



ANNUAL STATEMENT

For the Year Ended December 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

RHODE ISLAND JOINT REINSURANCE ASSOCIATION

NAIC Group Code	00000 ,	NAIC Company Co	ode00000	Employer's ID Numb	er05-0356382				
	(Current Period)	(Prior Period)							
Organized under the L	aws of	Massachusetts	_ , State of Domicile or F	Port of Entry	Massachusetts				
Country of Domicile			United States						
Incorporated/Organize	ed	10/01/1973	Commenced Business	10/	01/1973				
Statutory Home Office	<u> </u>	TWO CENTER PLAZA, 8TH FL	,	BOSTON, MA, U	JS 02108				
		(Street and Number)		(City or Town, State, Coun	try and Zip Code)				
Main Administrative O	ffice TV	O CENTER PLAZA, 8TH FL	BOSTON, MA, U		617-557-5515				
		(Street and Number)	(City or Town, State, Coun		rea Code) (Telephone Number)				
Mail Address		NTER PLAZA, 8TH FL ,		BOSTON, MA, US 0					
5		and Number or P.O. Box)	,	City or Town, State, Country an	' '				
Primary Location of Bo	ooks and Records _	TWO CENTER PLAZA, 8TH FL (Street and Number)		MA, US 02108 e, Country and Zip Code)	(Area Code) (Telephone Number)				
Internet Web Site Add	rocc	(Street and Number)	N/A	e, Country and Zip Code)	(Area Code) (Telephone Number)				
		DICHARD CONNODS	IN/A	617-557-5	E14				
Statutory Statement C	-	RICHARD CONNORS (Name)			-				
	RCONNORS@MPI		(Area Code) (Telephone Number) (Extension) 617-557-5675						
	(E-Mail Address			(Fax Number)					
		OFFICE	-RS	,					
Name		Title	Name		Title				
JOHN K GOLEI	MRESKI	PRESIDENT	JOHN K GOLEMBI	ESKI	SECRETARY				
JOHN N GOLL	,	SENIOR VP & GENERAL	OOTHVIC GOLLIND	,	OLONE ITALL				
ROBERT C TOM	IMASINO ,	COUNSEL		,					
		OTHER OF	FICERS						
		OTHER OT	IOLIKO						
				,					
		DIRECTORS OR							
DONALD BA		LARRY ALAN	DENNIS P GRAD		T. BRYAN COOK				
ELENA BIAI		SANDRA G PARRILLO	COURTNEY LARK		ARLES DIGRANDE				
ROBERT ROI		BARBARA P LAW	ROBERT HARTNE		CHARD BLACKMAN				
CARLA DEST	=FANO	LESLIE MCKNIGHT	CHARLES C NEWT	<u>ON</u>	EDWARD MAZZE				
State of	MASSACHUSETTS								
		ss							
County of	SUFFOLK								
The officers of this report	ina entity, heina duly s	worn, each depose and say that they are the	described officers of said re	anorting entity, and that on	the reporting period stated				
		ne absolute property of the said reporting ent							
		s, schedules and explanations therein contain							
		said reporting entity as of the reporting period							
		e NAIC Annual Statement Instructions and A require differences in reporting not related to							
		tequire differences in reporting not related to the scope of this attestation by the describe							
		formatting differences due to electronic filing							
regulators in lieu of or in			, 01 1.10 011010000 010101110111	. The cross of the fining may	so requested by runneds				
——————————————————————————————————————	GOLEMBESKI	JOHN K GOLE	MRESKI	DOREDT (TOMMASINO				
	RESIDENT	SECRETA	-		ENERAL COUNSEL				
		SEONE 17		an original filing?	Yes [X] No []				
Subscribed and sworn t			b. If no:	o o					
this	day of	,		ne amendment number					
			2. Date file						
			3. Numbe	r of pages attached					



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00000	BUSINES	S IN THE STATE		OF PREMIUMS A	4D LOGGEG (Glata		URING THE YEAR	2017		NAIC Company Code 000			
	and Premiums on I	ess Return Premiums Policies not Taken 2	3 Dividends Paid or Credited to	4 Direct	5 Direct Losses	6	7	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	Cost Containment	11 Commissions	12	
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Unearned Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire	3,436,320	3,604,158		1,792,725	1,608,797	1.190.466		173,595	151,269	54,010	411,899		
2.1 Allied lines	4,617,084	4,467,921		2,407,667	2,752,125	3,043,626	1,033,440	365,898	395,626	143,325			
2.2 Multiple peril crop		, , ,		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				,		
2.3 Federal flood													
2.4 Private crop													
2.5 Private flood													
Farmowners multiple peril													
Homeowners multiple peril	14.334.944	14.377.509		7.611.622	7,149,616	7,920,872	5.467.759	949.862	900.004	742.864	1.717.901		
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 (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence	1,486,161	1.514.817		765.413	912.970	966.309	4.231.975	412.628		1.893.548	178.235		
17.2 Other Liability-Claims-Made	2,182	2,548		1,714	0	0	0	0		, , , , , , ,	262		
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	J0	0	J0		0	0	
35. TOTAL (a)	23,876,691	23,966,953	0	12,579,141	12,423,508	13,121,273	11,411,687	1,901,983	2,136,185	2,833,747	2,861,646	0	
DETAILS OF WRITE-INS 3401.													
3402. 3403.				-			-						
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	Ο	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 \$

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



	NAIC Group Code 00000	BUSINES	S IN THE STATE (OF PREMIUMS AN	ID LUSSES (Statu		URING THE YEAR	2017		NAIC	Company Code 0	0000
		Gross Premiums, Ir		3	4	5	6	7	8 Direct Defense and	9 Direct Defense and	10 Direct Defense and	11	12
		and Premiums on		Dividends Paid or Credited to	Direct	Direct Losses			Cost	Cost	Cost Containment	Commissions	
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Unearned Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Expense	Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	3,436,320	3,604,158	0	1,792,725	1,608,797	1,190,466	678,513	173,595	151,269	54,010	411,899	0
2.1	Allied lines	4,617,084	4,467,921	0	2,407,667	2,752,125	3,043,626	1,033,440	365,898	395,626	143,325	553,349	0
2.2	Multiple peril crop	0		0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop	0		0	0	0	0	0	0	0	0	0	0
2.5	Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0		0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	14,334,944	14,377,509	0	7,611,622	7,149,616	7,920,872	5,467,759	949,862	900,004	742,864	1,717,901	0
5.1	Commercial multiple peril (non-liability portion)	0		0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0		0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	0		0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	0		0	0	0	0	0	0	0	0	0	0
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	0		0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0		0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b).	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	J0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	J0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	J	0	0	ļ0	0]0	0	ļ0	0	J0	
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	J0	0	0	0	0	0	0	0	0	J0	
17.1	Other liability-Occurrence.	1,486,161	1,514,817	0	765,413	912,970	966,309	4,231,975	412,628	689,286	1,893,548	178,235	0
17.2	Other Liability-Claims-Made	2,182	2,548	0	1,714	0	0	0	0	0	0	262	
17.3	Excess workers' compensation.	0	<u>0</u>	0	0	0	0	0	0	0	0	ļ0	0
18.	Products liability	0		0	0	0	0	0	0	0	0	ļ0	0
19.1	Private passenger auto no-fault (personal injury protection)		<u>0</u>	0	0	ļ0	0	0	0		0	ū	
19.2	Other private passenger auto liability	0	J		0	J	0	J	0	0	0		
19.3	Commercial auto no-fault (personal injury protection)			0	0	J		J	0	ļ	0	J	U
19.4	Other commercial auto liability	J	J		0	ļ		ļ	J0	ļū	J	J	
21.1	Private passenger auto physical damage		J		0	J			l0	ļ	0	J	
21.2 22.		J	J		I0	l		ļ	l0	ļ	J0	J	
22.	Aircraft (all perils)	J	ا ۱		0	^U		ļū	l0	ļ	0	J	
23. 24.	Suretv	u	J	 ∩	0 n	U		ļ		ļū	0 N	l0	
26.	Burglary and theft	 n	⁰		0 n	u	 n				0 ∩	l0	
27.	Boiler and machinery	 n	I	ں ۱	0 n	l0	 0			1	0 ∩	l0	
28.	Credit	l0	I	ں ۱	0 n	l0	 0	n			0 ∩	l0	
30.	Warranty	1	I	ں ۱	0 n	l0	 0	n		1	0 n	l	
34.	Aggregate write-ins for other lines of business	n	l	ں۔۔۔۔۔۔۔ ۱	0 n	l0	 n	n			0 n	l	 n
35.	TOTAL (a)	23,876,691	23.966.953	ں ۱	12.579.141	12.423.508	13,121,273	11.411.687	1.901.983	2.136.185	2.833.747	2.861.646	 n
	OF WRITE-INS	20,070,001	20,000,000	0	12,010,141	12,420,000	10, 121,210	11,411,007	1,301,300	2,100,100	2,000,141	2,001,040	0
		 			-	ļ		·	-	-			
3402.		 			-			-	·	-			
3403.	Cummony of romaining write ing for Line 24 from available					ļ		-			0		
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page 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

Schedule F - Part 1

Schedule F - Part 2

SCHEDULE F - PART 3

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

1	2	3	1	5	6			ber or, ourre		ance Recove	rable On				Reinsurar	ice Payable	18	19
'	_	9	T	J	l " h	7	l g	Ι ο	10	11	12	13	14	15	16	17	- '°	13
						'	l °		10	''	12	'3	'7	13	'0	''	Net Amoun	
																		e Funds Held
																Other		
	l NAIG				<u> </u>									0.1.	0.4.4		FIOIII	By Company
	NAIC		D		Reinsurance	D		Known Case			IDNIDIAE		Contingent		Ceded	Amounts	Reinsurers	
ID	Company	News of Bulletin	Domiciliary	Special	Premiums	Paid	Paid	Loss			IBNR LAE			7 through 14		Due to	Cols. 15 -	
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
Authorized -		naffiliated Insurers																
		EVEREST	NJ CT		251 176									. 0			.	<i>[</i>
		ODYSSEY AMERICA	NY		II V								-			-		<u> </u>
	<u> </u>	TRANS RE	NY		251									U				
		zed - Other U.S. Unaffiliated Insurers			678	0	U	0	0	0	0	0	0	0	0	0	0	0
Authorized -			ADD 1		154 1													
		033 HIS	GBR		151									0				<u> </u>
	·	.057 ATR	GBR	·····	163								-				. ū	<i>{</i>
	 	.2001 AML	GBRGBR		103		ļ	ļ		ļ			-	<u>0</u>	ļ		u	·
		1458 REN RE	GBR		25								-			-		,
1200000 T		zed - Other Non-U.S. Insurers			389	Λ	0	Λ	Λ	Λ	Λ	0	Λ		0	Λ		1
		zed - Other Nori-0.3. Insurers			1.067	0	0	0	0	0	0	0	0	0	0	0	1 0	1 0
		J.S. Insurers			1,007	U	0	U	U	0	0	0	1 0	U	1 0	0		
Unauthor rzeu			I RMII I		427			1			1			1 0		1	1 0	
	····	Sompo	RMI I		100		ļ						·	^U			.l	,
	·····	Hamilton Re	BMU		125								·			-		,
		Renaissance	BMU		123												1	,
		Dayince Re	BMU		44									0				1
	İ	XI	BMU		151									0			0)
	Ī	Korean Re	BMU		125									0			0	,
		MS Amlin Bermuda	BMU		176									0			0	, [
		Lanncashire	BMU		251									0				J [
2599999 - T		ized - Other Non-U.S. Insurers			1,443	0	0	0	0	0	0	0	0	0	0	0	0	0
		ized - Total Unauthorized			1,443	0	0	0	0	0	0	0	0	0	0	0	0	0
		zed, Unauthorized and Certified			2,510	0	0	0	0	0	0	0	1 0	0	0	0	1 0	0
9999999 T					2,510	0	0	0	0	0	0	0	0	0	0	0	1	1 0
333333 T	otais				2,010	U		U	U				1 0	1 0	1 0		1 0	

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

2 3

Commission Rate

Name of Reinsurer

1.					
2.					
3.					
4.					
5					
٥.					
D	Papert the five largest reinsurance recoverables reported in Column 15, due from any one reinsurance recoverables reported in Column 15.	total recoverables. Line (20000 Column 15, the amount of coded pro	mium, and indicate whether the	recoverables are due from an affiliate
B.	Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the	e total recoverables, Line 9	99999, Column 15, the amount of ceded pre	emium, and indicate whether the	recoverables are due from an affiliate
B.	Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the 2	e total recoverables, Line 9	99999, Column 15, the amount of ceded pro	emium, and indicate whether the	recoverables are due from an affiliate
B.	Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the 2 Name of Reinsurer Total Recoverables	3	99999, Column 15, the amount of ceded pro 4 Affiliated	emium, and indicate whether the	recoverables are due from an affiliate
B. 1	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliate
B.	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliate
B. 1. 2.	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliate
B. 1. 2. 3.	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliate
B. 1. 2. 3. 4.	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliate
B. 1. 2. 3. 4.	1 2	3	4	emium, and indicate whether the	recoverables are due from an affiliat

Ceded Premium

Schedule F - Part 4

Schedule F - Part 5

Schedule F - Part 6 - Section 1

Schedule F - Part 6 - Section 2

Schedule F - Part 7

Schedule F - Part 8

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance 3 As Reported (Net of Ceded) Restatement (Gross of Ceded) Adjustments ASSETS (Page 2, Col. 3) 1. Cash and invested assets (Line 12)49,960,074 .49,960,074 .2,633,642 .2,633,642 2. Premiums and considerations (Line 15)0 ..0 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)... 4 Funds held by or deposited with reinsured companies (Line 16.2)... ..0 .0 5. Other assets 315.681 315.681 6. Net amount recoverable from reinsurers 0 7. Protected cell assets (Line 27) .. 0 .0 8. Totals (Line 28)52.909.397 .0 .52.909.397 LIABILITIES (Page 3) .14,245,434 .14,245,434 9. Losses and loss adjustment expenses (Lines 1 through 3) . 10. Taxes, expenses, and other obligations (Lines 4 through 8)521,854 .521,854 .12,579,142 ..12,579,142 11. Unearned premiums (Line 9)340,013 .340,013 12. Advance premiums (Line 10) ... 0 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 .0 16. Amounts withheld or retained by company for account of others (Line 14) Λ 0 17. Provision for reinsurance (Line 16)0 0 18. Other liabilities 1,345,042 1,345,042 29,031,485 29,031,485 19. Total liabilities excluding protected cell business (Line 26) ... 20. Protected cell liabilities (Line 27) ... 0 0 23,877,912 23,877,912 21. Surplus as regards policyholders (Line 37) XXX

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:

Totals (Line 38)

52.909.397

52,909,397

Schedule H - Part 1

Schedule H - Part 2

Schedule H - Part 3

Schedule H - Part 4

Schedule H - Part 5 - Health Claims

Schedule P - Part 1A - Home/Farm

Schedule P - Part 1B - Private Passenger

Schedule P - Part 1C - Comm Auto/Truck

Schedule P - Part 1D - Workers' Comp

Schedule P - Part 1E - Comm Multi Peril

Schedule P - Part 1F - Med Pro Liab Occ

Schedule P - Part 1F - Med Pro Liab Clm

Schedule P - Part 1G - Special Liability

Schedule P - Part 1H - Other Liab Occur

Schedule P - Part 1H - Other Liab Claims

Schedule P - Part 1I - Special Property

Schedule P - Part 1J - Auto Physical

Schedule P - Part 1K - Fidelity/Surety

Schedule P - Part 1L - Other

Schedule P - Part 1M - International

Schedule P - Part 1N - Reinsurance

Schedule P - Part 10 - Reinsurance

Schedule P - Part 1P - Reinsurance

Schedule P - Part 1R - Prod Liab Occur

Schedule P - Part 1R - Prod Liab Claims

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

Schedule P - Part 1T - Warranty

Schedule P - Part 2A

Schedule P - Part 2B

Schedule P - Part 2C

Schedule P - Part 2D

Schedule P - Part 2E

Schedule P - Part 2F - Section 1

Schedule P - Part 2F - Med Pro Liab Clm

Schedule P - Part 2G

Schedule P - Part 2H - Other Liab Occur

Schedule P - Part 2H - Other Liab Claim

Schedule P - Part 2I

Schedule P - Part 2J

Schedule P - Part 2K

Schedule P - Part 2L

Schedule P - Part 2M

Schedule P - Part 2N

Schedule P - Part 20

Schedule P - Part 2P

Schedule P - Part 2R - Prod Liab Occur

Schedule P - Part 2R - Prod Liab Claims

Schedule P - Part 2S

Schedule P - Part 2T

Schedule P - Part 3A

Schedule P - Part 3B

Schedule P - Part 3C

Schedule P - Part 3D

Schedule P - Part 3E

Schedule P - Part 3F - Med Pro Liab Occ

Schedule P - Part 3F - Med Pro Liab Clm

Schedule P - Part 3G

Schedule P - Part 3H - Other Liab Occur

Schedule P - Part 3H - Other Liab Claims

Schedule P - Part 3I

Schedule P - Part 3J

Schedule P - Part 3K

Schedule P - Part 3L

Schedule P - Part 3M

Schedule P - Part 3N

Schedule P - Part 30

Schedule P - Part 3P

Schedule P - Part 3R - Prod Liab Occur

Schedule P - Part 3R - Prod Liab Claims

Schedule P - Part 3S

Schedule P - Part 3T

Schedule P - Part 4A

Schedule P - Part 4B

Schedule P - Part 4C

Schedule P - Part 4D

Schedule P - Part 4E

Schedule P - Part 4F - Med Pro Liab Occ

Schedule P - Part 4F - Med Pro Liab Clm

Schedule P - Part 4G

Schedule P - Part 4H - Other Liab Occur

Schedule P - Part 4H - Other Liab Claims

Schedule P - Part 4I

Schedule P - Part 4J

Schedule P - Part 4K

Schedule P - Part 4L

Schedule P - Part 4M

Schedule P - Part 4N

Schedule P - Part 40

Schedule P - Part 4P

Schedule P - Part 4R - Prod Liab Occur

Schedule P - Part 4R - Prod Liab Claims

Schedule P - Part 4S

Schedule P - Part 4T - Warranty

Schedule P - Part 5A- SN1

Schedule P - Part 5A- SN2

Schedule P - Part 5A- SN3

Schedule P - Part 5B- SN1

Schedule P - Part 5B- SN2

Schedule P - Part 5B- SN3

Schedule P - Part 5C- SN1

Schedule P - Part 5C- SN2

Schedule P - Part 5C- SN3

Schedule P - Part 5D- SN1

Schedule P - Part 5D- SN2

Schedule P - Part 5D- SN3

Schedule P - Part 5E- SN1

Schedule P - Part 5E- SN2

Schedule P - Part 5E- SN3

Schedule P - Part 5F- SN1A

Schedule P - Part 5F- SN2A

Schedule P - Part 5F- SN3A

Schedule P - Part 5F- SN1B

Schedule P - Part 5F- SN2B

Schedule P - Part 5F- SN3B

Schedule P - Part 5H- SN1A

Schedule P - Part 5H- SN2A

Schedule P - Part 5H- SN3A

Schedule P - Part 5H- SN1B

Schedule P - Part 5H- SN2B

Schedule P - Part 5H- SN3B

Schedule P - Part 5R- SN1A

Schedule P - Part 5R- SN2A

Schedule P - Part 5R- SN3A

Schedule P - Part 5R- SN1B

Schedule P - Part 5R- SN2B

Schedule P - Part 5R- SN3B

Schedule P - Part 5T- SN1

Schedule P - Part 5T- SN2

Schedule P - Part 5T- SN3

Schedule P - Part 6C - SN1

Schedule P - Part 6C - SN2

Schedule P - Part 6D - SN1

Schedule P - Part 6D - SN2

Schedule P - Part 6E - SN1

Schedule P - Part 6E - SN2

Schedule P - Part 6H - SN1A

Schedule P - Part 6H - SN2A

Schedule P - Part 6H - SN1B

Schedule P - Part 6H - SN2B

Schedule P - Part 6M - SN1

Schedule P - Part 6M - SN2

Schedule P - Part 6N - SN1

Schedule P - Part 6N - SN2

Schedule P - Part 60 - SN1

Schedule P - Part 60 - SN2

Schedule P - Part 6R - SN1A

Schedule P - Part 6R - SN2A

Schedule P - Part 6R - SN1B

Schedule P - Part 6R - SN2B

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

Q E	CT	1 1

		1	2 Net Losses and	3	4	5	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contacts	Loss Sensitive as Percentage of Total
	Homeowners/Farmowners				12,728		
2.	Private Passenger Auto Liability/Medical				0		
3.	Commercial Auto/Truck Liability/Medical						
4.	Workers' Compensation						
5.	Commercial Multiple Peril						
6.	Medical Professional Liability-Occurrence	0		0.0	0		0.0
	Medical Professional Liability -Claims- Made				0		0.0
8.	Special Liability	0		0.0	0		0.0
9.	Other Liability-Occurrence	6,126		0.0	1,486		0.0
10.	Other Liability-Claims-Made	0		0.0	2		0.0
11.	Special Property	1,909		0.0	7 , 151		0.0
12.	Auto Physical Damage						
13.	Fidelity/Surety	0		0.0	0		0.0
	Other						0.0
15.	International	0		0.0	0		0.0
16.	Reinsurance-Nonproportional Assumed Property						
17.	Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	xxx	XXX
18.	Reinsurance-Nonproportional Assumed Financial Lines	xxx	XXX	xxx	xxx	xxx	xxx
	Products Liability-Occurrence				0		0.0
20.	Products Liability-Claims-Made	0		0.0	0		0.0
	Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
	Warranty	0		0.0	0		0.0
23.	Totals	14,245	0	0.0	21,367	0	0.0

					SECTION 2					
		INCURRED LC	SSES AND DEF	FENSE AND CO	ST CONTAINM	ENT EXPENSES	S REPORTED A	T YEAR END (\$	(DETTIMO 000	
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0			0	0	0	0	
3. 2009	xxx	0	0	0		0	0	0	0	
4. 2010	xxx	xxx	0	d	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	0	0	0	
5. 2011	xxx	xxx	xxx	 0\		00	0	0	0	
6. 2012	xxx	xxx	xxx	XXX	0	0	0	0	0	
7. 2013	xxx	xxx	xxx	XXX	XXX	0	0	0	0	
8. 2014	xxx	xxx	xxx	XXX	XXX	XXX	0	0	0	
9. 2015	xxx	xxx	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2016	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

	_
SECTION	3

	BULK AND IN	ICURRED BUT	NOT REPORTE	D RESERVES F	OR LOSSES AI		ND COST CON	TAINMENT EXF	PENSES AT YEA	AR END (\$000
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	.0/	0	0[0	0	0	
3. 2009	xxx	0	0			0	0	0	0	
4. 2010	xxx	xxx	0	J. J	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	0	0	0	
5. 2011	xxx	xxx	xxx			0	0	0	0	
6. 2012	xxx	xxx	xxx	xxx	0	0	0	0	0	
7. 2013	xxx	xxx	xxx	xxx	xxx	0	0	0	0	
8. 2014	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	
9. 2015	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	0	
10. 2016	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	
11. 2017	XXX	xxx	xxx	l xxx	xxx	XXX	XXX	xxx	XXX	

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

SECTION 4

			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMITT	ED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
1. 1 1101					0					
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	xxx	0	0	0	0	0	0	0	0	
4. 2010	xxx	xxx	0			0	0	0	0	
5. 2011	xxx	xxx	xxx				0	0	0	
6. 2012	xxx	xxx	xxx	xxx	0	0	0	0	0	
7. 2013	xxx	xxx	xxx	xxx	xxx	0	0	0	0	
8. 2014	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	
9. 2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	
10. 2016	xxx	XXX	xxx	XXX	XXX	xxx	xxx	xxx	0	
11. 2017	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	

		NIF	T DECEDVE E		DUICTMENTO	AND ACCOURT	DETROCRECT			(COOO OMITTE	D) 1
l			T RESERVE FO		DJUSTMENTS	AND ACCRUED		IVE PREMIUMS		(\$000 OMITTE	
	ars in	1	2	3	4	5	6	7	8	9	10
	Policies										
Were	Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1	Prior	٥	0	٥	٥	0	٥	٨	0	n	
'-	P1101	0	0	0	0	0	0	0	0	0	
2.	2008	0	0	0	0	0	0	0	0	0	
	2000	XXX	0	0	ا ۱	0	0	٨	0	0	
ا ٥.	2009			0	0	0	0	0	0	0	
4.	2010	xxx	XXX	0		0	0	0	0	0	
							I				
_ ا	0044	VVV	VVV	VVV				0	0	0	
5.	2011	XXX	XXX	XXX		\smile J $+$ $+$ \lor $ $		l0	0	0	
6.	2012	XXX	XXX	XXX	XXX	0	0	L0	0	0	
_	00.40	\0.0 <i>(</i>	1001	\0.0 <i>c</i>	\0.04		0		0	0	
/.	2013	XXX	XXX	XXX	XXX	XXX	0	l0	0	0	
8.	2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
-											
									0		
9.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10.	2016	XXX	xxx	xxx	xxx	XXX	XXX	xxx	XXX	0	
1											
11.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECT	ION	1

		1	2 Net Losses and	3	4	5	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contacts	Loss Sensitive as Percentage of Total
1.	Homeowners/Farmowners	6,211		0.0	12,728		0.0
	Private Passenger Auto Liability/Medical				0		0.0
3.	Commercial Auto/Truck Liability/Medical	0		0.0	0		0.0
4.	Workers' Compensation	0			0		0.0
5.	Commercial Multiple Peril	0		0.0	0		0.0
6.	Medical Professional Liability-Occurrence	0		0.0	0		0.0
	Medical Professional Liability -Claims- Made				0		0.0
8.	Special Liability	0		0.0	0		0.0
9.	Other Liability-Occurrence				1 , 486		0.0
	Other Liability-Claims-made				2		0.0
	Special Property				7 , 151		0.0
	Auto Physical Damage				0		0.0
	Fidelity/Surety				0		0.0
	Other				0		0.0
15.	International	0		0.0	0		0.0
16.	Reinsurance-Nonproportional Assumed Property	0		0.0	0		0.0
17.	Reinsurance-Nonproportional Assumed Liability	0		0.0	0		0.0
	Reinsurance-Nonproportional Assumed Financial Lines				0		0.0
	Products Liability-Occurrence				0		0.0
20.	Products Liability-Claims-Made	0		0.0	0		0.0
21.	Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22.	Warranty	0		0.0	0		0.0
23.	Totals	14,245	0	0.0	21,367	0	0.0

SECTION 2

		INCURRED LC	SSES AND DEF	FENSE AND CO	ST CONTAINM	ENT EXPENSE:	S REPORTED A	T YEAR END (\$	\$000 OMITTED)	
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0_	0	0	0	0	
3. 2009	XXX	0	0			0	0	0	0	
4. 2010	XXX	xxx	0	Q	<u> </u>		0	0	0	
5. 2011	XXX	xxx	xxx	/0		0	0	0	0	
6. 2012	XXX	xxx	xxx	XXX	0	0	0	0	0	
7. 2013	XXX	xxx	xxx	XXX	xxx	0	0	0	0	
8. 2014	XXX	xxx	XXX	xxx	XXX	XXX	0	0	0	
9. 2015	XXX	xxx	xxx	xxx	xxx	xxx	XXX	0	0	
10. 2016	XXX	xxx	xxx	xxx	xxx	xxx	xxx	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

					OLO HONO					
	BULK AND IN	ICURRED BUT	NOT REPORTE	D RESERVES F	OR LOSSES A	ND DEFENSE A	ND COST CON	TAINMENT EXF	PENSES AT YEA	AR END (\$000
					OMIT	TED)				
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0			0	0	0	0	
3. 2009	xxx	0	0	0		0	0	0	0	
4. 2010	xxx	XXX	0	þd	\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	0	0	0	
5. 2011	xxx	xxx	XXX			0	0	0	0	
6. 2012	xxx	xxx	xxx	xxx	0	0	0	0	0	
7. 2013	xxx	xxx	XXX	xxx	xxx	0	0	0	0	
8. 2014	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	
9. 2015	xxx	xxx	XXX	xxx	xxx	XXX	XXX	0	0	
10. 2016	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECT	1 1

			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	TED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0			0	0	0	0	
3. 2009	xxx	0	0	0/		0	0	0	0	
4. 2010	xxx	XXX	0	\ \ _0	<u> </u>		0	0	0	
5. 2011	xxx	XXX	xxx	/0		0	0	0	0	
6. 2012	xxx	XXX	xxx	xxx	0	0	0	0	0	
7. 2013	xxx	XXX	xxx	xxx	xxx	0	0	0	0	
8. 2014	XXX	XXX	xxx	xxx	xxx	XXX	0	0	0	
9. 2015	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	
10. 2016	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

	NI	ET RESERVE F	OR PREMIUM A	DJUSTMENTS	AND ACCRUED	RETROSPEC	TIVE PREMIUM	S AT YEAR END) (\$000 OMITTE	D)
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0		\bigcirc	0	0	0	0	
4. 2010	xxx	XXX	0	\ \ _0			l0	0	0	
5. 2011	xxx	XXX	xxx			0	0	0	0	
6. 2012	xxx	XXX	xxx	xxx	0	0	0	0	0	
7. 2013	xxx	XXX	xxx	XXX	XXX	0	0	0	0	
8. 2014	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	
9. 2015	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	
10. 2016	xxx	XXX	xxx	XXX	xxx	XXX	xxx	xxx	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

					SECTION					
			INCURRED A	ADJUSTABLE C	OMMISSIONS F	REPORTED AT	YEAR END (\$00	00 OMITTED)		
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	xxx	0	0		\bigcirc	0	l0	0	0	
4. 2010	xxx	xxx	0			00	0	0	0	
5. 2011	XXX	XXX	xxx			0	0	0	0	
6. 2012	XXX	XXX	xxx	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	xxx	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2016	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	ļ0	
11. 2017	XXX	XXX	xxx	XXX	xxx	XXX	xxx	XXX	xxx	

					SECTION /					
			RESERVI	S FOR COMM	ISSION ADJUST	MENTS AT YE	AR END (\$000 C	OMITTED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	xxx	0	0		\bigcirc	0	0	0	0	
4. 2010	xxx	xxx	0	\\ \\ 0			0	0	0	
5. 2011			xxx				0	0	0	
6. 2012	xxx	xxx	xxx	XXX	0	0	0	0	0	
7. 2013	xxx	xxx	xxx	XXX	XXX	0	0	0	l0	
8. 2014	xxx	XXX	xxx	XXX	XXX	xxx	0	0	0	
9. 2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	
10. 2016	xxx	xxx	xxx	XXX	xxx	xxx	xxx	XXX	<u> </u> 0	
11 2017		~~~		VVV	vvv	vvv	vvv	VVV		

SCHEDULE P INTERROGATORIES

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.	nt (DDR) pro	vision	ıs in	Ме	dical	
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:	ng	Yes]]	No [X]
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	ſ	1	No []

Yes [] No []

Yes [] No []

Yes [] No [] N/A []

Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

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:

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?

7.1

7.2

An extended statement may be attached.

		DDR Reserve Schedule P, Part 1F, Medi Column 24: Total Net Loss	cal Professional Liability
Υe	ears in Which Premiums Were Earned and Losses Were Incurred	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	
1.608	2014		
1.609	2015		
1.610	2016		
1.611	2017		
1.612	Totals	0	,

	1.609 2015			_				
	1.610 2016							
	1.611 2017			_				
	1.612 Totals	0	0					
2.	The definition of allocated loss adjustment expenses (ALAE) effective January 1, 1998. This change in definition applies "Defense and Cost Containment" and "Adjusting and Other")	to both paid and unpaid expenses. Are	these expenses (now reported as	d Yes]]	No []
3.	The Adjusting and Other expense payments and reserves shall the number of claims reported, closed and outstanding in the companies in a group or a pool, the Adjusting and Other expand the claim counts. For reinsurers, Adjusting and Other expense incurred by reinsurers, or in Adjusting and Other expense should be allocated by a reason below. Are they so reported in this Statement?:	ose years. When allocating Adjusting a sense should be allocated in the same p expense assumed should be reported a on those situations where suitable claim	and Other expense between percentage used for the loss amounts ccording to the reinsurance contract. count information is not available,		[]	No []
4.	Do any lines in Schedule P include reserves that are reporter reported net of such discounts on Page 10?	d gross of any discount to present valu	ue of future payments, and that are	Yes	[]	No []
	If yes, proper disclosure must be made in the Notes to Finanche reported in Schedule P - Part 1, Columns 32 and 33.	icial Statements, as specified in the Ins	tructions. Also, the discounts must					
	Schedule P must be completed gross of non-tabular discount examination upon request.	ting. Work papers relating to discount	calculations must be available for					
	Discounting is allowed only if expressly permitted by the state	e insurance department to which this A	annual Statement is being filed.					
5.	What were the net premiums in force at the end of the year f (in thousands of dollars)	or:						
	,		5.1 Fidelity \$					
			5.2 Surety \$					
6.	Claim count information is reported per claim or per claimant If not the same in all years, explain in Interrogatory 7.	t (indicate which).						

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?

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

1				ed By States and Terri	Direct Bus	siness Only		
Sittles, Etc. Individually and Individually Individually Contracts Totals AL Jealman AL			Life		3 Disability Income	4 Long-Term Care		6
2 Alaska			Individual)	and Individual)	Individual)			Totals
3 Arzona								
4. Artanasa								
5 Calfornia								
6 Colorado CO CT S Delaware DE S District of Colorable DE S DE S District of Colorable DE S District of Colorable DE S DE S DISTRICT D								
7 Connecticul CT 8 Delaware DE 9 District of Columbia DC 10 Fordia FL 11 Georgia GA 12 Hawaii HI 13 Idaho ID 14 Illimois L 15 Indiana IN 16 Indiana IN 18 Illimois L								
B. Delaware DE DC DC DC DC DC DC DC								
9. District of Columbia		l'						
10. Florida FL								
11. Georgia GA								
12 Hawaii								
13 Idaho	•							
14. Illinois								
15. Indiana	13. Idaho	l l						
16. lowa	14. Illinois	IL						
17, Kansas								
17. Kansas	16. lowa	JA						
19. Louislana LA		KS						
19. Louislana	18. Kentucky	KY						
20 Maine		LA						
21 Maryland							<u> </u>	
22 Massachusetts								
23 Michigan Mi	•							
24 Minnesota MN 25 Mississipij MS 26 Missour MO 27 Montana MT 28 Nebraska NE 29 Nevada NV 30 New Hampshire NH 31 New Jersey NJ 32 New Mexico NM 33 New York NY 40 North Carolina NC 50 North Dakota ND 36 Ohio OH 37 Oklahoma OK 38 Oregon OR 39 Pennsylvaria PA 40 R Thode Island RI 41 South Carolina SC 42 South Dakota SD 43 Tennessee TN 44 Texas TX 45 Ush UT 46 Vermont VT 47 Virginia VA 49 West Virginia WV 50 West Virginia WV 50 Worthern Mariana Islands MP 51 Sugregate Other Allen OT								
25. Mississippi MS 26. Missouri MO 27. Montana MT 28. Nebroska NE 29. Nevada NV 30. New Hampshire NH 31. New Jersey NJ 32. New Mexico NM 33. New York NY 34. North Carolina NC 35. Orin ND 36. Orin OH 37. Oklahoma OK 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah UT 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WA 49. West Virginia WY 50. Wisconsin WI 51. Wyorning Sladas VI 55. Both Windington PR 56. Northern Mariana Islands MP 56. Northern Mariana Islands MP 56. Roothern Mariana Islands CAN 58. Aggregate Other Allien OT								
26 Missouri MO 27 Nontana MT 28 Nebraska NE 29 Nevada NV 30 New Hampshire NH 31 New Jersey NJ 31 New Jersey NJ 33 New York NY 34 North Carolina NC 35 North Dakota ND 36 Ohlo OH 37 Oklahoma OK 38 Oregon DR 39 Pennsylvania PA 41 South Carolina SC 42 South Dakota SD 43 Tennessee TN 44 Texas TX 45 Utah UT 46 Vermont VT 47 Virginia VA 48 Washington WV 50 Wisconsin WI 51 Wyrginis along WY 52 Anerican Samoa AS 53 Guidan GU 54 Peter Riccan Samoa AS 55 Us Virgini Slads VI 56 Northern Mariana Islands MP 57 Canada CAN 58 Aggregate Other Allen OT								
27. Montana MT 28. Nebraska NE 29. Nevada NV 30. New Hampshire NH 31. New Jersey NJ 32. New Mexico NM 33. New York NY 34. North Carolina NC 35. North Dakota ND 36. O'hio OH 37. Oklahoma OK 38. O'regon OR 39. Pennsylvaria PA 40. Rhode Island RI 41. South Carolina SC 22. South Dakota SD 33. Tennessee TN 44. Texas TX 47. Virginia UT 46. Vermont VT 47. Virginia WA 49. West Virginia WY 50. Wilsonsin WI 51. Wyoning WY 52. American Samoa AS 53. Guam GU 54. Perento Rico PR 55. Us Virgin Islands VI 56. Northern Mariana Islands <t< td=""><td>• •</td><td></td><td>•••••</td><td></td><td></td><td></td><td></td><td></td></t<>	• •		•••••					
28. Nebraska								
29. Nevada		l'						
30. New Hampshire								
31. New Jersey								
32. New Mexico	•							
33. New York								
North Carolina NC								
35. North Dakota								
36. Ohio OH								
37. Oklahoma OK 38. Oregon OR 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah UT 46. Vermont VT 47. Virginia YA 48. Washington WA 49. West Virginia WV 50. Wisconsin Wil 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. US Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT	35. North Dakota							
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45. Utah								
46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. US Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT								
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57. Canada								ļ
58. Aggregate Other AlienOT								
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	58. Aggregate Other Alien	TO						

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

1	2	3	1	5	6	7	8	9	10	11	12	13	14	15	16
'	2	NAIC	4	3		Name of Securities Exchange if Publicly	Names of		Relationship to		Type of Control (Ownership, Board.	If Control is		Is an SCA	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact.	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	(Y/N)	*
	<u> </u>														
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Asterisk	Explanation

SCHEDULE Y

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

NAIC Company Code	2 ID Number	3	4 Shareholder	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

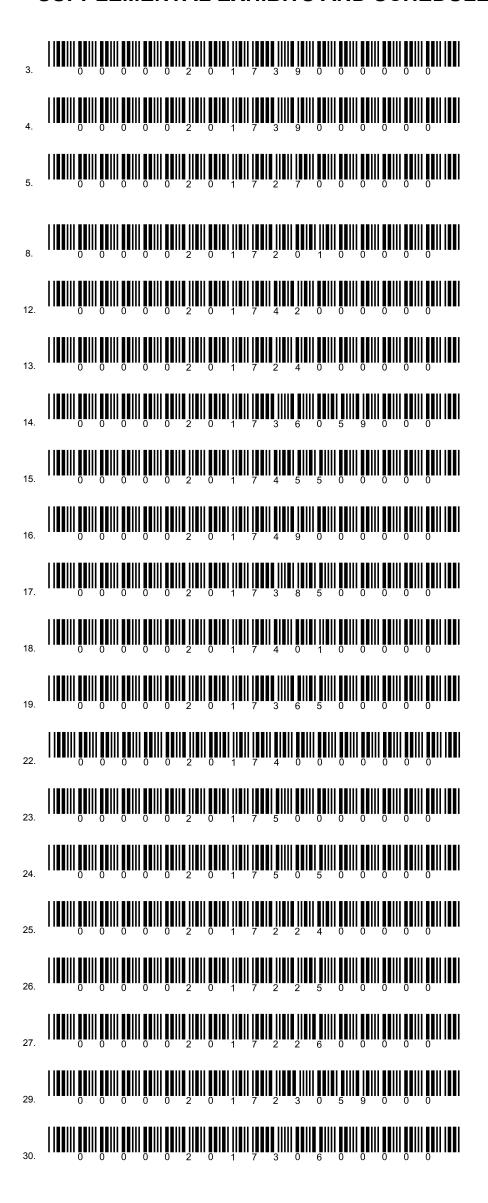
	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	WAIVED
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
_	APRIL FILING	WALVED
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	WA I VED
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES.

0	MAY FILING Will this company he included in a combined annual attement that is filed with the NAIC by May 12	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION
	AUGUST FILING	
11.		VES
11.	electronically with the NAIC (as a regulator-only non-public document) by August 1?	I LO.
	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.	
	whatever reason enter SEE EXTENTION and provide an explanation following the interrogatory questions.	
	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0
11	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	will the Medicare Supplement insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
20	Will the confidential Actuarial Oninian Summany he filed with the state of demicile, if required, by March 15 (or the date otherwise encoified)?	VEC
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	1E0
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	N0
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	110
	electronically with the NAIC by March 1?	N0
27	Will an approval from the reporting entity's state of demicils for relief related to the Dequirements for Audit Committees he filed alternative	
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	N0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	of domicile and the NAIC by March 1?	
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	N0
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	N0
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	
	AUGUST FILING	
35.		NO
Explai	nation:	
10. Ac	countants Letter of Qualifications be filed with the State of domicile by June 1. The Association does not file with the NAIC.	
12.		
13.		
14.		
15.		
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18.		
19.		
21. Th	e Reinsurance Attestation Supplement will be filed with the State by March 1. The Association does not file with the NAIC.	
22.		
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33.		
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Bar Co	ode:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES









OVERFLOW PAGE FOR WRITE-INS

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

ANNUAL STATEMENT BLANK (Continued)
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Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule F – Part 1	20
Schedule F – Part 2	21
Schedule F – Part 3	22
Schedule F – Part 4	23
Schedule F – Part 5	24
Schedule F – Part 6 – Section 1	25
Schedule F – Part 6 – Section 2	26
Schedule F – Part 7	27
Schedule F – Part 8	28
Schedule F – Part 9	29
Schedule H – Accident and Health Exhibit – Part 1	30
Schedule H – Part 2, Part 3, and Part 4	31
Schedule H – Part 5 – Health Claims	32
Schedule P – Part 1 – Summary	33
Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation)	38

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence	40
Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made	41
Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P – Part 1H – Section 1 – Other Liability–Occurrence	43
Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P – Part 1J – Auto Physical Damage	46
Schedule P – Part 1K – Fidelity/Surety	47
Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule P – Part 1M – International	49
Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property	50
Schedule P – Part 10 – Reinsurance – Nonproportional Assumed Liability	51
Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines	52
Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	53
Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made	54
Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	55
Schedule P – Part 1T – Warranty	56
Schedule P – Part 2, Part 3 and Part 4 – Summary	34
Schedule P – Part 2A – Homeowners/Farmowners	57
Schedule P – Part 2B – Private Passenger Auto Liability/Medical	57
Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	57
Schedule P – Part 2D – Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence	58
Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made	58
Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P – Part 2H – Section 1 – Other Liability – Occurrence	58
Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P – Part 2J – Auto Physical Damage	59
Schedule P – Part 2K – Fidelity, Surety	59
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59
Schedule P – Part 2M – International	59
Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property	60
Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability	60
Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines	60
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61
Schedule P – Part 2T – Warranty	61
Schedule P – Part 3A – Homeowners/Farmowners	62

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62
Schedule P – Part 3D – Workers' Compensation (Excluding Excess Workers' Compensation)	62
Schedule P – Part 3E – Commercial Multiple Peril	62
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63
Schedule P $-$ Part 3I $-$ Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P – Part 3J – Auto Physical Damage	64
Schedule P – Part 3K – Fidelity/Surety	64
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64
Schedule P – Part 3M – International	64
Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property	65
Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability	65
Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66
Schedule P – Part 3T – Warranty	66
Schedule P – Part 4A – Homeowners/Farmowners	67
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67
Schedule P – Part 4D – Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P – Part 4E – Commercial Multiple Peril	67
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68
Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P – Part 4J – Auto Physical Damage	69
Schedule P – Part 4K – Fidelity/Surety	69
Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule P – Part 4M – International	69
Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property	70
Schedule P – Part 40 – Reinsurance – Nonproportional Assumed Liability	70
Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 4T – Warranty	71
Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 5D – Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 5T – Warranty	83
Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 6D – Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 6M – International	86
Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property	87
Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability	87
Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T – Exhibit of Premiums Written	94
Schedule T – Part 2 – Interstate Compact	95
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y – Part 1A – Detail of Insurance Holding Company System	97
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11