QUARTERLY STATEMENT	
OF THE	
PAWTUCKET INSURANCE COMPANY	
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OF	
Pawtucket	
IN THE STATE OF	
Rhode Island	
TO THE	
INSURANCE DEPARTMENT	
OF THE	
STATE OF Rhode Island	
AS OF	
MARCH 31, 2017	

PROPERTY AND CASUALTY

2017

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QUARTERLY STATEMENT

AS OF MARCH 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

PAWTUCKET INSURANCE COMPANY

NAIC Group Code 04 (Current	,	0497 (Prior Period)	_ NAIC Company C	ode	14931	_ Employer's ID	Number	05-0197250		
Organized under the Laws of		Rhode Isla	and	_, State c	of Domicile or Po	ort of Entry	RI	ode Island		
Country of Domicile				United	States					
Incorporated/Organized		06/19/1848		Comme	nced Business		02/10/1	849		
Statutory Home Office		25 Maple (Street and N		,		Pawtucket, F				
Main Administrative Office		25 Maple Stree (Street and Number)	t		wtucket, RI, US or Town, State, Coun	02860-2104		401-725-5600 Code) (Telephone Number		
Mail Address		O. Box 820 d Number or P.O. Box	, ,		Pa	awtucket, RI, U	S 02862-08	20		
Primary Location of Books and	•	25 Ma	ple Street Ind Number)		Pawtucket, RI, City or Town, State, C	US 02860-2104	ļ .	401-725-5600 a Code) (Telephone Number		
Internet Web Site Address			www		· · ·					
Statutory Statement Contact	_	Laura	a Leigh Jones (Name)		Extension)					
NBIC-Comp	lianceInbox(Dnbic.com	(Maine)			401-728-068		Extension)		
(1	E-Mail Address)					(Fax Number)				
			OFFICE	RS						
Name		Title			Name			Title		
Todd Christopher Hart	,	Chief Executiv			art Horner Steffe					
Kirk Howard Lusk	,	Chief Financia			hen Donald Zub	iago ,		Secretary		
	,		OTHER OF	FICER	S	,				
		DIR	ECTORS OR	TRUS	STEES					
Stewart Horner Steffey Jr.		Arnold Larry (x Anatol Fridlya	nd	Src	jan Vukovic		
Scott Aaron Schaen #		Todd Christop			Stephen Hamm			j		
State ofRHOI	DE ISLAND									
County ofPRC	VIDENCE	SS								
The officers of this reporting entity above, all of the herein described a that this statement, together with institutes and of the condition and	assets were the related exhibit	e absolute property s, schedules and e	of the said reporting explanations therein con	entity, free ntained, a	and clear from annexed or referre	ny liens or claims d to, is a full and	thereon, exc d true statem	ept as herein stated, ar ent of all the assets ar		

liabilities and of the condition and affairs of the said reporting entry 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.

Todd Christopher Hart Chief Executive Officer	Kirk Howard Lusk Chief Financial Officer	Stephen Dor Secr	nald Zubiago etary
		a. Is this an original filing?	Yes [X] No []
Subscribed and sworn to before me thisday of,		b. If no:1. State the amendment number	
		2. Date filed	

3. Number of pages attached

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PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ASSETS											
			Current Statement Date		4						
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets						
1	Bonds										
	Stocks:										
	2.1 Preferred stocks										
3.	Mortgage loans on real estate:										
	3.1 First liens										
	3.2 Other than first liens										
4.	Real estate:										
	4.1 Properties occupied by the company (less										
	\$ encumbrances)										
	4.2 Properties held for the production of income										
	(less \$ encumbrances)	1,710,625		1,710,625							
	4.3 Properties held for sale (less										
	\$ encumbrances)										
5.	Cash (\$4,289,162),										
	cash equivalents (\$)										
	and short-term investments (\$	4,761,419		4 ,761 ,419	5 ,014 ,298						
6.	Contract loans (including \$ premium notes)										
	Derivatives										
	Receivables for securities										
	Securities lending reinvested collateral assets										
	Aggregate write-ins for invested assets										
	Subtotals, cash and invested assets (Lines 1 to 11)	6,/1/,819		6,/1/,819	6 , 985 , 308						
	Title plants less \$										
	only)										
	Investment income due and accrued	1,895		1,895							
	Premiums and considerations:										
	15.1 Uncollected premiums and agents' balances in the course of										
	collection										
	15.2 Deferred premiums, agents' balances and installments booked but										
	deferred and not yet due (including \$earned										
	but unbilled premiums)										
	15.3 Accrued retrospective premiums (\$										
	contracts subject to redetermination (\$)										
	Reinsurance: 16.1 Amounts recoverable from reinsurers										
	16.2 Funds held by or deposited with reinsured companies										
	16.3 Other amounts receivable under reinsurance contracts										
	Amounts receivable relating to uninsured plans										
	Current federal and foreign income tax recoverable and interest thereon										
	Net deferred tax asset										
	Guaranty funds receivable or on deposit										
	Electronic data processing equipment and software										
	Furniture and equipment, including health care delivery assets										
	(\$)										
	Net adjustment in assets and liabilities due to foreign exchange rates										
	Receivables from parent, subsidiaries and affiliates										
	Health care (\$			<u></u>	·						
	Aggregate write-ins for other-than-invested assets										
	Total assets excluding Separate Accounts, Segregated Accounts and										
	Protected Cell Accounts (Lines 12 to 25)	13,291,544	6,517,542	6,774,002	7,173,946						
	From Separate Accounts, Segregated Accounts and Protected										
	Cell Accounts										
	Total (Lines 26 and 27)	13,291,544	6,517,542	6,774,002	7,173,946						
	DETAILS OF WRITE-INS										
	Summary of remaining write-ins for Line 11 from overflow page										
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)										
	PENSION ASSET										
	OTHER RECEIVABLES.	, ,									
					,						
2000.			1								
	Summary of remaining write-ins for Line 25 from overflow page										

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$		
	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		3,763,965
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$		
7.2	Net deferred tax liability		
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and		
	including warranty reserves of \$		
	including \$ for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
	Liability for amounts held under uninsured plans		
	Capital notes \$and interest thereon \$		
25.	Aggregate write-ins for liabilities		
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
	Total liabilities (Lines 26 and 27)		
30.	Common capital stock		
	Preferred capital stock		
	Aggregate write-ins for other than special surplus funds		
	Gross paid in and contributed surplus		
	Less treasury stock, at cost:	(- ,,	(,,
	36.1 shares common (value included in Line 30 \$		
	36.2 shares preferred (value included in Line 31 \$		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	3,607,677	3,081,509
	Totals (Page 2, Line 28, Col. 3)	6,774,002	7,173,946
	DETAILS OF WRITE-INS	0,111,002	1,110,010
501.			
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
202			
203.	Summary of remaining write-ins for Line 32 from overflow page		

STATEMENT OF INCOME

		1 Current Veer	2 Dries Vees	3 Drian Vaan Endad
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct (written \$)			
	1.3 Ceded (written \$			
	1.4 Net (written \$			
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$):	7 404	(570)	(0.047)
	2.1 Direct			
	2.3 Ceded		()	
	2.4 Net			
3.	Loss adjustment expenses incurred		(2,299)	
	Other underwriting expenses incurred			
5.	Aggregate write-ins for underwriting deductions	CO 500		COF 740
	Total underwriting deductions (Lines 2 through 5) Net income of protected cells		40,903	
	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)		(46,953)	(625.749)
		(00,000)	(10,000)	(020,1.10)
	INVESTMENT INCOME			
9.	Net investment income earned			
10.	Net realized capital gains (losses) less capital gains tax of \$	447.040	244	244
11.	Net investment gain (loss) (Lines 9 + 10)			
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
	(amount recovered \$			
13.	Finance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income			
	Total other income (Lines 12 through 14)	-		
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	78 786	102 783	(34, 511)
17.	Dividends to policyholders		102,703	
	Net income, after dividends to policyholders, after capital gains tax and before all other federal			
	and foreign income taxes (Line 16 minus Line 17)			
	Federal and foreign income taxes incurred		100 700	(133,524)
20.	Net income (Line 18 minus Line 19)(to Line 22)	. 78,786	102,783	99,013
	CAPITAL AND SURPLUS ACCOUNT			
21	Surplus as regards policyholders, December 31 prior year	3 081 509	2 387 422	2 387 423
	Net income (from Line 20)			
	Net transfers (to) from Protected Cell accounts		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
24.	Change in net unrealized capital gains or (losses) less capital gains tax of			
	\$			
25.	Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax	(20, 124)		(252 405)
	Change in nonadmitted assets			
	Change in provision for reinsurance		,	
	Change in surplus notes			
	Surplus (contributed to) withdrawn from protected cells			
	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
	32.1 Paid in			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
31	33.3 Transferred from capital			
	Net remittances from or (to) Home Office Dividends to stockholders			
	Change in treasury stock	1		
	Aggregate write-ins for gains and losses in surplus			
	Change in surplus as regards policyholders (Lines 22 through 37)	. 526,168	(307,217)	694,086
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	3,607,677	2,080,205	3,081,509
	DETAILS OF WRITE-INS			
	Summary of remaining write-ins for Line 5 from overflow page			
	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.				
	Summary of remaining write-ins for Line 14 from overflow page			
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
	Summary of remaining write-ins for Line 37 from overflow page			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance			
2.	Net investment income			
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	. 160,342	164,096	648,027
5.	Benefit and loss related payments	(398)	(6,577)	
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
	Commissions, expenses paid and aggregate write-ins for deductions			
	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital			(400 504)
	gains (losses)			(133,524)
	Total (Lines 5 through 9)		103,457	340,422
11.	Net cash from operations (Line 4 minus Line 10)	(386,920)	60,639	307,605
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			
	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		000 400	004 700
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			045 000
	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate	1		
	13.6 Miscellaneous applications	·		245,069
11	13.7 Total investments acquired (Lines 13.1 to 13.6)	·		243,009
	Net increase (or decrease) in contract loans and premium notes		200,422	EC 747
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	. 344	300,423	56,717
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock.			
	16.3 Borrowed funds	1 1		
	16.5 Dividends to stockholders	1 1		
		133,697	215,065	81,346
17	16.6 Other cash provided (applied) Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	. 155,037	210,000	01,340
17.	plus Line 16.6)	133,697	215,065	81,346
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	· · · · ·	,	
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(252,879)		
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1)	4,761,419	5,144,757	5,014,298

1. Summary of Significant Accounting Practices

A. Accounting Practices

The accompanying financial statements of Pawtucket Insurance Company (the "Company") 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 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 net income and capital and surplus between NAIC SAP and the practice permitted by the Rhode Island Department is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016		
<u>NET INCOME (LOSS)</u>							
 Pawtucket Insurance Company state basis (Page 4, Line 20, Columns 1 & 2) 				\$ 78,786	\$	99,013	
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				-		-	
 (3) State Prescribed Practices that increase/(decrease) NAIC SAP: Depreciation of buildings and land 	00	4	9	\$ 14,375	\$	57,500	
(4) NAIC SAP (1-2-3=4)				\$ 93,161	\$	156,513	
<u>SURPLUS</u>							
(5) Pawtucket Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)				\$ 3,607,677	\$	3,081,509	
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				-		-	
(7) State Prescribed Practices that increase/(decrease) NAIC SAP:	00	2	4.2				
Building and land	00	2	4.3	\$ 1,399,712		1,414,087	
(8) NAIC SAP (5-6-7=8)				\$ 2,207,965	\$	1,667,422	

B. – D. No significant changes.

2. - 11. No significant changes.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(4) Components of net periodic benefit cost

			Pension B	Pension Benefits			Postretire <u>Benef</u>	t]	& <u>s</u>				
			<u>2017</u>		<u>2016</u>		<u>2017</u>	, -	<u>2016</u>		2017	_	<u>2</u> (016
a.	Service cost	\$	-	\$	-	\$	-	\$	-	\$,	-	\$	-
b.	Interest cost		81,289		392,632		-		-			-		-
c.	Expected return on plan													
	assets		(64,787)		(324,984)		-		-			-		-
d.	Transition asset or obligation		-		-		-		-			-		-
e.	Gain and losses		33,904		141,973		-		-			-		-
f.	Prior service cost or credit		-		-		-		-			-		-
g.	Gain or loss recognized due to settlement or curtailment		-		-		-		-			-		-
h.	Total net periodic benefit cost	\$	50,406	\$	209,621	\$	-	\$	_	\$		_	\$	
		Ŷ	23,100	Ψ	207,021	Ψ		Ŷ		Ψ			Ŷ	

13. - 16. No significant changes.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

A. – B. N/A

C. Wash Sales

In the course of the reporting entity's asset management, securities are sold and reacquired within 30 days of the sale date. The details of NAIC designation 3 or below securities sold during the quarter ended March 31, 2017 and reacquired within 30 days of the sale date are:

None. The Company did not have any Wash Sales during the quarter ended March 31, 2017.

- 18. 19. No significant changes.
- 20. Fair Value Measurements
 - A. Asset and Liabilities Measured and Reported at Fair Value N/A
 - B. Other Fair Value Disclosures N/A
 - C. Fair Values for All Financial Instruments

Types of Financial Instrument	Agg	gregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	 ot Practical rrying Value)
Financial instruments – assets:								
Bonds	\$	241,971	\$ 245,775	\$ 241,428	\$ 543	\$	-	\$ -
Cash, cash equivalents and short-term investments		4,761,419	4,761,419	4,761,419	-			
Total assets	\$	5,003,390	\$ 5,007,194	\$ 5,002,847	\$ 543	\$	-	\$ -

D. N/A

21. - 24. No significant changes.

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for losses and loss adjustment expenses as of December 31, 2016 were \$328,472. For the three months ended March 31,2017, \$8,313 had been paid for net incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior policy years are at \$337,663. There has been \$17,504 of unfavorable prior-year development from December 31, 2016 to March 31, 2017. Original reserve estimates are increased or decreased as additional information becomes available. The Company does not issue retrospectively rated policies.

26. – 36. No significant changes.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1			ansactions requiring the filing of Disclosur					Yes	[]	No [X]
1.2	If yes, has the report been filed	with the domiciliar	y state?					Yes	[]	No []
2.1	reporting entity?		s statement in the charter, by-laws, article							No [X]
2.2	ir yes, date of change									
3.1			lolding Company System consisting of tw					Yes	[X]	No []
	If yes, complete Schedule Y, P	arts 1 and 1A.								
3.2	Have there been any substantia	al changes in the o	rganizational chart since the prior quarter	end?				Yes	[]	No [X]
3.3	If the response to 3.2 is yes, pr	ovide a brief descri	ption of those changes.							
4.1	Has the reporting entity been a	party to a merger	or consolidation during the period covered	by this s	statement?			Yes	[]	No [X]
4.2	If yes, provide the name of enti ceased to exist as a result of th		Code, and state of domicile (use two lette lidation.	er state al	bbreviation) fo	r any entity th	at has			
			1 Name of Entity		2 Company Code	3 State of [
					inpuny cour					
5. 6.1	fact, or similar agreement, have If yes, attach an explanation.	e there been any si	agreement, including third-party administr gnificant changes regarding the terms of t ion of the reporting entity was made or is	he agree	ment or princi	pals involved	?	Yes [] No		
6.2	State the as of date that the lat	est financial exami	nation report became available from eithe	r the state	e of domicile c	r the reporting	a entity.			
6.3	State as of what date the latest or the reporting entity. This is the	financial examinat	ance sheet and not the date the report was ion report became available to other state completion date of the examination report	s or the p and not t	public from eith	ner the state of examination	of domicile (balance			
6.4	By what department or departn									172010
	RHODE ISLAND DEPARTMENT OF E	USINESS REGULATIO	ON - INSURANCE DIVISION							
6.5	Have all financial statement ad statement filed with Department		e latest financial examination report been	accounte	ed for in a subs	equent finance	cial	Yes [] No	[]	NA [X]
6.6	Have all of the recommendation	ns within the latest	financial examination report been complie	d with?				Yes [X] No		NA []
7.1	Has this reporting entity had ar	y Certificates of Au	thority, licenses or registrations (including	corpora	te registration,	if applicable)				No [X]
7.2	If yes, give full information:									. []
8.1			npany regulated by the Federal Reserve E					Yes	[]	No [X]
8.2	If response to 8.1 is yes, please									
8.3			thrifts or securities firms?					Yes	[]	No [X]
8.4	federal regulatory services age	ncy [i.e. the Federa	e names and location (city and state of the al Reserve Board (FRB), the Office of the curities Exchange Commission (SEC)] an	Comptrol	ller of the Curr	ency (OČC), t	he Federal			
	1		2 Location		3	4	5	6		
	Affiliate Nam	е	Location (City, State)		FRB	000	FDIC	SEC		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X]	No []	
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships				
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;				
	(c) Compliance with applicable governmental laws, rules and regulations;				
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and				
	(e) Accountability for adherence to the code.				
9.11	If the response to 9.1 is No, please explain:				
9.2	Has the code of ethics for senior managers been amended?	Yes []	No [X]	
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).				
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes []	No [X]	
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).				
	FINANCIAL				
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	res [XJ	No []	
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:			24	
	INVESTMENT				
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available				
	for use by another person? (Exclude securities under securities lending agreements.)	Yes []	No [X]	
11.2	If yes, give full and complete information relating thereto:				
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:				
13.	Amount of real estate and mortgages held in short-term investments:				
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes	[]	No [X]	
14.2	If yes, please complete the following:				
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value				
	14.21 Bonds \$				
	14.22 Preferred Stock \$				
	14.23 Common Stock \$				
	14.25 Mortgage Loans on Real Estate				
	14.26 All Other \$				
	14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) \$				
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26				
	above \$ \$				

Yes [] No [X] 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 - 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 - 16.3 Total payable for securities lending reported on the liability page
- 17. Excluding items in Schedule E Part 3 Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
BANK OF AMERICA	100 WESTMINSTER STREET, PROVIDENCE, RI 02903

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- 17.4 If yes, give full and complete information relating thereto:

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

17.5 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.
KIRK HOWARD LUSK	

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

anagement
IMA) Filed

18.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes	[X]	No	[]
18.2	If no, list exceptions:				

Yes [X] No []

\$

\$

Yes [] No [X]

Yes [] No [X]

Yes [] No [X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?	Yes [] No [] NA [X]
	If yes, attach an explanation.	
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes [] No [X]
	If yes, attach an explanation.	
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Yes [] No [X]
3.2	If yes, give full and complete information thereto.	

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

				TOTAL D	ISCOUNT		DISCOUNT TAKEN DURING PERIOD				
1	2	3	4	5	6	7	8	9	10	11	
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	
		TOTAL									

5.	Operating Percentages:	
	5.1 A&H loss percent	%
	5.2 A&H cost containment percent	%
	5.3 A&H expense percent excluding cost containment expenses	%
6.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
6.2	If yes, please provide the amount of custodial funds held as of the reporting date	8
6.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
6.4	If yes, please provide the balance of the funds administered as of the reporting date	5

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

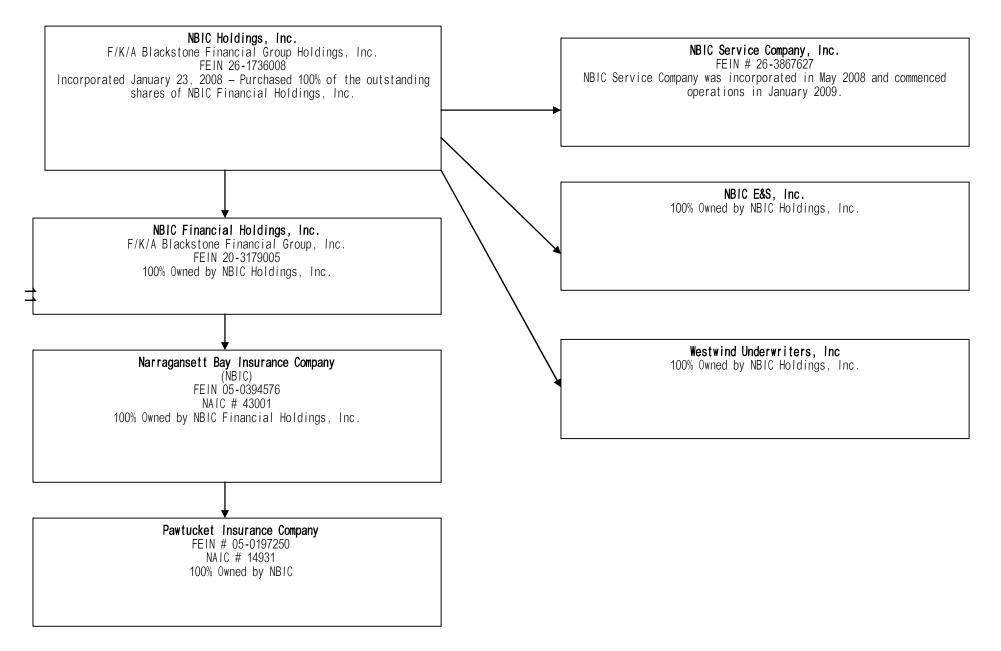
· · · · · · · · · · · · · · · · · · ·		Showing All Ne	New Reinsurers - Current Year to Date 4 5 6 7						
1	2	3	4	5	6	7			
					6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating			
NAIC Company Code					Reinsurer Rating	of Certified			
Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	(1 through 6)	Reinsurer Rating			
Company Code	ID Number	Name of Keinsaren	Dornicillary ourisdiction	Type of Reinsdief	(1 through 0)	rteinsuler rtating			
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

					by States and Territo			
		1	Direct Prem 2	iums Written 3	Direct Losses Paid	(Deducting Salvage) 5	Direct Loss 6	ses Unpaid 7
	States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	Alabama AL							
	Alaska AK							
3.	Arizona AZ	N						
4.	Arkansas AR							
	California CA							
	Colorado CC							
	Connecticut CT							
	Delaware DE					(187)		
	Dist. Columbia DC							
	Florida FL. Georgia GA							
	Hawaii							
	IdahoID.							
	Illinois IL.							
	Indiana IN.							
	lowa IA							
	Kansas							
	Kentucky							
	Louisiana LA							
	Maine ME							
21.	MarylandME	N						
22.	Massachusetts MA						13,876	
23.	Michigan MI.	N						
	Minnesota MN							
25.	Mississippi MS	N						
26.	Missouri MC	DN						
27.	Montana MT	N						
	Nebraska NE							
	Nevada NV							
	New Hampshire NH					(317)		
	New Jersey NJ						119,211	
	New Mexico NM							
	New York NY							
	No. Carolina NC							
	No. Dakota ND							
	Ohio OH							
	Oklahoma Ok							
	Oregon OF Pennsylvania PA							
	Rhode IslandRI.			1				
	So. Carolina SC							47 ,448
	So. Dakota SD							
	Tennessee TN							
	Texas							
	Utah UT							
	Vermont					(73)		
	Virginia							
	Washington WA							
	West Virginia W\							
	Wisconsin WI							
	Wyoming Wh			ļ				
	American Samoa AS							
	Guam GL							
54.	Puerto Rico PR	N						
55.	U.S. Virgin IslandsVI.	N						
	Northern Mariana Islands MF							
	Canada CA							
	Aggregate Other Alien OT	[.						
59.	Totals	(a) 4			(398)	(577)	181,248	183,748
F000 4	DETAILS OF WRITE-INS	VVV						
		XXX						
	Summary of remaining write-	ХХХ		1				
20998.	Summary of remaining write- ins for Line 58 from overflow							
	page							
58999.	TOTALS (Lines 58001 throug	h						
	58003 plus 58998) (Line 58 above)	XXX						
	0.010	~~~	1	1	1	1		1

(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 (other than their state of domicile – see DSLI); (D) DSLI – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state. (a) Insert the number of D and 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



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	/ ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
	• •	00000	. 26-1736008				NBIC HOLDINGS, INC	DE	UDP.		BOARD				
													NBIC HOLDINGS,		
		00000	20-3179005				NBIC FINANCIAL HOLDINGS , INC	RI	UDP	NBIC HOLDINGS, INC	OWNERSHIP		INC		
	NARRAGANSETT BAY INSURANCE						NARRAGANSETT BAY INSURANCE						NBIC HOLDINGS,		
00497	COMPANY GROUP	43001	. 05 - 0394576				COMPANY	RI	I A	NBIC FINANCIAL HOLDINGS, INC.	OWNERSHIP		INC		
00.007	NARRAGANSETT BAY INSURANCE								25	NARRAGANSETT BAY INSURANCE		100.0	NBIC HOLDINGS,		
00497	. COMPANY GROUP	14931	. 05-0197250				PAWTUCKET INSURANCE COMPANY	RI	RE	COMPANY	. OWNERSHIP		INC.		
		00000	00 0007007					RI	NULA		OWNERSHIP	100.0	NBIC HOLDINGS,		
	-		. 26-3867627				NBIC SERVICE COMPANY, INC		NIA	NBIC HOLDINGS, INC	UWINERSHIP		NBIC HOLDINGS,		
							NBIC E&S, INC	IA	I A.	NBIC HOLDINGS, INC	OWNERSHIP		INDIC HOLDINGS,		
	-	00000					INDIC Las, INC	I A					NBIC HOLDINGS,		
							WESTWIND UNDERWRITERS. INC	DE	ΙΑ	NBIC HOLDINGS, INC	OWNERSHIP		INC.		
													1110		
										-					
										-					
										-					
	-														
									1						
		1		1											
,	•	•		•	•	•				•			•		

Asterisk Explanation

PART 1 - LOSS EXPERIENCE

			4		
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire		indured	reroontage	roroontago
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril		7.974		
5.	Commercial multiple peril		(610)		
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability -occurrence				
11.2	Medical professional liability -claims made				
12.	Earthquake				
12.	Group accident and health				
13.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability occurrence.				
17.1	Other liability-claims made				
17.2	Excess Workers' Compensation				
17.3	Products liability-occurrence.				
18.2	Products liability-occurrence.				
	2 Private passenger auto liability				
10 3 10	4 Commercial auto liability				
21.	Auto physical damage		(260)		
21.	Auto physical damage		()		
22.	Fidelity				
23.					
24.	Surety				
20.	Burglary and theft				
28.	Boiler and machinery				
20.	Credit International				
30.					
30.	Warranty Reinsurance - Nonproportional Assumed Property				
31.	Reinsurance - Nonproportional Assumed Property Reinsurance - Nonproportional Assumed Liability			XXX	
33.	Reinsurance - Nonproportional Assumed Elability		······	XXX	ХХХ
33. 34.	Aggregate write-ins for other lines of business			ΛΛΛ	
			7 104		
35.	TOTALS		7,104		
	TAILS OF WRITE-INS				
3403					
	m. of remaining write-ins for Line 34 from overflow page				
3499. To	tals (Lines 3401 through 3403 plus 3498) (Line 34)				

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
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			
15.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability occurrence			
17.2	Other liability-claims made.			
17.3	Excess Workers' Compensation.			
18.1	Products liability-occurrence			
18.2	Products liability-claims made			
19 1 19 2	Products liability-claims made			
19.3.19.4	Commercial auto liability			
21.	Auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property			ХХХ
32.	Reinsurance - Nonproportional Assumed Floperty	ΧΧΧ	XXX	ХХХ
33.	Reinsurance - Nonproportional Assumed Elability	XXX	ХХХ	ΧΧΧ
34.	Aggregate write-ins for other lines of business			
35.	TOTALS			
	AILS OF WRITE-INS			
	AILS OF WRITE-INS			
3498 Sum	of remaining write-ins for Line 34 from overflow page			
	Is (Lines 3401 through 3403 plus 3498) (Line 34)			
10400. TOLA				

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2014 + Prior				8			103	10			8	10	
2. 2015													
3. Subtotals 2015 + prior				8		8	103	10			8	10	18
4. 2016													
5. Subtotals 2016 + prior				8		8	103	10			8	10	18
6. 2017		xxx	xxx	xxx			xxx				xxx	xxx	
7. Totals	. 103	225	328	8		8	103	10	225	338	8	10	18
Prior Year-End 8. Surplus As Regards Policy- holders	- 3,082										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 7.3	2. 4.4	3. 5.3
													Col. 13, Line 7 Line 8
													4. 0.6

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- 1.
- 2.
- 3.
- .
- 4.

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

	Real Estate		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized. Deduct current year's depreciation. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	1,710,625	1,725,000

SCHEDULE B – VERIFICATION

Mongage Loans		
	1	2
		Prior Year Ended
	Year To Date	December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition2.2 Additional investment made after acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease).		
 Accidation discount. Unrealized valuation increase (decrease). Total gain (loss) on disposals. 		
L Deduct amounts received on disposals		
 Beduct amortization of premium and mortgage interest points and commitment fees. Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized. 		
Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
8+9-10)		
12. Total valuation allowance.		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
		†
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease)		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals Deduct amounts received on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
		Prior Year Ended
	Year To Date	December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		8
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized.		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	245,775	246,010

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1 Book/Adjusted	2	3	4 Non-Trading	5 Book/Adjusted	6 Book/Adjusted	7 Book/Adjusted	8 Book/Adjusted
NAIC Designation	Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Activity During Current Quarter	Carrying Value End of First Quarter	Carrying Value End of Second Quarter	Carrying Value End of Third Quarter	Carrying Value December 31 Prior Year
		Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter		Phor fear
BONDS								
1. NAIC 1 (a)				110	718,033			
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	339,044	379,223	344	110	718,033			339,044
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	339,044	379,223	344	110	718,033			339,044

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	472,257	xxx	472,257	242	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of short-term investments acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	472,257	471,894

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

Schedule DB - Verification

Schedule E - Verification

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

Schedule D - Part 3

SI04, SI05, SI06, SI07, SI08, E01, E02, E03, E04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

										The second	a or Otherwis	c bisposed o	i buing the e	unone quante		1			1		
1	2	3	4	5	6	7	8	9	10		Change in I	Book/Adjusted C	arrying Value		16	17	18	19	20	21	22
											10	10	· · ·								
										11	12	13	14	15							
		+																			NAIC
		0													D 1/						Desig-
		r							Drive Marce	Lines allowed		Current Year's		Total Consists	Book/	Francisco			Bond	Otata d	nation
		e			Number				Prior Year	Unrealized	Ourse st Manuala	Other Than	Tatal Ohanaa in	Total Foreign	Adjusted	Foreign	Dealized Only	Tatal Oak	Interest/Stock	Stated	or
CUSIP Identi-		' _			Number of Shares of				Book/Adjusted	Valuation	Current Year's	Temporary	Total Change in B./A.C.V.	Exchange		Exchange Gain	Realized Gain	Total Gain	Dividends	Contractual	Market
fication	Description		Disposal Date	Name of Purchaser		Consideration	DerVelue	Astual Cast	Carrying Value	Increase/ (Decrease)	(Amortization)/ Accretion	Impairment Recognized	(11+12-13)	B./A.C.V.	at Dispessed Date	(Loss) on Disposal	(Loss) on Disposal	(Loss) on Disposal	Received During Year	Maturity Date	Indicator (a)
	. Governments		Dale	Name of Furchaser	SIUCK	Consideration		Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	D./A.C.V.	Disposal Date	Dispusai	Disposal	Dispusai	During real	Dale	(d)
Bonus - 0.5	GOVERNMENT NATL MTG ASSOC				1			1			1		1		1	1					'
36201P-Z2-4	#589461		3/01/2017	PAYDOWN		344	344	351	344						344				3	08/15/2017	1FF
0599999 -	Bonds - U.S. Governmer		0/01/2011.1			344	344								344				3	XXX	ХХХ
	Subtotals - Bonds - Part					344									344				3	XXX	XXX
	Subtotals - Bonds					344	344						1		344				3	XXX	XXX
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9999999 7						344	XXX	351	344						344				3	XXX	XXX
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(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH Month End Depository Balances

1 2 3 4 5 Amount of Interest Received Amount of Interest Received Amount of Interest Accrued at Current Depository Code Rate of Interest During Current Open Depositories PROVIDENCE, RI. Date BANK OF AMERICA	Book E Month 6 First Month	Balance at End of During Current Q 7	Each uarter 8	9
Interest Interest Accrued at Rate During Current Depository Code Interest Quarter Open Depositories BANK OF AMERICA. PROVIDENCE, RI. Interest 2	6		uarter 8	1
Depository Code Interest Quarter Date Open Depositories BANK OF AMERICA	First Month			
Open Depositories BANK OF AMERICA	First Month			
BANK OF AMERICA		Second Month	Third Month	*
CITIZEN'S BANK	4 014 700	4 017 054	4 047 066	
0199998 Deposits in depositories that do		4,017,854 41,895	4,247,266 41,896	
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories XXX XXX				XXX
0199999 Total Open Depositories XXX XXX 2	4,056,693	4,059,749	4,289,162	
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0399999 Total Cash on Deposit XXX XXX 2	4,056,693	4,059,749	4,289,162	 XXX
0499999 Cash in Company's Office XXX XXX XXX XXX	4,000,093	4,009,749	4,209,102	XXX
0599999 Total XXX XXX 2	4,056,693	4,059,749	4,289,162	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
		Date	Rate of	Maturity	Book/Adjusted Carrying Value	Amount of Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
Description	Code	Acquireu	linterest	Date		Due & Accided	Duning real
			-				
			•				
			-				
			NONE	-			
				•			
				-			
			-				
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8699999 Total Cash Equivalents		· ·	•				1