11.0 million, \$12.0 million, \$10.0 million and \$9.0 million during 2012, 2011, 2010 and 2009, respectively.

On April 2, 2013, the Company received an additional \$2.5 million capital contribution from NBIC Financial Holdings, Inc. in the form of cash. The amount was recorded in the December 31, 2012 statutory balance sheet as gross paid in and contributed surplus. Correspondingly, \$2.5 million was recorded in the December 31, 2012 balance sheet as receivable from parent, subsidiaries and affiliates.

On November 12, 2015, the Company contributed additional capital of \$1.5 million to Pawtucket Insurance Company ("PIC"). The contribution was originally funded by NBIC Service Company and passed through NBIC to PIC.

- D. As of December 31, 2016, the Company owed its affiliate, NBIC Service Company, Inc. \$929,768 and PIC \$197 for amounts related to an expense sharing agreement between the Company, Pawtucket Insurance Company ("PIC"), NBIC Service Company, Inc. and NBIC Holdings Inc("NBIH"). In addition, as a result of utilization of affiliates' net operating loss carry-forwards; the Company owed \$41,184 to NBIC Service Company and \$133,524 to PIC at December 31, 2016.
- E. Guarantees or Contingencies for Related Parties N/A

F. Management, Service Contracts, Cost Sharing Arrangements

The Company has an Administrative Services arrangement with NBIC Service Company Inc., NBIC Holdings Inc. and PIC. The Company reimburses these affiliated entities for costs directly related to the business of the Company. The allocation policies were designed to be fair and equitable to all parties.

- G. See Note 10 A., B., & C. and 10 I.
- H. Value of an Upstream Intermediate Entity N/A
- I. Investment in an SCA that exceeds 10% of admitted assets

In accordance with NAIC SAP, NBIC has reported the investment in its 100% owned insurance subsidiary, PIC, at the statutory surplus value of that subsidiary. However, effective September 30, 2006, PIC, with the explicit permission of the Rhode Island Insurance Department, records its buildings and land at fair market value instead of at depreciated cost required by NAIC SAP. This permitted practice, however, does not extend to the value of PIC as recorded by NBIC. NBIC, therefore, continues to record its investment in PIC as an amount equal to PIC's statutory surplus on an NAIC SAP basis.

- J. Write down for Impairment of Investments in SCA Entities N/A
- K. Investment in Foreign Insurance Subsidiary
- L. Investment in Downstream Non Insurance Holding Company N/A
- M. SCA Investments N/A
- N. Investment in an Insurance SCA N/A
- 11. Debt N/A
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Post Retirement Benefit Plans

N/A

- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - (1) The Company had 1,000,000 shares of \$1 par value common stock authorized, issued and outstanding at December 31, 2016 and 2015.
 - (2) The Company has no preferred stock outstanding at December 31, 2016 and 2015.
 - (3) The Company may pay dividends without prior approval of the Rhode Island (state of domicile) Department of Business Regulation ("DBR") except as required under Rhode Island law. Prior notification to the DBR prior to paying dividends, however, is required.
 - (4) The Company made no dividend payments during the years ended December 31, 2016 and 2015.
 - (5) Within the limits described above (see Note 13 (3)), there are no restrictions placed on the portion of profits that may be paid as ordinary dividends.
 - (6) Restrictions on Unassigned Funds (Surplus) N/A
 - (7) Mutual Surplus Advances N/A
 - (8) Stock Held for Special Purposes
 - (9) Changes in Special Surplus Funds N/A
 - (10) Changes in Unassigned Funds

The Company's unassigned funds/surplus has been reduced by \$0 and \$8,483 cumulative unrealized losses related to investments in unaffiliated common stocks and bonds, respectively. Unassigned funds/surplus has increased by cumulative unrealized gains of \$4,675,416 related to the Company's investment in its affiliate, PIC.

(11) Surplus Notes N/A

(12) Quasi Reorganizations N/A

(13) Effective Date of Quasi Reorganizations

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments
None

B. Assessments

The Company is subject to guaranty fund assessments by states in which it writes business. Most assessments are recorded either at the time the assessments are levied or in the case of premium-based assessments, at the time premiums are written.

The Company has accrued a liability for guaranty fund of \$408,561 at December 31, 2016. The amount recorded represents management's best estimate based on guaranty fund rate information received from states in which the Company writes business and the direct written premiums written in those states.

The Company has accrued a liability for other taxes, licenses, fees and assessments of \$241,841 at December 31, 2016. The amount recorded represents management's best estimate based on assessment rate information received from states in which the Company writes business and the direct written premiums written in those states.

C. Gain Contingencies

N/A

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

N/A

E. Product Warranties

N/A

F. Joint and Several Liabilities

N/A

G. All Other Contingencies

The Company is subject to litigation in the ordinary course of business. Management does not believe that the eventual outcome of any such pending litigation is likely to have a material effect on the Company's financial condition or business.

15. Leases

A. Lessee Operating Lease

The Company incurs no significant lease expense.

B. Lessor Leases

The Company has no leasing agreements as a lessor.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risks

N/A

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities
 - A. Transfers of Receivables Reported as Sales

N/A

B. Transfers and Servicing of Financial Assets

N/A

C. Wash Sales

The Company had no wash sales during the years ended December 31, 2016 and 2015.

- 18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured portion of Partially Insured plans.
 - A. ASO Plans

N/A

B. ASC Plans

N/A

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators N/A

20. Fair Value Measurements

A. Asset and Liabilities Measured and Reported at Fair Value

Type of Financial Instrument	(Level 1	l)	(Level 2)	(Lev	vel 3)	Total
Financial instruments – assets: Bonds	\$	-	\$	290,919	\$	-	\$ 290,919
Total assets at fair value	\$	-	\$	290,919	\$	-	\$ 290,919

B. Other Fair Value Disclosures

C. Fair Values for All Financial Instruments

Type of Financial Instrument	A	ggregate Fair Value	Admitted Assets	(Level 1)	(Level2)	(Level 3)	 ot Practical rying Value)
Financial instruments – assets: Bonds	\$	98,826,596	99,324,252	\$ 1,495,380	\$ 97,331,216	\$ -	\$ -
Common stock - Affiliated Cash, cash equivalents and		1,667,421	1,667,421	-	-	1,667,421	-
short-term investments		48,263,293	48,263,293	48,263,293	-	-	-
Total assets	\$	148,757,310	\$ 149,254,966	\$ 49,758,673	\$ 97,331,216	\$ 1,667,421	\$ -

D. N/A

21. Other Items

A. Unusual or Infrequent Events N/A

B. Troubled Debt Restructuring: Debtors N/A

C. Other Disclosures

The Company is required to maintain security deposits with various state insurance departments. The security deposits had a carrying value of \$601,568 and \$602,063 at December 31, 2016 and 2015, respectively.

$\begin{array}{cc} D. & \quad Business \ Interruption \ Insurance \ Recoveries \\ & \quad N/A \end{array}$

E. State Transferable and Non Transferable Tax Credits N/A

F. Subprime-Mortgage-Related Risk Exposure

The Company had no subprime mortgage risk exposure during the years ended December 31, 2016 and 2015.

G. Insurance-Linked Securities (ILS) Contracts N/A

22. Events Subsequent

N/A

23. Reinsurance

A. Unsecured Reinsurance Recoverables

Net reinsurance recoverables exceeding 3% of surplus include:

FEIN	NAIC#	Reinsurer	No	et Recoverable		
95-2371728	22667	Ace America Insurance Co	\$	23,645,000		
22-2005057	26921	Everest Reinsurance Co		23,095,000		
AA-3194161	00000	Berkley Insurance Co. 15				
AA-3194139	00000	Catlin Insurance Co. Ltd		11,657,000		
47-0574325	32603	Axis Specialty Ltd		10,253,000		
23-1641984	10219	QBE Reinsurance Corporation		8,551,000		
13-1675535	25364	SCOR Re Co		8,302,000		
13-4924125	10227	Munich reinsurance Amer. Inc.		7,981,000		
75-1444207	30058	Transatlantic Reinsurance Co.		7,494,000		
30-0703280	15529	Tokio Millennium Re		6,884,000		
AA-3770280	00000	Greenlight Reinsurance Ltd		5,676,000		
13-2918573	42439	Partner Reinsurance		5,558,000		
AA-8310006	00000	Kelvin Re Limited		3,905,000		
06-0237820	20699	ACE Prop & Cas Ins. Co.		3,655,000		
13-3031176	38636	Swiss Reinsurance America Corp		2,984,000		
06-1182357	22730	Allied World Ins	Vorld Ins 2,743,00			
			\$	148,269,000		

B. Reinsurance Recoverable in Dispute

C. Reinsurance Assumed and Ceded:

(1)

	()	A	Assumed Reinsurance				Ceded Reinsurance				Net				
		Prer	Premium Commiss		ommission	Premium			Commission		Premium		Commission		
		Res	serve		Equity		Reserve		Equity		Reserve		Equity		
a.	Affiliates	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
b.	All other		-		-		119,513,469		63,600,929		119,513,469		63,600,929		
c.	Total	\$	_	\$	-	\$	119,513,469	\$	63,600,929	\$	119,513,469	\$	63,600,929		
d.	Direct Unearned	Premium	Reserve	;		\$	160,480,039								

(2) Commissions predicated on profit sharing arrangements:

		Dire	ect	Assumed	Ceded	Net
a.	Contingent commission	\$	-	\$ -	\$ 14,470	\$ 14,470
b.	Sliding scale adjustments		-	-	-	-
c.	Other profit commission arrangements		-	=	-	-
d.	Total	\$	-	\$ =	\$ 14,470	\$ 14,470

(3) N/A

D. Uncollectible Reinsurance

The Company had no significant write-offs of uncollectible reinsurance balances during the years ended December 31, 2016 and 2015.

E. Commutation of Ceded Reinsurance

The Company commuted ceded reinsurance treaties with the reinsurers listed below. The effect of the commutations is shown by Income Statement classification and by reinsurer.

a.	Losses incurred	\$ 5,306,691
b.	Loss adjustment expenses incurred	1,213,313
c.	Premiums earned	-
d.	Other income/(expense)	 (4,272,377)
	TOTAL	\$ 2,247,627
e.	Company:	
	Swiss Reinsurance Corp	\$ 1,130,134
	Axis Specialty Ltd	477,259
	Third Point Reinsurance Co	296,230
	Tokio Millenium Re AG	277,377
	Scor Global P&C	 66,627
	TOTAL	\$ 2,247,627

F. Retroactive Reinsurance

N/A

G. Reinsurance Accounted for as a Deposit

N/A

H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements

- Certified Reinsurer Rating Downgraded or Status Subject to Revocation N/Δ
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation N/A

Retrospectively Rated Contracts & Contracts Subject to Redetermination N/A

25. Changes in Incurred Losses and Loss Adjustment Expenses

The Company's net incurred loss and loss adjustment expenses for the years ended December 31, 2016 and 2015 includes favorable loss development on prior accident years of \$1,959,478 and \$2,167,348, respectively. Original ultimate loss and loss adjustment expense estimates are increased or decreased over time as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

N/A

27. Structured Settlements

N/A

28. Health Care Receivables

N/A

29. Participating Policies

N/A

30. Premium Deficiency Reserves

N/A

31. High Deductibles

N/A

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

N/A

33. Asbestos/Environmental Reserves

N/A

34. Subscriber Savings Accounts

N/A

35. Multiple Peril Crop Insurance

N/A

36. Financial Guaranty Insurance

N/A

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.2	1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more which is an insurer?	affiliated persons, one or more of	[]
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2.	. , .	
	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director regulatory official of the state of domicile of the principal insurer in the Holding Company System, a redisclosure substantially similar to the standards adopted by the National Association of Insurance Commissurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is standards and disclosure requirements substantially similar to those required by such Act and regulations	egistration statement providing missioners (NAIC) in its Model the reporting entity subject to	[]
1.3	3 State Regulating?	RHODE ISLAND	
	1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporeporting entity?		
2.2	2 If yes, date of change:		
3.1	1 State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/	2013
	State the as of date that the latest financial examination report became available from either the state of date should be the date of the examined balance sheet and not the date the report was completed or rele		2013
	3 State as of what date the latest financial examination report became available to other states or the public the reporting entity. This is the release date or completion date of the examination report and not the date date).		2015
	,		
3.5			[X]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [X] No [] N/A	[]
4.1	combination thereof under common control (other than salaried employees of the reporting entity) re control a substantial part (more than 20 percent of any major line of business measured on direct	eceive credit or commissions for or	,
	premiums) of: 4.11 sales of new busi		
	4.12 renewals?	. ,	[X]
	2 During the period covered by this statement, did any sales/service organization owned in whole or ir affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any m direct premiums) of:		
	4.21 sales of new busi	ness? Yes [] No	[X]
	4.22 renewals?		[X]
5.1	1 Has the reporting entity been a party to a merger or consolidation during the period covered by this staten	nent? Yes [] No	[X]
		abbreviation) for any entity that has	
	ceased to exist as a result of the merger or consolidation.		
	1 2		
	Name of Entity NAIC Compa	any Code State of Domicile	
	Name of Entity NAIC Compa	any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
		any Code State of Domicile	
0.4		any Code State of Domicile	
		egistration, if applicable) suspended	[X]
	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate re or revoked by any governmental entity during the reporting period?	egistration, if applicable) suspended	[X]
6.2	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate ror revoked by any governmental entity during the reporting period? If yes, give full information	egistration, if applicable) suspended Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period.	egistration, if applicable) suspended Yes [] No	
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate nor revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period.	egistration, if applicable) suspended Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control	egistration, if applicable) suspended Yes [] No Tring entity? Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period). If yes, give full information	egistration, if applicable) suspended Yes [] No Orting entity? Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate nor revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual	egistration, if applicable) suspended Yes [] No Orting entity? Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate nor revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Tring entity? Yes [] No Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Orting entity? Yes [] No	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]
6.2 7.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting period? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation in-fact).	egistration, if applicable) suspended Yes [] No Torreciprocal, the nationality of its n, government, manager or attorney-	[X]

GENERAL INTERROGATORIES

8.1 8.2	Is the company a subsidiary of a bank holding company reg If response to 8.1 is yes, please identify the name of the ba	· · · · · · · · ·				Yes [] [No [X]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or so the temperature of the second of the	ations (city and state of the main office) on the Board (FRB), the Office of the Comptr	oller of the Cu	rrency (OCC)	, the	Yes []	No [X]
	1	2	3	4	5	6	1	
	Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC		
	Annate Name	(Oity, Otale)	TIND	000	TDIO		1	
9.	What is the name and address of the independent certified JOHNSON LAMBERT LLP, ONE LAWSON LANE, P.O. BO							
	Has the insurer been granted any exemptions to the prohi- requirements as allowed in Section 7H of the Annual Finar- law or regulation? If the response to 10.1 is yes, provide information related to	ncial Reporting Model Regulation (Model				Yes [] No	o [X]
	Has the insurer been granted any exemptions related to allowed for in Section 18A of the Model Regulation, or subs	the other requirements of the Annual F	inancial Repo	orting Model F	Regulation as	Yes [] No	o [X]
10.4	If the response to 10.3 is yes, provide information related to	this exemption:						
10.5	Has the reporting entity established an Audit Committee in	compliance with the domiciliary state insu	urance laws?		Yes	[X] No [1 N	/A []
	If the response to 10.5 is no or n/a, please explain	,				. , .	•	
11.	What is the name, address and affiliation (officer/emploconsulting firm) of the individual providing the statement of JOEL S. CHANSKY, MILLIMAN INC, 289 EDGEWATER I	actuarial opinion/certification?						
12.1	Does the reporting entity own any securities of a real estate	e holding company or otherwise hold real	estate indirec	tly?		Yes []	No [X]
		12.11 Name of rea						
		12.12 Number of process of the second						
12.2	If yes, provide explanation							
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTIN	IG ENTITIES ONLY:						
	What changes have been made during the year in the Unite		rustees of the	reporting enti	y?			
	Does this statement contain all business transacted for the		Branch on ris	ks wherever lo	ocated?	Yes [No [
	Have there been any changes made to any of the trust inde If answer to (13.3) is yes, has the domiciliary or entry state	0 ,			Yes	Yes [,	No [_] /A [X]
	Are the senior officers (principal executive officer, principal	11	fficer or contro	oller, or person			•	
	similar functions) of the reporting entity subject to a code of a. Honest and ethical conduct, including the ethical handl	•		personal and	l professional	Yes []	X]	No [
	relationships; b. Full, fair, accurate, timely and understandable disclosure	in the periodic reports required to be fle	d by the reser	ting ontity:				
	c. Compliance with applicable governmental laws, rules and	· · · · ·	d by the repor	ung enuty,				
	d. The prompt internal reporting of violations to an appropri	=	de; and					
	e. Accountability for adherence to the code.							
14.11	If the response to 14.1 is no, please explain:							
14.2	Has the code of ethics for senior managers been amended	?				Yes []	No [X
	If the response to 14.2 is yes, provide information related to						,	
14.3	Have any provisions of the code of ethics been waived for a	any of the specified officers?				Yes [1 1	No [X
	If the response to 14.3 is yes, provide the nature of any wai	·				100 [1 '	[//

GENERAL INTERROGATORIES

Yes [] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

	1	2		3	4		\neg	
	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstance	es That Can Trigger the Letter of Credit	Amou	nt		
	Is the purchase or sale of all investments of thereof?		either by the boa			s [X]	No	1
	Does the reporting entity keep a complete thereof?	permanent record of the proceeding	ngs of its board o	of directors and all subordinate committee	ees	s [X]		
١.	Has the reporting entity an established proc the part of any of its officers, directors, trus such person?				of	[X]	No]
		FINANCIAL	L					
1.	Has this statement been prepared using a ba			inciples (e.g., Generally Accepted	Voc	: []	Nο	ı
.1	Accounting Principles)? Total amount loaned during the year (inclusive principles).	ve of Separate Accounts, exclusive	of policy loans):	20.11 To directors or other officers 20.12 To stockholders not officers	\$ \$			
				20.13 Trustees, supreme or grand (Fraternal only)	\$			
2	Total amount of loans outstanding at the encopolicy loans):	l of year (inclusive of Separate Acco	ounts, exclusive of	20.21 To directors or other officers	\$			
				20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal only)	\$			
1	Were any assets reported in this statement sobligation being reported in the statement?	subject to a contractual obligation to	transfer to anothe	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	s []		
2	If yes, state the amount thereof at December	31 of the current year:	21.21 Rented fr		\$			
			21.22 Borrowed 21.23 Leased fr		\$ \$			
			21.24 Other		\$			
1	Does this statement include payments for as guaranty association assessments?	sessments as described in the Ann	nual Statement Ins	tructions other than guaranty fund or	Yes	s []	No	1
2	If answer is yes:		22.21 Amount	paid as losses or risk adjustment	\$			٠
			22.22 Amount	paid as expenses	\$			
	Barrier de la constant de la constan	al a forma and a battle to a second	22.23 Other ar	•	\$			
	Does the reporting entity report any amounts If yes, indicate any amounts receivable from	·	_	of this statement?	\$	S []		٠
_	in you, indicate any amounte recentable from		TMENT		Ψ			
)1	Were all the stocks, bonds and other securiti the actual possession of the reporting entity					; [X]	No	1
02	If no, give full and complete information, rela	ting thereto	-, -	·				•
03	For security lending programs, provide a dwhether collateral is carried on or off-balance				and			
04	Does the company's security lending progra Instructions?	am meet the requirements for a co	onforming progran		Yes [] 1	No [] NA	[
	If answer to 24.04 is yes, report amount of co			·				
	If answer to 24.04 is no, report amount of co Does your securities lending program requ	. •	d 105% (foreign s					
υr	outset of the contract?	10270 (domesuc secundes) and	a 100/0 (10161911 S			No [
	Does the reporting entity non-admit when the				Yes [] 1	√o [] NA	[
	Does the reporting entity or the reporting e conduct securities lending?	,			Yes [] 1	No [] NA	[
ıυ	For the reporting entity's security lending pro 24.101 Total fair value of	gram, state the amount of the follow of reinvested collateral assets repor	_	·				
		·		,				
	•	r securities lending reported on the	•	,				

GENERAL INTERROGATORIES

25.1	control of the	reportin		entity sold or tra				on contract that is currently in fo		Yes	[X]	No [
25.2	If yes, state th	ne amour	nt thereof at December 31 o	f the current yea	r:							
			25.	.21 Subject to re	epurchase ag	reements			\$			
			25.	.22 Subject to re	everse repurc	hase agreeme	nts		\$			
			25.	23 Subject to d	ollar repurcha	se agreement	S		\$			
			25.	.24 Subject to re	everse dollar ı	repurchase ag	reements		\$			
			25.	.25 Placed unde	er option agre	ements			\$			
			25.	.26 Letter stock	or securities	restricted as to	sale – exclud	ding FHLB Capital Stock	\$			
			25.	.27 FHLB Capit	al Stock				\$			
			25.	.28 On deposit	with states				\$			601,568
			25.	.29 On deposit	with other reg	ulatory bodies			\$			
			25.	30 Pledged as	collateral – ex	cluding collate	eral pledged to	o an FHLB	\$			
			25.	.31 Pledged as	collateral to F	HLB – includin	ng assets bacl	king funding agreements	\$			
			25.	.32 Other					\$			
25.3	For category	(25.26) p	provide the following:									
			1				_ 2			. 3		
			Nature of Restriction				Description			Amount		
									1			
									1			
									1			
									1			
26.1	Doos the ren	orting on	tity have any hodging transc	ations reported	on Cabadula F)P2			•	Voc. [1	Mo [V]
20.1	Does the repo	orung em	tity have any hedging transa	clions reported t	on Schedule L	יַםכּי				165 [J	No [X]
26.2			ensive description of the hed tion with this statement.	lging program be	een made ava	ilable to the do	omiciliary state	e?	Yes [] No []	N/A [X]
27.1	Were any pre	ferred st	ocks or bonds owned as of I	December 31 of	the current ye	ar mandatorily	convertible ir	nto equity, or, at the option of				
	the issuer, co				•	•				Yes []	No [X]
27.2	If yes, state th	ne amour	nt thereof at December 31 o	f the current yea	r.				\$			
28.	Excluding iter	ns in Sch	nedule E – Part 3 – Special I	Deposits, real es	tate, mortgag	e loans and inv	vestments hel	ld physically in the reporting				
			or safety deposit boxes, wer il agreement with a qualified									
	Consideration		tsourcing of Critical Function									
	Handbook?									Yes [Χ]	No []
28.01	For agreemer	nts that c	omply with the requirements	of the NAIC Fir	ancial Condit	ion Examiners	Handbook, co	omplete the following:				
				1				2	٦			
				Custodian(s)			Custodia	an's Address				
			BANK OF AMERICA			. 100 WESTMINS	STER STREET,	PROVIDENCE, RI 02903				
28.02	For all agreer	nents tha	at do not comply with the rec	uirements of the	NAIC Financ	ial Condition E	xaminers Ha	ndbook, provide the name,				
	location and a	a comple	te explanation:									
			1		2			3				
	+		Name(s)		Locati	on(s)		Complete Explanation(s)				
												N
			changes, including name cha mplete information relating t		stodian(s) ider	ntified in 28.01	during the cu	urrent year?		Yes []	No [X]
			1		2		3	4				
			•				Date of					
		С	Old Custodian	N	ew Custodian		Change	Reason		-		

1	2	3	4
		Date of	
Old Custodian	New Custodian	Date of Change	Reason

GENERAL INTERROGATORIES

28.05	Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the
	authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the
	reporting entity, note as such. ["that have access to the investment accounts"; "handle securities"]

1	2
Name of Firm or Individual	Affiliation
NEW ENGLAND ASSET MANAGEMENT	U

28.0597	For t	hose firn	ns/individ	duals lis	sted in the	e table fo	or Questio	n 28.05,	do any	firms/individ	uals una	affiliated v	vith the	reporting	entity
	(i.e	designat	ed with	a "U") n	nanage n	nore that	n 10% of t	he repo	rtina en	tity's assets?					

Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration	Name of Firm or	Legal Entity		Investment Management
Depository Number	Individual	Identifier (LEI)	Registered With	Agreement (IMA) Filed
105900	New England Asset Management	KUR85E5PS4GQFZTFC130	SEC	NO
	3			

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

es	[]	I 1	Vo	X]	

29.2 If yes, complete the following schedule:

1	2	3			
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value			
29.2999 TOTAL	.2999 TOTAL				

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding of the Mutual Fund	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted)	2	3 Excess of Statement over Fair Value (-), or Fair Value
	Value	Fair Value	over Statement (+)
30.1 Bonds	100 , 237 , 723	99,740,278	(497,445)
30.2 Preferred Stocks	0		0
30.3 Totals	100,237,723	99,740,278	(497,445)

30.4 Describe the sources or methods utilized in determining the fair values:

FAIR VALUES ARE BASED ON VALUES EITHER PUBLISHED BY THE SVO OR FROM AN INDEPENDENT PRICING VENDOR SUCH AS MERRILL LYNCH INDICES, INTERACTIVE DATA CORP, REUTERS, S&P, OR BLOOMBERG. IF NEITHER IS AVAILABLE, A PRICE MAY BE OBTAINED FROM A BROKER. ST AND CASH EQUIVALENTS ARE VALUED AT AMORTIZED COST......

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Yes	[X]	No	[]

Yes [] No [X]

Yes [] No []

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?
- 32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
ISO PARTICIPATION PLUS	\$533,048
MA FIRE & HAZARDOUS MATERIAL ASSESSMENT	\$287 , 162
	,

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
SASM & F LLP.	\$139,591
NIXON PEABODY LLP.	\$ 101.556

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	\$
	s
	s
	Ψ

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supp	ement Insurance in force?	,				res [] NO	[\ \]
1.2	If yes, indicate premium earned on U. S. business only.					\$			0
1.3	What portion of Item (1.2) is not reported on the Medicar	e Supplement Insurance E	xperience I	Exhibit?		\$			
	1.31 Reason for excluding								
1.4	Indicate amount of earned premium attributable to Cana	dian and/or Other Alien no	t included ir	n Item (1.2) above		\$			
1.5	Indicate total incurred claims on all Medicare Supplement	nt insurance				\$			0
1.6	Individual policies:								
			Most currer	nt three years:					
			1.61 Total	premium earned		\$			0
			1.62 Total	l incurred claims		\$			0
			1.63 Num	ber of covered lives					0
			All years pr	ior to most current thre	e years:				
			1.64 Total	premium earned	-	\$			0
				l incurred claims					
			1.66 Num	ber of covered lives					0
1.7	Group policies:								
	c.cup ponoico.		Most curre	nt three years:					
				premium earned		\$			0
				l incurred claims					
				ber of covered lives		•			
									0
				ior to most current thre	-	•			0
				l incurred claims		•			
			1.76 Num	ber of covered lives					0
2.	Health Test:								
۷.	Ticalar rest.								
				1 Current Year		2 Prior Year			
	0.4	Describes Noncontes	Φ.		•				
	2.1	Premium Numerator		0		0			
	2.2	Premium Denominator		65,902,834		70,793,154			
	2.3	Premium Ratio (2.1/2.2)		0.000		0.00.0			
	2.4	Reserve Numerator	•	0		0			
	2.5	Reserve Denominator		64,007,484		77 , 251 , 454			
	2.6	Reserve Ratio (2.4/2.5)	-	0.000		0.00			
3.1	Does the reporting entity issue both participating and no						Yes [] No	[X]
3.2	If yes, state the amount of calendar year premiums written		0.04 D4:-			Φ.			
				cipating policies participating policies					
			3.22 NOII-	Darticipating policies		Φ			
4.	For Mutual reporting entities and Reciprocal Exchanges	only:							
4.1	Does the reporting entity issue assessable policies?	•					Yes [] No	[]
4.2	Does the reporting entity issue non-assessable policies?						Yes [] No	[]
4.3	If assessable policies are issued, what is the extent of the	• .							
4.4	Total amount of assessments paid or ordered to be paid	during the year on deposit	notes or co	ontingent premiums		\$			
F	For Paginrocal Evolutions Only								
5. 5.1	For Reciprocal Exchanges Only: Does the exchange appoint local agents?						Yes [] No	r 1
5.2	If yes, is the commission paid:						100 [1 110	ι 1
·-	ii yoo, io alio ooliiiilooloii pala.		5.21 Out o	f Attorney's-in-fact com	npensation	Yes	[] No	[] N/A	[]
				lirect expense of the ex	-		[] No		
5.3	What expenses of the Exchange are not paid out of the				-			-	
5.4	Has any Attorney-in-fact compensation, contingent on fu	Ifillment of certain condition	ns, been de	eferred?			Yes [] No	[]
5.5	If yes, give full information								

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:				
	THE COMPANY DOES NOT ISSUE WORKERS COMPENSATION INSURANCE.				
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: THE COMPANY CALCULATES THE PML BY STATE USING RMS/AIR IN THE ESTIMATION PROCESS.				
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?				
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes	[X]	No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss Reinsurance Program covers full 1:100 PML ini single occurrence and has reinstatement cover to second event up to a PML of				
7.1	1:50. Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an				
7.2	aggregate limit or any similar provisions)?				No []
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?				No []
	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? If yes, give full information	Yes	[]	No [X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:				
	(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;(c) Aggregate stop loss reinsurance coverage;				
	(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;				
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the				
9.2	reimbursement to the ceding entity	Yes	[]	No [X]
	policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire				
	direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty–five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or				
9.3	its affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	Yes	[]	No [X]
	(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;				
	(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.				
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:				
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes	ı	1	No [X]
	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	100	ι	1	[N]
	(a) The entity does not utilize reinsurance; or, (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or	Yes	[•	No [X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes	[No [X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [] No	[]	N/A [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Has the reporting entity guaranteed If yes, give full information		•			Yes	[]	No [)	(]
12.1	If the reporting entity recorded accruthe amount of corresponding liabiliti		on insurance contracts or	Line 15.3 of the asset sch	edule, Page 2, state				
	12.12 Unpaid underwriting	g expenses (including loss a	adjustment expenses)		\$				
12.3	Of the amount on Line 15.3, Page 2 If the reporting entity underwrites coaccepted from its insureds covering	, state the amount that is sommercial insurance risks, s	ecured by letters of credit, such as workers' compens	collateral and other funds?	\$ promissory notes				
12.4	If yes, provide the range of interest 12.41 From	rates charged under such n	otes during the period cov	ered by this statement:					%
	Are letters of credit or collateral and promissory notes taken by a reportion losses under loss deductible feature.	other funds received from ng entity, or to secure any c es of commercial policies?	insureds being utilized by to the reporting entity's reporting	the reporting entity to secur orted direct unpaid loss res	e premium notes or erves, including unpaid			No [
12.6	If yes, state the amount thereof at D	ecember 31 of current year	.		¢		18	3 183 UC	ın
		funds							
13.1 13.2	Largest net aggregate amount insured in any one risk (excluding workers' compensation): Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including reinstatement provision?				hout also including a	Yes		255,00 No [)	
13.3	State the number of reinsurance confacilities or facultative obligatory cor	ntracts (excluding individua	I facultative risk certificates	s, but including facultative p	rograms, automatic				•
14.1 14.2	Is the reporting entity a cedant in a lif yes, please describe the method o	of allocating and recording r	einsurance among the ced	dants:		Yes	[]	No [)	К]
14.3	If the answer to 14.1 is yes, are the contracts?					Yes	[]	No [1
	contracts?					Yes	[]	No []
						Yes	[]	No [)	Х]
16.1	Does the reporting entity write any v	varranty business?				Yes	[]	No [X	(]
	If yes, disclose the following information for each of the following types of warranty coverage:								
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	Unearned		Earne		
	Home								
16.12	Products	\$	\$	\$	\$. \$			
16.13	Automobile	\$	\$	\$	\$. \$			
	Other*								

^{*} Disclose type of coverage:

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1		uthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule		Yes []	No [Х]
	Incurred but not reported losses on contracts in force prior to Schedule F – Part 5. Provide the following information for this	o July 1, 1984, and not subsequently renewed are exempt from inclusion exemption:	in				
	17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$				
	17.12	Unfunded portion of Interrogatory 17.11	\$				
	17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$				
	17.14	Case reserves portion of Interrogatory 17.11	\$				
	17.15	Incurred but not reported portion of Interrogatory 17.11	\$				
	17.16	Unearned premium portion of Interrogatory 17.11	\$				
	17.17	Contingent commission portion of Interrogatory 17.11	\$				
	above. 17.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$				
	17.19	Unfunded portion of Interrogatory 17.18					
	17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18					
	17.21	Case reserves portion of Interrogatory 17.18					
	17.22	Incurred but not reported portion of Interrogatory 17.18					
	17.23	Unearned premium portion of Interrogatory 17.18					
	17.24	Contingent commission portion of Interrogatory 17.18	\$				
18.1	Do you act as a custodian for health savings accounts?			Yes []	No [Х]
18.2	If yes, please provide the amount of custodial funds held as of	the reporting date.	\$				
18.3	Do you act as an administrator for health savings accounts?			Yes [1	No [X 1

18.4 If yes, please provide the balance of the funds administered as of the reporting date.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE NARRAGANSETT BAY INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6. 2016 2015 2014 2013 2012 Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .2.057.012 1 954 192 1.851.321 1 858 559 1 781 675 7.005.882 5.355.677 Property lines (Lines 1, 2, 9, 12, 21 & 26). 7.474.527 6.496.348 6.407.166 Property and liability combined lines (Lines 3, 4, 5, 3. 8, 22 & 27). 297 090 005 269 057 565 231 928 053 192 313 542 165 631 673 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .0 0 .0 ۵. .0 5. Nonproportional reinsurance lines (Lines 31, 32 & n 33) 6. Total (Line 35) 306 621 544 278 017 639 .240,275,722 200 579 267 172 769 025 Net Premiums Written (Page 8, Part 1B, Col. 6) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 7. 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) 43 997 641 854 321 249 333 331 311 602 2.385,336 2.691.418 2.767.328 3.291.925 1.560.285 8 Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines 9. (Lines 3, 4, 5, 8, 22 & 27) 49 206 311 75 022 366 66 502 965 52 129 688 48 133 771 All other lines 10. (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) 0 0 0 0 0 11. Nonproportional reinsurance lines (Lines 31, 32 & 33) ... N 12 Total (Line 35) 51 635 644 78 355 638 70 116 139 55 230 347 50 005 658 Statement of Income (Page 4) 13. Net underwriting gain (loss) (Line 8) 26.717.019 8.748.366 1.810.941 (1.142.595) (26.526.568) 1,562,461 1,020,851 .2,140,048 Net investment gain (loss) (Line 11) 2.211.544 .3,420,500 14. .4,801,428 .3,140,841 .896,564 Total other income (Line 15) .3,812,347 .2,492,495 Dividends to policyholders (Line 17) 0 0 0 0 0 17. Federal and foreign income taxes incurred 1,445,193 4,292,079 384,656 (23,489,956) 4.939.631 18 Net income (Line 20) 32 284 798 9 831 095 5.418.746 Balance Sheet Lines (Pages 2 and 3) Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) 19. 225,323,286 .187,145,913 138,941,675 .112,626,250 125,081,229 20 Premiums and considerations (Page 2, Col. 3) .6,180,244 .5,495,317 4,896,211 .4,494,921 .3,366,332 20.1 In course of collection (Line 15.1) .21,562,034 .20, 161, 196 .18,472,600 .20, 176, 151 .14,080,307 20.2 Deferred and not yet due (Line 15.2) 20.3 Accrued retrospective premiums (Line 15.3) .0 ...0 ...0 .0 Total liabilities excluding protected cell business (Page 3, Line 26) 21. 135,959,667 127,887,172 91,346,370 70,720,141 92,109,683 Losses (Page 3, Line 1) ... 16,720,770 16.748.941 10,963,829 ..9,085,516 7.761.032 5 268 751 6 320 143 3 823 218 23 Loss adjustment expenses (Page 3, Line 3) 7 111 824 3 789 622 40,966,571 .55,233,761 47,671,277 41,567,168 .34,860,618 24. Unearned premiums (Page 3, Line 9). 25. Capital paid up (Page 3, Lines 30 & 31). 4.000.000 4.000.000 4.000.000 4.000.000 .4,000,000 Surplus as regards policyholders (Page 3, Line 37) .59,258,741 47,595,305 41,906,109 .32,971,546 .89,363,619 Cash Flow (Page 5) 27. Net cash from operations (Line 11). 29.984.145 .20,613,627 .28, 286, 854 (8,988,350) (22,611,500) Risk-Based Capital Analysis 89.363.619 59.258.741 47.595.305 41.906.109 32.971.546 28. Total adjusted capital. .10,947,997 Authorized control level risk-based capital .11.294.494 12.156.238 .9.640.330 .14.890.587 29 Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0 Bonds (Line 1) .65.7 .84.6 Stocks (Lines 2.1 & 2.2) . .0.0 .0.0 .0.1 0.0 32. Mortgage loans on real estate (Lines 3.1 and 3.2) 0.0 0.0 0.0 0.0 0.0 33. Real estate (Lines 4.1, 4.2 & 4.3) 0.0 0.0 0.0 0.0 0.0 Cash, cash equivalents and short-term investments 34. 32 3 31 4 34 3 15 3 (Line 5) 45 1 0.0 .0.0 .0.0 0.0. 0.0. Contract loans (Line 6) 35 36 Derivatives (Line 7)... 0.0 0.0 0.0 0.0 0.0 Other invested assets (Line 8) 0 0 0 0 0 0 0 0 0 0 37. 38 Receivables for securities (Line 9). 0.0 0.0 0.0 0.0 0.0 Securities lending reinvested collateral assets (Line 39. 10). 0 0 0 0 0 0 0 0 0 0 40. Aggregate write-ins for invested assets (Line 11) 0.0 0.0 0.0 0.0 0.0 41. Cash, cash equivalents and invested assets (Line 12) 100.0 100.0 100.0 100.0 100.0 nvestments in Parent, Subsidiaries and Affiliates Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) .0 .0 0 0 42. 0 Affiliated preferred stocks 43. 0 0 0 (Sch. D, Summary, Line 18, Col. 1) 0 0 Affiliated common stocks 44. (Sch. D, Summary, Line 24, Col. 1) 1.667.421 0 0 0 0 45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) ... Q n n n n 46. Affiliated mortgage loans on real estate 0 0 0 0 0 47. 0 0 0 0 All other affiliated ... 48. Total of above Lines 42 to 47 1.667.421 0 0 0 0 Total Investment in parent included in Lines 42 to 47 Q. Q. Ω ۵. above. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 1.9 0.0 0.0 0.0 0.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE NARRAGANSETT BAY INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued) 2016 2015 2014 2013 2012 Capital and Surplus Accounts (Page 4) 0 ..1,658,938 .0 0 0 51. Net unrealized capital gains (losses) (Line 24) 52. Dividends to stockholders (Line 35) 0 0 0 0 0 Change in surplus as regards policyholders for the year (Line 38) .30,104,878 11,663,436 .5,689,203 .8,934,553 (11,082,831) Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)288,305 .176,410 1.140.502 42.152 .3,275 55. Property lines (Lines 1, 2, 9, 12, 21 & 26) 2.119.881 2.611.959 1.931.610 1.474.611 1.855.165 Property and liability combined lines .100,820,616 .119,918,447 .75,931,970 .132,869,222 .80,314,686 (Lines 3, 4, 5, 8, 22 & 27) ... All other lines 57. 0 0 0 0 0 (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 33) 58. 122,706,816 .78,927,637 .134 , 842 , 984 .81,792,572 59. Total (Line 35) 103.228.802 Net Losses Paid (Page 9, Part 2, Col. 4) 60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 85.321 134.910 162.377 (26.833)18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) 3.275 61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .795,935 .918,066 .1,023,380 .1,010,724 1,080,048 Property and liability combined lines .23,420,885 .28, 122, 322 .23,891,348 .20,111,958 .42,940,779 (Lines 3, 4, 5, 8, 22 & 27). All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Ω .0 .0 0 0 Nonproportional reinsurance lines 0 0 0 0 (Lines 31, 32 & 33) 65. Total (Line 35) 24.302.141 29 175 297 .25.077.105 .21.095.849 44 024 102 Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 .100.0 .100.0 .100.0 100.0. .100.0 66. Premiums earned (Line 1) 36.8 49.4 42.1 46.2 .76.5 67. Losses incurred (Line 2). .15.6 .10.7 .16.1 .17.9 22.6 68. Loss expenses incurred (Line 3). .7.0 27.5 .46.6 .38.9 .38.3 69. Other underwriting expenses incurred (Line 4) 70. Net underwriting gain (loss) (Line 8) 40.5 12 4 2.8 (2.4)(45.7)Other Percentages 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)(0.3) 20.0 .32.0 27.9 .52.3 Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) 52.4 .60 . 1 58.2 64.1 99.1 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .57 .8 132.2 .147.3 .131.8 151.7 One Year Loss Development (000 omitted) 74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) (2.317)(808) 3.617 3 600 1.831 75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)(3.9) (1.7) .8.6 .10.9 4.2 Two Year Loss Development (000 omitted) Development in estimated losses and loss expense incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) (2,841) 2,387 .5,705 .1,827 (440) 77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by (6.0)17.3 (1.4)Page 4, Line 21, Col. 2 x 100.0) 5.7

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

	(\$000 Omitted)												
		Pr	emiums Earn	ed			Los	s and Loss Ex	xpense Paym	ents			12
Ye	ars in	1	2	3				and Cost	Adjusting	and Other	10	11	
	hich				Loss Pa	ayments	Containmer	nt Payments		nents]		Number of
	miums .				4	5	6	7	8	9	Salvage	Total Net	Claims
	Earned	B			D:		B		B		and	Paid (Cols.	Reported
	Losses Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
VVCIC	incurred	Assumed	Ceded	(COIS. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	7 + 0 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2007	3,857	1 , 556	2,301	1 , 156	173	75	19	38	11	0	1,066	XXX
3.	2008	9,390	3,378	6,012	1,502	176	180	22	90	0	64	1,574	xxx
4.	2009	19,748	9,233	10,515	2,954	185	442	25	466	0	131	3,652	XXX
5.	2010	43 , 561	14,664	28,897	12,702	2,721	1,722	367	1,468	0	83	12,804	XXX
6.	2011	83,366	23,561	59,805	33,918	942	3,905	169	2,662	0	441	39,374	XXX
7.	2012	146 , 626	88 ,610	58,016	174,293	131,702	25,229	16,942	8,305	0	1,591	59 , 184	XXX
8.	2013	184,236	135 , 712	48,524	60,656	40,408	5,753	3,675	1,813	0	1,004	24 , 138	XXX
9.	2014	218 , 161	154 , 149	64,012	73 , 138	53,228	7 , 197	4,991	4,629	0	1, 181	26,744	XXX
10.	2015	258,645	187 , 852	70,793	121,595	92 , 135	10,002	7 , 075	6,274	0	1,207	38,662	xxx
11.	2016	292,723	226,820	65,903	81,004	57,764	5,043	3,376	4,985	0	535	29,893	XXX
12.	Totals	XXX	XXX	XXX	562,917	379,434	59,548	36,660	30,730	11	6,237	237,090	XXX

		Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusting Unp		23	24	25
	Case		Bulk +		Case		Bulk +		21	22		Total	Number of
	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 Subrog- ation Anticipated	Net Losses and Expenses Unpaid	Claims Outstand- ing Direct and Assumed
1	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4	0	0	1	0	0	0	0	0	0	0	0	1	xxx
5	200	0	14	11	16	0	13	9	6	0	0	229	XXX
6	40	0	63	26	20	0	18	5	5	0	0	116	xxx
7	1,925	535	1,120	1,078	220	73	245	222	110	0	0	1,713	XXX
8	1,835	326	1,082	366	256	17	305	18	110	0	0	2,861	XXX
9	3,442	1,409	3,587	1,520	527	160	1,074	444	295	0	0	5,393	XXX
10	6,311	4,372	9,117	6,646	867	530	2,020	1,310	655	0	0	6,113	xxx
11.	22,757	21,880	19,374	15,979	1,264	1,002	2,100	1,517	1,499	0	0	6,616	XXX
12.	36,510	28,521	34,358	25,627	3,170	1,782	5,776	3,526	2,681	0	0	23,041	XXX

		Total			oss Expense F				34		nce Sheet
	Losses and	d Loss Expense	es Incurred 28	(Incurre	ed/Premiums E 30	arned) 31	Nontabula 32	r Discount 33	Inter- Company	Reserves At	ter Discount 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	0	0
2	1,269	203	1,066	32.9	13.0	46.3	0	0		0	0
3	1,773	198	1,575	18.9	5.9	26.2	0	0		0	0
4	3,863	210	3,653	19.6	2.3	34.7	0	0		1	0
5	16 , 142	3 , 109	13,033	37 . 1	21.2	45.1	0	0		203	26
6	40,632	1 , 142	39,489	48.7	4.8	66.0	0	0		77	39
7	211,448	150,551	60,897	144 . 2	169 .9	105.0	0	0		1,433	281
8	71,809	44,810	26,999	39.0	33.0	55.6	0	0		2 , 225	636
9	93,889	61,752	32,137	43.0	40 . 1	50.2	0	0		4 , 101	1,292
10	156,842	112,067	44,775	60.6	59.7	63.2	0	0		4,410	1,702
11.	138,026	101,518	36,508	47.2	44.8	55.4	0	0		4,271	2,344
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	16,721	6,320

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE NARRAGANSETT BAY INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

	INC	URRED NET	LOSSES AN	D DEFENSE	AND COST C		NT EXPENSE	S REPORTE	D AT YEAR E	ND	DEVELO	PMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior	36	25	34	14	11	11	11	ļ11	11	11	0	0
2. 2007	1 , 153	1,019	1,071	1,049	1,038	1,038	1,051	1,039	1,039	1,039	0	0
3. 2008	XXX	1,796	1,502	1,478	1,576	1,485	1,485	1,485	1,485	1,484	0	0
4. 2009	XXX	XXX	3,664	3,069	3,095	3,160	3,205	3,205	3,196	3,187	(8)	(17)
5. 2010	XXX	XXX	xxx	11,607	11,217	11,083	11,417	11,538	11,547	11,559	12	21
6. 2011	XXX	XXX	XXX	XXX	35 , 433	37 ,424	37,029	37 ,752	37 , 117	36,822	(295)	(931)
7. 2012	XXX	XXX	XXX	xxx	XXX	48 , 175	51,778	53,051	52,364	52,482	118	(569)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	24 , 152	25,664	25,757	25,076	(680)	(588)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	xxx	27 ,969	28,391	27 ,213	(1,178)	(757)
10. 2015	XXX	XXX	xxx	xxx	XXX	XXX	xxx	xxx	38 , 130	37 ,845	(285)	xxx
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,024	XXX	xxx
										12. Totals	(2,317)	(2,841)

SCHEDULE P - PART 3 - SUMMARY

			0011			. / \. \ .	•	O IVIIVIA	* 1 * 1			
	CUMULAT	IVE PAID NE	T LOSSES A	ND DEFENSE		CONTAINME TED)	NT EXPENSI	ES REPORTE	D AT YEAR I	END (\$000	11	12 Number of
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss	Claims Closed Without Loss
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	000	3	3	11	11	11	11	11	11	11	xxx	xxx
2. 2007	647	834	943	1,038	1,038	1,038	1,038	1,039	1,039	1,039	xxx	xxx
3. 2008	xxx	1,047	1,335	1,319	1,406	1,484	1,483	1,484	1,484	1,484	xxx	xxx
4. 2009	xxx	XXX	1,794	2,778	2,788	2,992	3,058	3 , 128	3,186	3,186	xxx	xxx
5. 2010	xxx	XXX	XXX	8,589	10 , 194	10,418	10,792	11,024	11,309	11,336	XXX	xxx
6. 2011	xxx	XXX	XXX	XXX	28,767	35,575	35,953	36 , 546	36,800	36,711	XXX	xxx
7. 2012	xxx	xxx	XXX	xxx	XXX	42,427	49,422	49,873	50 , 558	50,879	XXX	xxx
8. 2013	xxx	XXX	XXX	XXX	XXX	XXX	17 , 146	21,693	23,175	22,325	xxx	xxx
9. 2014	xxx	XXX	XXX	xxx	XXX	XXX	xxx	21,324	24 , 144	22,115	xxx	xxx
10. 2015	xxx	xxx	XXX	xxx	XXX	xxx	xxx	xxx	27 ,608	32,387	xxx	xxx
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,908	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which	BULK AND IE	NR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Losses Were Incurred	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	36	7	6	3	0	0	0	0	0	0
2. 2007	209	39	35	11	0	0	4	0	0	0
3. 2008	XXX	357	93	27	17	0	0	0	0	0
4. 2009	XXX	XXX	765	100	60	20	(3)	0	3	1
5. 2010	xxx	XXX	XXX	1,285	514	208	16	0	22	7
6. 2011	xxx	XXX	XXX	xxx	2,091	909	241	570	220	51
7. 2012	XXX	XXX	XXX	xxx	XXX	3,670	819	1,759	289	66
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	3,248	2,200	1,359	1,003
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	xxx	3,929	2,544	2,697
10. 2015	xxx	XXX	XXX	xxx	XXX	XXX	xxx	XXX	5,565	3,180
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,978

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

				Alloc	ated By States A	And Territories				
		1	Gross Premiu Policy and Mer Less Return F Premiums on Tak	ms, Including mbership Fees Premiums and n Policies Not ken	4 Dividends Paid	5	6	7	8 Finance and	9 Direct Premium Written for Federal
	States, etc.	Active Status	2 Direct Premiums Written	3 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL	N	0	0	0	0	0	0	0	
	Alaska AK Arizona AZ	N	0 0	0	0	0	0	J0	J	
	Arkansas AR	N	0 0	0	0	0	0	0	10	
	California CA	N	0	0	0	0	0	0	0	
6.	Colorado CO	N	0	0	0	0	0	0	0	
	Connecticut CT	L	342 , 161	57 , 535	0	0	0	0	425	
	Delaware DE Dist. Columbia DC.	N	0	0	0	0	0]0	0	
	Dist. Columbia DC Florida FL	N	0 0	0	0	0	0	J0	1	
	Georgia GA	N.	0	0	0	0	0	0	0	
	Hawaii HI	N	0	0	0	0	0	0	0	
	Idaho ID	N	0	0	0	0	0	0	0	
	IllinoisIL	N	0	0	0	0	0	0	0	
	IndianaIN	N	 N		 n	 N	0 n	J0	0 n	
	Kansas KS	N	0	0		0	0		0	
	Kentucky KY	N	0	0	0	0	0	0	0	
	Louisiana LA	N	0	ō	ļ	ō	<u>0</u>	ļō	ļō	
	Maine ME Maryland MD	N N	 n l	0	L0	0 n	l	0 	J	
	Massachusetts MA	IN	52,348,681	49,232,632	0	16,034,040	18,880,709	14 , 108 , 945	314.302	
	Michigan MI	N	0	0	0	0	0	0	0	
24.	Minnesota MN	N	0	0	0	0	0	0	0	
	Mississippi MS	N	0	0	0	0	0	ļ0]0	
	Missouri MO Montana MT	N N	 N	0	L0	0 n	l0	J	J	
	Nebraska NE	N	0	0	0	0	0		0	
29.	Nevada NV	N	0	0	0	0	0	0	0	
30.	New Hampshire NH	N	0	0	0	0	0	0	0	
31.	New JerseyNJ	L	68,093,540	65,322,166	0	23,737,460	22,271,761	14,696,652	318,614	
	New MexicoNM New YorkNY	N	0	0	0	55 , 153 , 096	0	36,889,131	859.672	
	No.Carolina NC	N	0 103,944,403	130,300,094	0		00,323,449	30,009,131	0	
	No.Dakota ND	N	0	0	0	0	0	0	0	
	OhioOH	N	0	0	0	0	0	0	0	
	Oklahoma OK	N	0	0	0	0	0	ļ0	J	
	Oregon OR Pennsylvania PA	N	0	0 N	l0	0 N	1	 0	J	
	Rhode Island RI	<u>L</u>	19,892,759	19,749,387	0	8,304,205	5.966.168	5, 173, 520	140.740	
	So. Carolina SC	N	0	0	0	0	0	0	0	
	So. DakotaSD	N	0	0	0	0	0	0	0	
	TennesseeTN Texas TX	N	0	0	0	0	0	J0	ļ0	
	UtahUT	N	0 0	0	0	0	0	J0	1	
	Vermont VT	N	0	0	0	0	0	0	0	
	VirginiaVA	N	0	0	0	0	0	0	0	
	Washington WA	N	0	0	ļ	0	0	ļ	ļ	
	West Virginia WV Wisconsin WI	N	 ۱	U	0 n	 n	0	J0	0	
	Wyoming WY	N	0	0	0	0	0			
	American Samoa AS	N	0	0	0	0	0	0	0	
	Guam GU Puerto Rico PR	N	0	0	ļ	0	0	ļ	ļ	
	U.S. Virgin Islands	N	0	0	0	0	0	0	0	
	Northern Mariana Islands MP	N	0	0	0	0	0	0	0	
	Canada CAN.	N	0	0	J0	0	0	J0	J0	
58.	Aggregate other alienOT	xxx	0	0	0	0	0	0	0	0
59.	Totals	(a) 6	306,621,544	292,722,614	0	103,228,801	108,044,086	70,868,247	1,633,753	0
	LS OF WRITE-INS	xxx								
58002.		XXX								
58003.		XXX							 	
	Sum. of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through 58003 + 58998)	XXX	0	0	0	0	0	0	0	0
	(Line 58 above)	xxx	. 0	0	0	0	0	0	0	0

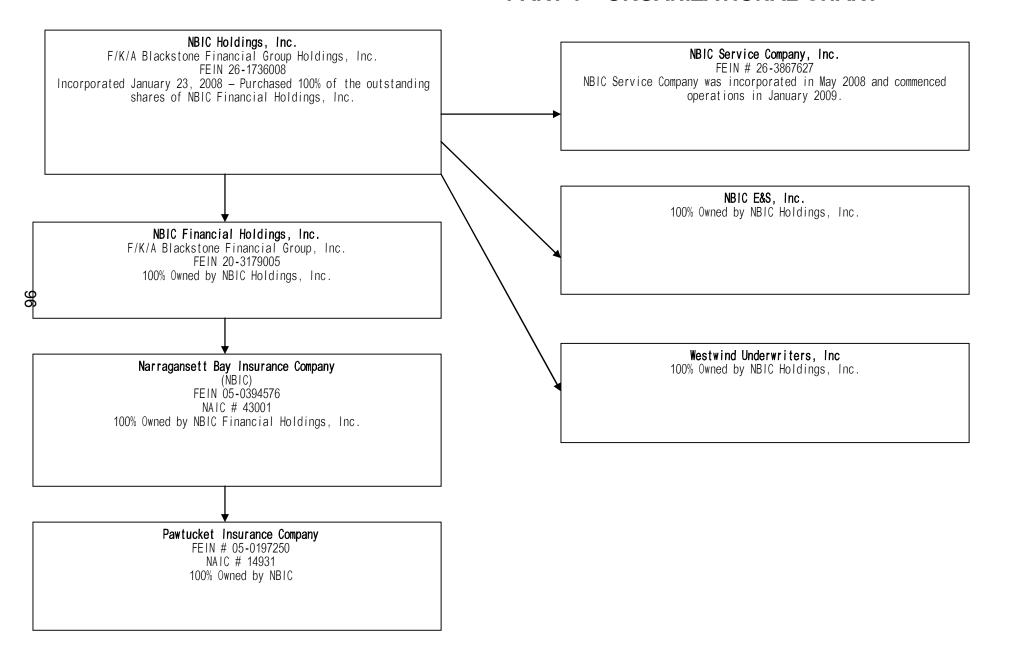
⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

LOCATION OF RISK

(a) Insert the number of L responses except for Canada and Other Alien

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



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Schedule B – Verification Between Years	SI02
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Schedule BA – Part 3	E09
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