



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

GREYHAWK SPECIALTY INSURANCE COMPANY

NAIC Group Code.....4908, 0 (Current Period) (Prior Period)	NAIC Company Code..... 45055	Employer's ID Number..... 05-0420799
Organized under the Laws of Incorporated/Organized.....	State of Domicile or Port of Entry	Country of Domicile
Statutory Home Office	10 Jefferson Blvd..... Warwick RI US 02888 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	Commenced Business.....
Main Administrative Office	212 Maple Avenue..... Red Bank NJ US..... 07701 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	201-351-8420 <i>(Area Code) (Telephone Number)</i>
Mail Address	212 Maple Avenue..... Red Bank NJ US 07701 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	212 Maple Avenue..... Red Bank NJ US 07701 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	201-351-8420 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	N/A	
Statutory Statement Contact	Shane Michael Haverstick <i>(Name)</i> shane.haverstick@greyhawkinsurance.com <i>(E-Mail Address)</i>	201-380-2458 <i>(Area Code) (Telephone Number) (Extension)</i> _____ <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Joseph William Zuk #	President & Chief Executive Officer	2. Lloyd David Yavener #	General Counsel & Secretary
3. Shane Michael Haverstick #	Treasurer, Chief Financial Officer & Chief Operating Officer	4. Jamie Fay Coleman #	VP Compliance & Regulatory Affairs

OTHER

DIRECTORS OR TRUSTEES

William Robert Trzos #	Ryan Scott Kirby #	Joseph William Zuk #	Shane Michael Haverstick #
Lloyd David Yavener #			

State of..... New Jersey
County of..... Monmouth

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Joseph William Zuk 1. (Printed Name) President & Chief Executive Officer _____ (Title)	_____ (Signature) Lloyd David Yavener 2. (Printed Name) General Counsel & Secretary _____ (Title)	_____ (Signature) Shane Michael Haverstick 3. (Printed Name) Treasurer, Chief Financial Officer & Chief Operating Officer _____ (Title)
--	---	---

Subscribed and sworn to before me
This _____ day of _____ 2018

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached KK _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of San Diego

Subscribed and sworn to (or affirmed) before me
 on this 21st day of February, 20 18,
 by _____
Date Month Year



(1) Joseph Zuk

 (and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Katie Kezele

Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: GSIC Annual Statement 2017 Document Date: 2.21.18
 Number of Pages: 1 Signer(s) Other Than Named Above: _____



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Lloyd David Yavener #			

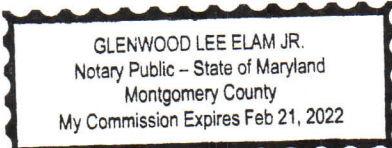
State of..... New Jersey
County of..... Monmouth

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--	---	---

Subscribed and sworn to before me
This 21 day of 2/ 2018

a. Is this an original filing? Yes [X] No []
b. If no
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____





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--	---	---

Subscribed and sworn to before me
This 21 day of FEB, 2018
Brian Bennett

a. Is this an original filing? Yes [X] No []
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

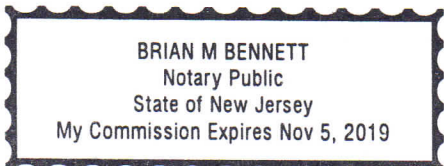


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....4908 NAIC Company Code....45055

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....4908 NAIC Company Code....45055

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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3. Farmowners multiple peril.....												
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9. Inland marine.....												
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11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
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15.4 Non-renewable for stated reasons only (b).....												
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19.2 Other private passenger auto liability.....												
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21.1 Private passenger auto physical damage.....												
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22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

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

**Sch. F - Pt. 1
NONE**

**Sch. F - Pt. 2
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 4
NONE**

**Sch. F - Pt. 5
NONE**

**Sch. F - Pt. 6 - Sn. 1
NONE**

**Sch. F - Pt. 6 - Sn. 2
NONE**

**Sch. F - Pt. 7
NONE**

**Sch. F - Pt. 8
NONE**

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,926,623		1,926,623
2. Premiums and considerations (Line 15).....			.0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			.0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			.0
5. Other assets.....	2,852		2,852
6. Net amount recoverable from reinsurers.....			.0
7. Protected cell assets (Line 27).....			.0
8. Totals (Line 28).....	1,929,475	.0	1,929,475
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			.0
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	25,585		25,585
11. Unearned premiums (Line 9).....			.0
12. Advance premiums (Line 10).....			.0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			.0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			.0
15. Funds held by company under reinsurance treaties (Line 13).....			.0
16. Amounts withheld or retained by company for account of others (Line 14).....			.0
17. Provision for reinsurance (Line 16).....			.0
18. Other liabilities.....	23,616		23,616
19. Total liabilities excluding protected cell business (Line 26).....	49,201	.0	49,201
20. Protected cell liabilities (Line 27).....			.0
21. Surplus as regards policyholders (Line 37).....	1,880,274	XXX	1,880,274
22. Totals (Line 38).....	1,929,475	.0	1,929,475

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

If yes, give full explanation:

**Sch. H - Pt. 1
NONE**

**Sch. H - Pt. 2
NONE**

**Sch. H - Pt. 3
NONE**

**Sch. H - Pt. 4
NONE**

**Sch. H - Pt. 5
NONE**

**Sch. P - Pt. 1A
NONE**

**Sch. P - Pt. 1B
NONE**

**Sch. P - Pt. 1C
NONE**

**Sch. P - Pt. 1D
NONE**

**Sch. P - Pt. 1E
NONE**

**Sch. P - Pt. 1F - Sn. 1
NONE**

**Sch. P - Pt. 1F - Sn. 2
NONE**

**Sch. P - Pt. 1G
NONE**

**Sch. P - Pt. 1H - Sn. 1
NONE**

**Sch. P - Pt. 1H - Sn. 2
NONE**

**Sch. P - Pt. 1I
NONE**

**Sch. P - Pt. 1J
NONE**

**Sch. P - Pt. 1K
NONE**

**Sch. P - Pt. 1L
NONE**

**Sch. P - Pt. 1M
NONE**

**Sch. P - Pt. 1N
NONE**

**Sch. P - Pt. 1O
NONE**

**Sch. P - Pt. 1P
NONE**

**Sch. P - Pt. 1R - Sn. 1
NONE**

**Sch. P - Pt. 1R - Sn. 2
NONE**

**Sch. P - Pt. 1S
NONE**

**Sch. P - Pt. 1T
NONE**

**Sch. P - Pt. 2A
NONE**

**Sch. P - Pt. 2B
NONE**

**Sch. P - Pt. 2C
NONE**

**Sch. P - Pt. 2D
NONE**

**Sch. P - Pt. 2E
NONE**

**Sch. P - Pt. 2F - Sn. 1
NONE**

**Sch. P - Pt. 2F - Sn. 2
NONE**

**Sch. P - Pt. 2G
NONE**

**Sch. P - Pt. 2H - Sn. 1
NONE**

**Sch. P - Pt. 2H - Sn. 2
NONE**

**Sch. P - Pt. 2I
NONE**

**Sch. P - Pt. 2J
NONE**

**Sch. P - Pt. 2K
NONE**

**Sch. P - Pt. 2L
NONE**

**Sch. P - Pt. 2M
NONE**

**Sch. P - Pt. 2N
NONE**

**Sch. P - Pt. 2O
NONE**

**Sch. P - Pt. 2P
NONE**

**Sch. P - Pt. 2R - Sn. 1
NONE**

**Sch. P - Pt. 2R - Sn. 2
NONE**

**Sch. P - Pt. 2S
NONE**

**Sch. P - Pt. 2T
NONE**

**Sch. P - Pt. 3A
NONE**

**Sch. P - Pt. 3B
NONE**

**Sch. P - Pt. 3C
NONE**

**Sch. P - Pt. 3D
NONE**

**Sch. P - Pt. 3E
NONE**

**Sch. P - Pt. 3F - Sn. 1
NONE**

**Sch. P - Pt. 3F - Sn. 2
NONE**

**Sch. P - Pt. 3G
NONE**

**Sch. P - Pt. 3H - Sn. 1
NONE**

**Sch. P - Pt. 3H - Sn. 2
NONE**

**Sch. P - Pt. 3I
NONE**

**Sch. P - Pt. 3J
NONE**

**Sch. P - Pt. 3K
NONE**

**Sch. P - Pt. 3L
NONE**

**Sch. P - Pt. 3M
NONE**

**Sch. P - Pt. 3N
NONE**

**Sch. P - Pt. 3O
NONE**

**Sch. P - Pt. 3P
NONE**

**Sch. P - Pt. 3R - Sn. 1
NONE**

**Sch. P - Pt. 3R - Sn. 2
NONE**

**Sch. P - Pt. 3S
NONE**

**Sch. P - Pt. 3T
NONE**

**Sch. P - Pt. 4A
NONE**

**Sch. P - Pt. 4B
NONE**

**Sch. P - Pt. 4C
NONE**

**Sch. P - Pt. 4D
NONE**

**Sch. P - Pt. 4E
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**Sch. P - Pt. 4F - Sn. 1
NONE**

**Sch. P - Pt. 4F - Sn. 2
NONE**

**Sch. P - Pt. 4G
NONE**

**Sch. P - Pt. 4H - Sn. 1
NONE**

**Sch. P - Pt. 4H - Sn. 2
NONE**

**Sch. P - Pt. 4I
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**Sch. P - Pt. 4J
NONE**

**Sch. P - Pt. 4K
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**Sch. P - Pt. 4L
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**Sch. P - Pt. 4M
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**Sch. P - Pt. 4N
NONE**

**Sch. P - Pt. 4O
NONE**

**Sch. P - Pt. 4P
NONE**

**Sch. P - Pt. 4R - Sn. 1
NONE**

**Sch. P - Pt. 4R - Sn. 2
NONE**

**Sch. P - Pt. 4S
NONE**

**Sch. P - Pt. 4T
NONE**

**Sch. P - Pt. 5A - Sn. 1
NONE**

**Sch. P - Pt. 5A - Sn. 2
NONE**

**Sch. P - Pt. 5A - Sn. 3
NONE**

**Sch. P - Pt. 5B - Sn. 1
NONE**

**Sch. P - Pt. 5B - Sn. 2
NONE**

**Sch. P - Pt. 5B - Sn. 3
NONE**

**Sch. P - Pt. 5C - Sn. 1
NONE**

**Sch. P - Pt. 5C - Sn. 2
NONE**

**Sch. P - Pt. 5C - Sn. 3
NONE**

**Sch. P - Pt. 5D - Sn. 1
NONE**

**Sch. P - Pt. 5D - Sn. 2
NONE**

**Sch. P - Pt. 5D - Sn. 3
NONE**

**Sch. P - Pt. 5E - Sn. 1
NONE**

**Sch. P - Pt. 5E - Sn. 2
NONE**

**Sch. P - Pt. 5E - Sn. 3
NONE**

**Sch. P - Pt. 5F - Sn. 1A
NONE**

**Sch. P - Pt. 5F - Sn. 2A
NONE**

**Sch. P - Pt. 5F - Sn. 3A
NONE**

**Sch. P - Pt. 5F - Sn. 1B
NONE**

**Sch. P - Pt. 5F - Sn. 2B
NONE**

**Sch. P - Pt. 5F - Sn. 3B
NONE**

**Sch. P - Pt. 5H - Sn. 1A
NONE**

**Sch. P - Pt. 5H - Sn. 2A
NONE**

**Sch. P - Pt. 5H - Sn. 3A
NONE**

- Sch. P - Pt. 5H - Sn. 1B**
NONE
- Sch. P - Pt. 5H - Sn. 2B**
NONE
- Sch. P - Pt. 5H - Sn. 3B**
NONE
- Sch. P - Pt. 5R - Sn. 1A**
NONE
- Sch. P - Pt. 5R - Sn. 2A**
NONE
- Sch. P - Pt. 5R - Sn. 3A**
NONE
- Sch. P - Pt. 5R - Sn. 1B**
NONE
- Sch. P - Pt. 5R - Sn. 2B**
NONE
- Sch. P - Pt. 5R - Sn. 3B**
NONE
- Sch. P - Pt. 5T - Sn. 1**
NONE
- Sch. P - Pt. 5T - Sn. 2**
NONE
- Sch. P - Pt. 5T - Sn. 3**
NONE
- Sch. P - Pt. 6C - Sn. 1**
NONE
- Sch. P - Pt. 6C - Sn. 2**
NONE
- Sch. P - Pt. 6D - Sn. 1**
NONE
- Sch. P - Pt. 6D - Sn. 2**
NONE
- Sch. P - Pt. 6E - Sn. 1**
NONE
- Sch. P - Pt. 6E - Sn. 2**
NONE
- Sch. P - Pt. 6H - Sn. 1A**
NONE
- Sch. P - Pt. 6H - Sn. 2A**
NONE

Sch. P - Pt. 6H - Sn. 1B

NONE

Sch. P - Pt. 6H - Sn. 2B

NONE

Sch. P - Pt. 6M - Sn. 1

NONE

Sch. P - Pt. 6M - Sn. 2

NONE

Sch. P - Pt. 6N - Sn. 1

NONE

Sch. P - Pt. 6N - Sn. 2

NONE

Sch. P - Pt. 6O - Sn. 1

NONE

Sch. P - Pt. 6O - Sn. 2

NONE

Sch. P - Pt. 6R - Sn. 1A

NONE

Sch. P - Pt. 6R - Sn. 2A

NONE

Sch. P - Pt. 6R - Sn. 1B

NONE

Sch. P - Pt. 6R - Sn. 2B

NONE

Sch. P - Pt. 7A - Sn. 1

NONE

Sch. P - Pt. 7A - Sn. 2

NONE

Sch. P - Pt. 7A - Sn. 3

NONE

Sch. P - Pt. 7A - Sn. 4

NONE

Sch. P - Pt. 7A - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 1

NONE

Sch. P - Pt. 7B - Sn. 2

NONE

Sch. P - Pt. 7B - Sn. 3

NONE

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

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

GREYHAWK SPECIALTY INSURANCE COMPANY

SCHEDULE P INTERROGATORIES

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior.....	.....	.....
1.602	2008.....	.....	.....
1.603	2009.....	.....	.....
1.604	2010.....	.....	.....
1.605	2011.....	.....	.....
1.606	2012.....	.....	.....
1.607	2013.....	.....	.....
1.608	2014.....	.....	.....
1.609	2015.....	.....	.....
1.610	2016.....	.....	.....
1.611	2017.....	.....	.....
1.612	Totals.....	.....0	.....0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [] No [X]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [] No [X]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
- Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
- Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
- 5.1 Fidelity
- 5.2 Surety
6. Claim count information is reported per claim or per claimant. (Indicate which).
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL							.0
2. Alaska.....AK							.0
3. Arizona.....AZ							.0
4. Arkansas.....AR							.0
5. California.....CA							.0
6. Colorado.....CO							.0
7. Connecticut.....CT							.0
8. Delaware.....DE							.0
9. District of Columbia.....DC							.0
10. Florida.....FL							.0
11. Georgia.....GA							.0
12. Hawaii.....HI							.0
13. Idaho.....ID							.0
14. Illinois.....IL							.0
15. Indiana.....IN							.0
16. Iowa.....IA							.0
17. Kansas.....KS							.0
18. Kentucky.....KY							.0
19. Louisiana.....LA							.0
20. Maine.....ME							.0
21. Maryland.....MD							.0
22. Massachusetts.....MA							.0
23. Michigan.....MI							.0
24. Minnesota.....MN							.0
25. Mississippi.....MS							.0
26. Missouri.....MO							.0
27. Montana.....MT							.0
28. Nebraska.....NE							.0
29. Nevada.....NV							.0
30. New Hampshire.....NH							.0
31. New Jersey.....NJ							.0
32. New Mexico.....NM							.0
33. New York.....NY							.0
34. North Carolina.....NC							.0
35. North Dakota.....ND							.0
36. Ohio.....OH							.0
37. Oklahoma.....OK							.0
38. Oregon.....OR							.0
39. Pennsylvania.....PA							.0
40. Rhode Island.....RI							.0
41. South Carolina.....SC							.0
42. South Dakota.....SD							.0
43. Tennessee.....TN							.0
44. Texas.....TX							.0
45. Utah.....UT							.0
46. Vermont.....VT							.0
47. Virginia.....VA							.0
48. Washington.....WA							.0
49. West Virginia.....WV							.0
50. Wisconsin.....WI							.0
51. Wyoming.....WY							.0
52. American Samoa.....AS							.0
53. Guam.....GU							.0
54. Puerto Rico.....PR							.0
55. US Virgin Islands.....VI							.0
56. Northern Mariana Islands.....MP							.0
57. Canada.....CAN							.0
58. Aggregate Other Alien.....OT							.0
59. Totals.....		.0	.0	.0	.0	.0	.0

NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATION:

1. Waived by Rhode Island Dept of Insurance
2. The Company has no employees
- 3.
- 4.
5. The Company has no insurance business to report
- 6.
7. The Company has no investments only cash
- 8.
- 9.
- 10.
- 11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
- 35.

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