

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019

OF THE CONDITION AND AFFAIRS OF THE

Ascot Specialty Insurance Company 4908 4908 NAIC Company Code 45055 Employer's ID Number _____ NAIC Group Code 05-0420799 Organized under the Laws of Rhode Island , State of Domicile or Port of Entry RI Country of Domicile United States of America Incorporated/Organized 05/14/1974 Commenced Business Statutory Home Office 10 Jelferson Blvd Warwick, RI, US 02888 (Street and Number) (City or Town, State, Country and Zip Code) Main Administrative Office 55 W 46th Street (Street and Number) New York, NY, US 10036 646-356-8101 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) 55 W 46th Street Mail Address New York, NY, US 10036 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Books and Records 55 W 46th Street (Street and Number) New York, NY, US 10036 646-356-8101 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.ascolgroup.com Statutory Statement Contact Stephen Grant Nolet 646-956-1574 (Name) (Area Code) (Telephone Number) steve.nolet@ascotgroup.com 646-839-2775 (FAX Number) (E-mail Address) OFFICERS President & Chief Executive Officer Gregory Wolyniec Peter Michael Grayston Treasurer General Counsel and Secretary Chief Financial Officer Joseph William Roberts Brian Jeffrey Green **OTHER** Emily Charlotte Gilde, Chief Risk Officer Stephen Grant Nolet, U.S. Controller **DIRECTORS OR TRUSTEES** John Robert Berger Susan Jane Sutherland Joseph William Roberts Gregory Wolyniec Brian Jeffrey Green State of New York SS: County of New York The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. O 1 Wala 31 al men y Wolyniec Gregory Wolyniec President & Chief Executive Officer Brian Jaffrev Green Stephen Grant Nolat US Controller General Counsel and Secretary a. Is this an original filing? Yes [X] No []

Subscribed and sworn to before me this day of November 2019 4

> RIA MEHANDRU Notary Public, State of New York Reg. No. 01ME6368018 Qualified in Kings County Commission Expires 12/04/20 21

- b. If no,
- 1. State the amendment number
 - 2. Date filed 3. Number of pages attached

| | ASC | SETS | | | |
|-------|---|------------|------------------------|-----------------------------|------------------|
| | | 4 | Current Statement Date | 3 | 4 December 31 |
| | | 1 | 2 | Net Admitted Assets | Prior Year Net |
| | | Assets | Nonadmitted Assets | (Cols. 1 - 2) 64,642,484 | Admitted Assets |
| | | 64,642,484 | 0 | | |
| 2. | Stocks: | 0 | 0 | 0 | 0 |
| | 2.1 Preferred stocks | | | | 0 |
| 0 | | 0 | 0 | 0 | 0 |
| | Mortgage loans on real estate: | 0 | 0 | 0 | 0 |
| | 3.1 First liens | 0 | | 0 | 0 |
| 4. | Real estate: | 0 | 0 | 0 | 0 |
| | 4.1 Properties occupied by the company (less \$0 | | | | |
| | | 0 | 0 | 0 | 0 |
| | 4.2 Properties held for the production of income (less | 0 | 0 | U | 0 |
| | | 0 | 0 | 0 | 0 |
| | 4.3 Properties held for sale (less \$0 | | | | |
| | encumbrances) | 0 | 0 | 0 | 0 |
| - | Cash (\$ | 0 | 0 | | 0 |
| 5. | | | | | |
| | (\$2, 175, 532) and short-term | 0 700 000 | 0 | 0 700 000 | C 404 040 |
| | investments (\$0) | | | | _ |
| | Contract loans (including \$0 premium notes) | | | | 0 |
| 7. | Derivatives | | | | 0 |
| 8. | Other invested assets | | | | 0 |
| 9. | Receivables for securities | | | | 0 |
| | Securities lending reinvested collateral assets | | | | 0 |
| | Aggregate write-ins for invested assets | | | | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | 0 | | |
| 13. | Title plants less \$0 charged off (for Title insurers | | | | |
| | only) | | | | |
| | | | 0 | | |
| 15. | Premiums and considerations: | | 7.500 | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 5,631,692 | | 5,624,192 | 0 |
| | 15.2 Deferred premiums, agents' balances and installments booked but | | | | |
| | deferred and not yet due (including \$0 | | | | _ |
| | | 0 | 0 | 0 | 0 |
| | 15.3 Accrued retrospective premiums (\$0) and | | | | |
| | | 0 | 0 | 0 | 0 |
| 16. | Reinsurance: | | | | _ |
| | 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| | 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| | 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| | Amounts receivable relating to uninsured plans | | | 0 | 0 |
| | Current federal and foreign income tax recoverable and interest thereon | | | 1,560 | |
| | Net deferred tax asset | | 0 | 0 | 0 |
| | Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. | Electronic data processing equipment and software | 0 | 0 | 0 | 0 |
| 21. | Furniture and equipment, including health care delivery assets | | | | |
| | (\$ | | | | 0 |
| | Net adjustment in assets and liabilities due to foreign exchange rates | | | | 0 |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | |
| | Health care (\$0) and other amounts receivable | | | | |
| | Aggregate write-ins for other than invested assets | | | 0 | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 73,498,463 | 58.392 | 73,440,071 | 51,938,601 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell | | | ·····, , | , , |
| | Accounts | 0 | 0 | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 73,498,463 | 58,392 | 73,440,071 | 51,938,601 |
| | DETAILS OF WRITE-INS | | | | |
| 1101. | | | | | |
| 1102. | | | | | |
| 1103. | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | - | 0 | 0 |
| 2501. | Intangible Asset | | | 0 | 0 |
| 2502. | Rhode Island premium tax recoverable | | | 0 | |
| 2503. | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 50,892 | | 0 | 892 |

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | 1 Current Statement Date | 2 December 31, Prior Year |
|-------|--|--------------------------------|---------------------------------|
| 1. | Losses (current accident year \$ | | 0 |
| | Reinsurance payable on paid losses and loss adjustment expenses | | 0 |
| | Loss adjustment expenses | | 0 |
| 4. | Commissions payable, contingent commissions and other similar charges | 0 | 0 |
| 5. | Other expenses (excluding taxes, licenses and fees) | | |
| 6. | Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7.1 | Current federal and foreign income taxes (including \$0 on realized capital gains (losses)) | 0 | 0 |
| 7.2 | Net deferred tax liability | 0 | 0 |
| 8. | Borrowed money \$0 and interest thereon \$0 | | 0 |
| 9. | Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ | | |
| | including warranty reserves of \$0 and accrued accident and health experience rating refunds | | |
| | including \$0 for medical loss ratio rebate per the Public Health Service Act) | | 0 |
| 10. | Advance premium | 0 | 0 |
| 11. | Dividends declared and unpaid: | | |
| | 11.1 Stockholders | | 0 |
| | 11.2 Policyholders | 0 | 0 |
| | Ceded reinsurance premiums payable (net of ceding commissions) | | 0 |
| | Funds held by company under reinsurance treaties | | 0 |
| | Amounts withheld or retained by company for account of others | | 0 |
| | Remittances and items not allocated | | 0 |
| | Provision for reinsurance (including \$0 certified) | | |
| | Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. | Drafts outstanding | | |
| | Payable to parent, subsidiaries and affiliates | | |
| 20. | Derivatives | | |
| | Payable for securities | | |
| | Payable for securities lending | | |
| | Liability for amounts held under uninsured plans | | 0 |
| | Capital notes \$ | | 0 |
| | | | 0 |
| | Aggregate write-ins for liabilities | | |
| | Total liabilities excluding protected cell liabilities (Lines 1 through 25) | | 438,596 |
| 27. | | | 0 |
| | Total liabilities (Lines 26 and 27) | | , |
| | Aggregate write-ins for special surplus funds | | 0 |
| | Common capital stock | | |
| 31. | Preferred capital stock | | 0 |
| 32. | Aggregate write-ins for other than special surplus funds | | 0 |
| | Surplus notes | | 0 |
| | Gross paid in and contributed surplus | | |
| 35. | Unassigned funds (surplus) | | (307,480) |
| | Less treasury stock, at cost: | | |
| | 36.1 | | 0 |
| | 36.20 shares preferred (value included in Line 31 \$ | | 0 |
| 37. | Surplus as regards policyholders (Lines 29 to 35, less 36) | 56,874,397 | 51,500,005 |
| 38. | Totals (Page 2, Line 28, Col. 3) | 73,440,071 | 51,938,601 |
| | DETAILS OF WRITE-INS | | |
| 2501. | | | |
| 2502. | | | |
| 2503. | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 |
| 2901. | | . | |
| 2902. | | | |
| 2903. | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 |
| | Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 |
| 3201. | | | |
| | | | |
| | | | |
| | Summary of remaining write-ins for Line 32 from overflow page | | .0 |
| | , | | |

STATEMENT OF INCOME

| | | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|----------------|--|------------------------------|----------------------------|--------------------------------------|
| | UNDERWRITING INCOME | Year to Date | to Date | December 31 |
| 1. | Premiums earned: | | | |
| | 1.1 Direct (written \$ | | 0 | |
| | 1.2 Assumed (written \$ | | 0 | |
| | 1.3 Ceded (written \$ | 1 196 773 | 0 | 0 |
| | DEDUCTIONS: | 1,100,170 | | |
| 2. | Losses incurred (current accident year \$ | | | |
| | 2.1 Direct | | 0 | 0 |
| | 2.2 Assumed | | 0 | 0 |
| | 2.3 Ceded | | | 0 |
| | 2.4 Net | | | 0 |
| 3. | Loss adjustment expenses incurred | | 0 | 0 |
| 4. | Other underwriting expenses incurred | | | |
| 5. 6. | Aggregate write-ins for underwriting deductions Total underwriting deductions (Lines 2 through 5) | 12 416 298 | | |
| 0. 7. | Net income of protected cells | | 0 | |
| 8. | Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) | | | - |
| 0. | | | | (100,010) |
| 9. | Net investment income earned | 1,442,466 | (116,709) | |
| 10. | Net realized capital gains (losses) less capital gains tax of \$0 | 128,192 | 0 | 0 |
| 11. | Net investment gain (loss) (Lines 9 + 10) | 1,570,658 | (116,709) | |
| | OTHER INCOME | | | |
| 12. | Net gain or (loss) from agents' or premium balances charged off (amount recovered | | | |
| | \$0 amount charged off \$0) | 0 | 0 | 0 |
| 13. | Finance and service charges not included in premiums | 0 | 0 | 0 |
| 14. | Aggregate write-ins for miscellaneous income | 31,651 | 0 | 0 |
| 15. | Total other income (Lines 12 through 14) | 31,651 | 0 | 0 |
| 16. | Net income before dividends to policyholders, after capital gains tax and before all other federal | (0.017.010) | (110, 700) | (000 775) |
| 47 | and foreign income taxes (Lines 8 + 11 + 15) | (9,617,216) 0 | (116,709) 0 | |
| 17. | Dividends to policyholders | 0 | 0 | 0 |
| 18. | foreign income taxes (Line 16 minus Line 17) | (9,617,216) | (116,709) | (380,775) |
| 19. | Federal and foreign income taxes incurred | 0 | 0 | |
| 20. | Net income (Line 18 minus Line 19)(to Line 22) | (9,617,216) | (116,709) | (380,775) |
| | CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. | Surplus as regards policyholders, December 31 prior year | 51,500,005 | 1,895,432 | 1,895,432 |
| 22. | Net income (from Line 20) | (9,617,216) | (116,709) | (380,775) |
| 23. | Net transfers (to) from Protected Cell accounts | 0 | 0 | 0 |
| 24. | Change in net unrealized capital gains (losses) less capital gains tax of \$0 | 0 | 0 | 0 |
| 25. | Change in net unrealized foreign exchange capital gain (loss) | 0 | 0 | 0 |
| 26. | Change in net deferred income tax | | | |
| 27. | Change in nonadmitted assets | | | |
| 28. | | | 0 | 0 |
| 29. | Change in surplus notes | | 0 | 0 |
| 30. 31. | Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles | | 0 | 0 |
| 32. | Capital changes: | | 0 | 0 |
| 02. | 32.1 Paid in | 0 | 0 | 0 |
| | 32.2 Transferred from surplus (Stock Dividend) | | 0 | |
| | 32.3 Transferred to surplus | | 0 | 0 |
| 33. | Surplus adjustments: | | | |
| | 33.1 Paid in | | 0 | |
| | 33.2 Transferred to capital (Stock Dividend) | 0 | | 0 |
| | 33.3 Transferred from capital | | 0 | 0 |
| 34. | Net remittances from or (to) Home Office | | 0 | 0 |
| 35. | Dividends to stockholders | | 0 | 0 |
| 36. | Change in treasury stock | | 0 | 0 |
| 37. | Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. | Change in surplus as regards policyholders (Lines 22 through 37) | 5,374,392 | (131,361) | |
| 39. | Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 56,874,397 | 1,764,071 | 51,500,005 |
| 0501 | DETAILS OF WRITE-INS | | | |
| 0501. | | | | |
| 0502. 0503. | | | | |
| 0598. | | 0 | 0 | 0 |
| 0598. | Totals (Lines 0501 through 0503 plus 0598)(Line 5 above) | | 0 | U |
| 1401. | Currency Translation | • | 0 | 0 |
| 1402. | | | | |
| 1403. | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | 0 | 0 |
| 1499. | Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 31,651 | 0 | 0 |
| 3701. | | | | |
| 3702. | | | | |
| 3703. | | | | |
| 3798. | , | | 0 | 0 |
| | Totals (Lines 3701 through 3703 plus 3798)(Line 37 above) | 0 | 0 | 0 |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year | 3 Prior Year Ended December 31 |
|----------|--|------------------------------|-----------------|--------------------------------------|
| | Cash from Operations | To Date | To Date | December 31 |
| 1. | Premiums collected net of reinsurance | 6 706 173 | 0 | 0 |
| 2. | Net investment income | | (116,709) | |
| 3. | Miscellaneous income | | 0 | |
| 4. | Total (Lines 1 to 3) | | (116,709) | (285,206 |
| 5. | Benefit and loss related payments | | , , , | |
| 5. 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | | | |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$0 tax on capital | | | |
| э. | | 0 | 0 | 0 |
| 10 | gains (losses) | | | |
| 10. | Total (Lines 5 through 9) | 11,715,117 | (30, 171) | 334,593 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (3,718,797) | (86,538) | (619,799 |
| | Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 5, 108, 875 | 0 | 0 |
| | 12.2 Stocks | | | 0 |
| | 12.3 Mortgage loans | | 0 | 0 |
| | 12.4 Real estate | | 0 | 0 |
| | 12.5 Other invested assets | | 0 | 0 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | 0 |
| | 12.7 Miscellaneous proceeds | 1,350,000 | 0 | 0 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | | 0 | 0 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | .24,437,127 | .0 | |
| | 13.2 Stocks | 0 | 0 | 0 |
| | 13.3 Mortgage loans | | | 0 |
| | 13.4 Real estate | 0 | 0 | 0 |
| | 13.5 Other invested assets | 0 | 0 | 0 |
| | 13.6 Miscellaneous applications | | 0 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 24,437,127 | 0 | 45,014,415 |
| 14. | Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | | 0 | (45,014,415 |
| | `````````````````````````````````````` | | | |
| | Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| | 16.2 Capital and paid in surplus, less treasury stock | | 0 | |
| | 16.3 Borrowed funds | 0 | 0 | 0 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| | 16.5 Dividends to stockholders | 0 | 0 | 0 |
| | 16.6 Other cash provided (applied) | 3,002,000 | (23,216) | 142,435 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 18,002,000 | (23,216) | 50,192,435 |
| | | | | . , . , |
| | 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) | (3,694,641) | (109,754) | 4 , 558 , 220 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | 6,484,843 | | 1,926,623 |
| | | | | |

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Accounting Practices Α.

The accompanying financial statements of Ascot Specialty Insurance Company (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners ("NAIC") and the State of Rhode Island.

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Rhode Island. The State of Rhode Island requires insurance companies domiciled in the state of Rhode Island to prepare their statutory financial statements in accordance with the NAIC's Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the State of Rhode Island Department of Business Regulation Insurance Division (the "Department"). The Company has no differences between accounting practices prescribed or permitted by the State of Rhode Island and the NAIC.

| | | SSAP # | F/S Page | F/S Line # | 2019 | 2018 |
|----------------------------|---|--------|-------------|---------------|-------------------|------------|
| NET INCOME (1) State ba | sis (Page 4, Line 20, Columns 1 & 2) | 00 | 4 | 20 | \$ (9,617,216) | (380,775) |
| (2) State Pr | escribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (3) State Pe | rmitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (4) NAIC S | AP (1-2-3=4) | 00 | 4 | 20 | (9,617,216) | (380,775) |
| SURPLUS (5) State ba | sis (Page 3, Line 37, Columns 1 & 2) | 00 | 3 | 37 | 56,874,397 | 51,500,005 |
| (6) State Pr | escribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (7) State Pe | rmitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (8) NAIC S | AP (5-6-7=8) | 00 | 3 | 37 | \$ 56,874,397 | 51,500,005 |

Use of Estimates in the Preparation of the Financial Statements

The preparation of linancial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of contingent revenues and expenses during the period, if any. Actual results could differ from those estimates.

Accounting Policy C.

В.

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct and ceded business.

Expenses incurred in connection with acquiring new insurance business, including commissions, are charged to operations, as incurred. Expenses incurred are reduced for ceding allowances received or receivable to the extent such amounts do not exceed the costs incurred to acquire the related business. Excess ceding allowances are recorded as unearned income to be recognized as the related premiums are earned.

In addition, the Company uses the following accounting policies:

- 1. Short-term investments are stated at amortized cost, which approximates fair value.
- Investment grade bonds not backed by other loans are stated at amortized cost using the scientific interest method. The Company has no non-investment grade bonds.
- 3. The Company does not have common stock.
- 4. The Company does not have preferred stock.
- The Company does not have mortgage loans. 5. 6.
- The Company does not have loan-backed securities. The Company does not have any investments in any subsidiaries or controlled or affiliated entities 8. The Company does not have any interests in joint ventures, partnerships or limited liability companies
- The Company does not have any derivative instruments.
 The Company does not have any derivative instruments.
 The Company does not anticipate investment income as a factor in any premium deficiency calculation.

11. Loss and loss adjustment expenses are charged to expense as incurred. The reserve for unpaid loss and loss adjustment expenses is based upon claim adjusters' evaluations and other estimates, including those for incurred but not reported losses (IBNR) and for reinsurance. Overall reserve levels are impacted primarily by the types and amounts of insurance coverage written, trends developing from newly reported claims and claims that have been paid and closed. The determination of estimates for losses and loss expenses and the establishment of the related reserves are periodically reviewed and updated during the year. Adjustments are made to reserves in the period they can be reasonably estimated to reflect evolving changes in loss development patterns and various other factors, such as social and economic trends and judicial interpretation of legal liability. While management believes that the amount carried as reserves for unpaid loss and loss adjustment expense is adequate, the ultimate liability may be in excess of or less than the amount provided.

12. The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year 13. The Company does not have any pharmaceutical rebate receivables.

- D. Going Concern
- Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

There have been no material changes during the statement period.

NOTE 3 Business Combinations and Goodwill

Statutory Purchase Method Α.

The Company did not enter into any statutory purchases during the year.

В.

Statutory Merger There were no statutory mergers during the nine month period ended September 30, 2019.

- c. ssumption Reinsurance The Company has no assumption reinsurance.
- D. Impairment Loss
 - The Company has no impairment loss relating to business combinations or goodwill.

NOTE 4 **Discontinued Operations**

Discontinued Operation Disposed of or Classified as Held for Sale The Company did not have any discontinued operations during the statement period.

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans The Company does not have mortgage loans.
- в. Debt Restructuring
- The Company did not engage in any debt restructuring.
- c. Reverse Mortgages The Company does not have reverse mortgages.
- D. Loan-Backed Securities The Company does not have loan-backed securities.

- Dollar Repurchase Agreements The Company does not have dollar repurchase agreements and/or securities lending transactions. Ε.
- Repurchase Agreements Transactions Accounted for as Secured Borrowing The Company does not have any repurchase agreements. F.
- Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing The Company does not have any reverse repurchase agreements accounted for as secured borrowing. G.
- Repurchase Agreements Transactions Accounted for as a Sale The Company does not have any repurchase agreements accounted for as a sale. н.
- Reverse Repurchase Agreements Transactions Accounted for as a Sale I. The Company does not have any reverse repurchase agreements accounted for as a sale.
- Real Estate J.
- The Company does not have any investments in real estate.
- ĸ.
- Low Income Housing tax Credits (LIHTC) The Company does not have any investment in low income housing.
- Restricted Assets L.
 - 1. Restricted Assets (Including Pledged)

| | | | Gross (Admitte | ed & Nonadmitted | I) Restricted | | |
|---|--------------------------------|--|---|--|---------------------|-----------------------------|--|
| | | | Current Year | | | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | | |
| Restricted Asset Category | Total General Account (G/A) | G/A Supporting Protected Cell Account Activity (a) | Total Protected Cell Account Restricted Assets | Protected Cell Account Assets Supporting G/A | Total (1 plus 3) | Total From Prior Year | Increase/ (Decrease) (5 minus 6) |
| · · · · · · · · · · · · · · · · · · · | Account (G/A) | (a) | Assels | Activity (b) | (1 plus 3) | Tear | minus 0) |
| a. Subject to contractual obligation for which liability is not shownb. Collateral held under security lending | \$ - | - | - | - | - | - | - |
| agreements | - | - | - | - | - | - | - |
| c. Subject to repurchase agreements | - | - | - | - | - | - | - |
| d. Subject to reverse repurchase | - | - | - | - | - | - | - |
| e. Subject to dollar repurchase | - | - | - | - | - | - | - |
| f. Subject to dollar reverse repurchase | - | - | - | - | - | - | - |
| g. Placed under option contracts | - | - | - | - | - | - | - |
| h. Letter stock or securities restricted as | | | | | | | |
| to sale - excluding FHLB capital stock | - | - | - | - | - | - | - |
| i. FHLB capital stock | - | - | - | - | - | - | - |
| j. On deposit with states | \$ 300,000 | - | - | - | 300,000 | - | 300,000 |
| k. On deposit with other regulatory I. Pledged collateral to FHLB (including | - | - | - | - | - | - | - |
| assets backing funding agreements) | - | - | - | - | - | - | - |
| m. Pledged as collateral not captured in | | | | | | | |
| other categories | - | - | - | - | - | - | - |
| n. Other restricted assets | | - | - | - | - | - | |
| o. Total Restricted Assets (a) Subset of Column 1 | \$ 300,000 | - | - | - | 300,000 | - | 300,000 |

(b) Subset of Column 3

| | | Currer | nt Year | |
|---|-------------|----------------|-----------------|----------------|
| | 8 | 9 | Perce | ntage |
| | | | 10 | |
| | | | Gross (Admitted | Admitted |
| | | | & Nonadmitted) | Restricted to |
| | Total | Total Admitted | Restricted to | Total Admitted |
| | Nonadmitted | Restricted | Total Assets | Assets |
| Restricted Asset Category | Restricted | (5 minus 8) | (c) | (d) |
| a. Subject to contractual obligation for | | | | |
| which liability is not shown | \$ - | - | 0.00% | 0.00% |
| b. Collateral held under security lending | | | | |
| agreements | - | - | 0.00% | 0.00% |
| c. Subject to repurchase agreements | - | - | 0.00% | 0.00% |
| d. Subject to reverse repurchase | - | - | 0.00% | 0.00% |
| e. Subject to dollar repurchase | - | - | 0.00% | 0.00% |
| f. Subject to dollar reverse repurchase | - | - | 0.00% | 0.00% |
| g. Placed under option contracts | - | - | 0.00% | 0.00% |
| h. Letter stock or securities restricted as | | | | |
| to sale - excluding FHLB capital stock | - | - | 0.00% | 0.00% |
| i. FHLB capital stock | - | - | 0.00% | 0.00% |
| j. On deposit with states | - | 300,000 | 0.41% | 0.41% |
| k. On deposit with other regulatory | - | - | 0.00% | 0.00% |
| I. Pledged collateral to FHLB (including | | | | |
| assets backing funding agreements) | - | - | 0.00% | 0.00% |
| m. Pledged as collateral not captured in | | | | |
| other categories | - | - | 0.00% | 0.00% |
| n. Other restricted assets | - | - | 0.00% | 0.00% |
| o. Total Restricted Assets | \$ - | 300,000 | 0.00% | 0.00% |

(c) Column 5 divided by Asset Page, Column 1, Line 28 (d) Column 9 divided by Asset Page, Column 3, Line 28

М.

Working Capital Finance Investments The Company does not have any working capital finance investments.

N.

Offsetting and Netting of Assets and Liabilities The Company does not have any offsetting and netting of assets and liabilities.

0. Structured Notes

The Company does not have any structured notes.

Ρ. 5GI Securities

The Company does not have any investments subject to this disclosure.

Q. Short Sales The Company did not have short sales.

Prepayment Penalty and Acceleration Fees The Company did not have prepayment penalties or acceleration fees. R.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investment in Joint Ventures, Partnerships or Limited Liability Companies that exceeds 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Corporations during the statement period.

NOTE 7 Investment Income

- A. The Company non-admits any investment income due and accrued that is over 90 days past due.
- B. The Company has no non-admitted investment income due or accrued amounts.

NOTE 8 Derivative Instruments

The Company does not have any derivative instruments or leased securities.

NOTE 9 Income Taxes

No significant changes.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationship

The Company is a wholly-owned subsidiary of Ascot Insurance Company (Parent), a Colorado corporation and insurance company. Parent is owned by Ascot Holding Company, LLC.

- B. Not applicable
- C. Not applicable
- D. Amounts Due To or From Related Parties

At September 30, 2019, the Company reported \$27,393 due to Parent, Ascot Insurance Company, a Colorado corporation and insurance company, \$3,190,258 due to other affiliates and \$0 due from other affiliates. The amounts due to affiliates generally represent arms-length transactions and are recorded as admitted assets and in accordance with SSAP No. 25 "Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties".

- E. The Company does not have any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.
- F. The Company is party to an Intercompany Services and Cost Allocation Agreement (Services Agreement) with an affiliate, Ascot US Services Company LLC ("AUSC"). Under the terms of this agreement, shared costs are incurred and paid for by the Company. Primarily, these shared costs include overhead allocations of operating expenses. The Company is also party to an Underwriting Services Agreement with an affiliate, Ascot Underwriting Inc.
- G. All outstanding shares are owned by Ascot Insurance Company, a Colorado corporation and insurance company.
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable
- O. Not applicable

NOTE 11 Debt

- A. Debt (Including Capital Notes)
- The Company does not have any outstanding debt.
- B. FHLB (Federal Home Loan Bank) Agreements The Company does not have any Federal Home Loan Bank Agreements.

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

- A. Defined Benefit Plan
 - The Company has no employees and thus has no benefit plans.
- B-D. Description of Investment Policies, Fair Value of Plan Assets and Rate of Return Assumptions The Company has no employees and thus has no benefit plans.
- E. Defined Contribution Plan The Company has no employees and thus has no benefit plans.
- F. Multiemployer Plans
- The Company has no employees and thus has no benefit plans.
- G. Consolidated/Holding Company Plans The Company has no employees and thus has no benefit plans.
- H. Postemployment Benefits and Compensated Absences The Company has no employees and thus has no benefit plans.
- Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) The Company has no employees and thus has no benefit plans.

NOTE 13 Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 500 shares of \$1 par value common stock authorized, issued and outstanding.
- (2) The Company has no preferred stock authorized, issued or outstanding.
- (3) Under Rhode Island Iaw, the Company may not pay any dividend or make any distribution of cash or other property, the fair market value of which, together with that of any other dividends or distributions made within the 12 consecutive months ending on the date on which the proposed dividend or distribution is scheduled to be made, exceeds the lesser of (1) 10% of its surplus as of the 31st day of December of the last preceding year, or (2) its net income for the 12 month period ending on the 31st day of December of the last preceding year, or fails to disapprove such payment within 30 days after receiving notice of such payment. An additional limitation is that Rhode Island does not permit a domestic insurer to declare or pay a dividend except out of earned surplus unless otherwise approved by the commissioner before the dividend is paid.

The maximum amount of dividends which can be paid by state of Rhode Island insurance companies to shareholders without prior approval of the Insurance Commissioner is subject to restrictions relating to net income and statutory surplus. Statutory surplus at December 31, 2018 was \$51,500,005. The maximum dividend payout which may be made without prior approval in 2019 is \$0. Dividends are approved by the Board of Directors.

- (4) The Company made no dividend payments during the reporting period.
- (5) There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's unassigned funds (surplus), including for whom the surplus is being held.
- (7) Not applicable

(8) Not applicable

- (9) The Company has no special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.
- (11) Not applicable
- (12) Not applicable
- (13) Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

- Contingent Commitments The Company has no contingent commitments. A.
- в.
- Assessments The Company has no guaranty funds and other assessments.
- Gain Contingencies The Company has no gain contingencies. c.
- Claims related extra contractual obligations and bad faith losses stemming from lawsuits Not applicable D.
- Product Warranties Ε. Not applicable
- Joint and Several Liabilities F. Not applicable
- G.
- All Other Contingencies Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company.

NOTE 15 Leases

- Lessee Operating Lease: (1) The Company does not have any operating leases. A.
- в. Lessor Leases (1) Not applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- Not applicable Α.
- в. Not applicable
- C. Not applicable

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

Α.

NOTE 20 Fair Value Measurements

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|--|-----------|------------|-----------|-----------------------|------------|
| a. Assets at fair value | | | | | |
| Bonds | | | | | |
| Industrial & Miscellaneous (Unaffiliated) | \$ - | 34,578,296 | - | - | 34,578,296 |
| Political Subdivisions | - | 3,382,025 | - | - | 3,382,025 |
| Special Revenue & Special Assessment | - | 27,260,932 | - | - | 27,260,932 |
| States, Territories & Possessions | - | 1,188,280 | - | - | 1,188,280 |
| Total assets at fair value/NAV | \$ - | 66,409,533 | - | - | 66,409,533 |
| | | | | | |
| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
| Liabilities at fair value | | | | | |
| Derivative Liabilities | \$ - | - | - | - | - |
| Total liabilities at fair value | \$ - | - | - | - | - |

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy The Company has no assets or liabilities measured at fair values in Level 3 category.

| | Beginning Balance at | Transfers into | Transfers out of | Total gains and (losses) included in | Total gains and (losses) included in | | | | | Ending Balance at |
|-------------------|-------------------------|-------------------|---------------------|--|--|-----------|-----------|-------|-------------|----------------------|
| Description | 01/01/2019 | Level 3 | Level 3 | Net Income | Surplus | Purchases | Issuances | Sales | Settlements | 9/30/2019 |
| a. Assets | | | | | | | | | | |
| Total Assets | \$ - | - | - | - | - | - | - | - | - | - |
| h | | | | | | | | | | |
| | Beginning | Transfers | Transfers | and (losses) | and (losses) | | | | | Ending |
| | Balance at | into | out of | included in | included in | | | | | Balance at |
| Description | 01/01/2019 | Level 3 | Level 3 | Net Income | Surplus | Purchases | ssuances | Sales | Settlements | 9/30/2019 |
| a Liabilities | | | | | | | | | | |
| Total Liabilities | \$ - | - | - | - | - | - | - | - | - | - |

Fair Value Measurements в

SSAP 100 establishes a fair value hierarchy which prioritizes and ranks the level of market price observability used in measuring investments at fair value. Market price observability is impacted by a number of factors, including the type of investment, the characteristics specific to the investment, and the state of the marketplace (including the existence and transparency of transactions between market participants). Investments with readily-available actively quoted prices or for which fair value can be measured from actively-quoted prices in an orderly market will generally have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Investments disclosed at fair value are classified and disclosed in one of the following categories based on inputs:

Level 1 - Fair value measurements that are quoted prices (unadjusted) in active markets that the Company has the ability to access for identical assets or liabilities. Market price data generally is obtained from exchange or dealer markets. The Company does not adjust the quoted price for such instruments.

Level 2 - Fair value measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset, either directly or indirectly. Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset, such as interest rates and yield curves that are observable at commonly quoted intervals.

evel 3 - Fair value measurements based on valuation techniques that use significant inputs that are unobservable. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the determination of which category within the fair value hierarchy is appropriate for any given investment is based on the lowest level of input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

For the Company's investment portfolio, the Company obtains quoted prices in active markets, when available, for identical or similar assets at the balance sheet date. Market price data is generally obtained from dealer markets.

The carrying amounts for the following financial instruments approximate their fair values at September 30, 2019 because of their short-term nature: cash, cash equivalents and short term investments, and investment income due and accrued, accounts payable and accrued expenses and other liabilities.

Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall. C.

| | | | | | | | Not | |
|------------------------------|---------------|------------|-----------|------------|-----------|-------------|-------------|---|
| | | | | | | | Practicable | |
| | Aggregate | Admitted | | | | Net Asset | (Carrying | |
| Type of Financial Instrument | Fair Value | Assets | (Level 1) | (Level 2) | (Level 3) | Value (NAV) | Value) | |
| Bonds | \$ 66,409,533 | 64,642,484 | - | 66,409,533 | - | - | - | 1 |
| Short Terms | - | - | - | - | - | - | - | |
| Cash | 614,670 | 614,670 | 614,670 | - | - | - | - | |
| Cash Equivalents | 2,175,532 | 2,175,532 | 2,175,532 | - | - | - | - | |

Not Practicable to Estimate Fair Value D.

The Company had no financial instruments where it was not practicable to estimate fair value.

NOTE 21 Other Items

- al or Infrequent Items Α.
- The Company had no extraordinary, unusual or infrequent events or transactions during the statement period.
- Troubled Debt Restructuring: Debtors в. The Company had no troubled debt restructuring.
- Other Disclosures C. Not applicable
- **Business Interruption Insurance Recoveries** D. The Company did not experience any business interruption
- State Transferable and Non-transferable Tax Credits Ε.
- Not applicable
- Subprime Mortgage Related Risk Exposure F

The Company does not engage in direct subprime residential mortgage lending. The Company had no exposure as of September 30, 2019 to subprime mortgage related risks. The Company has no investments within the fixed income investment portfolio which contain securities collateralized by mortgages that have characteristics of (1) subprime lending. Such characteristics include an interest rate above prime to borrowers who do not qualify for prime rate loans, borrowers with low credit ratings (FICO scores), unconventionally high initial loan-to-value ratios, and borrowers with less than conventional documentation of their income and/or net assets.

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

NOTE 22 Events Subsequent

Subsequent events have been considered through November 13, 2019 for the statutory financial statements issued as of September 30, 2019 and determined there were none that required disclosure.

NOTE 23 Reinsurance

- Unsecured Reinsurance Recoverables Α.
 - The Company has no unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premiums with the individual authorized reinsurers that exceed 3% of the Company's policyholder surplus.

В. Reinsurance Recoverable in Dispute

Not applicable

c. Reinsurance Assumed and Ceded (1)

| | Assumed Reinsurance | | | Ceded I | Reinsurance | Net | | | |
|---|---------------------|----------------------|---|------------------------|----------------------------|----------------------------|--------------------------|--|--|
| | Pre | (1) mium serve | (2) Commission Equity | (3) Premium Reserve | (4) Commission Equity | (5) Premium Reserve | (6) Commission Equity | | |
| a. Affiliates b. All Other c. Total | \$ - \$ - \$ | | 7,266,811 2,133,683 7,266,811 2,133,683 | | (7,266,811) (7,266,811) | (2,133,683) (2,133,683) | | | |
| d. Direct Unearned Premium | | | | | | | \$ 12,415,645 | | |

- Additional or Return Commission (2) Not applicable
- (3) Protected Cells
- Not applicable

D. Uncollectible Reinsurance Not applicable

Ε. Commutation of Reinsurance Reflected in Income and Expenses. Not applicable

| | NOTES TO FINANCIAL STATEMENTS |
|---------|---|
| F. | Retroactive Reinsurance Not applicable |
| 0 | |
| G. | Reinsurance Accounted for as a Deposit Not applicable |
| I. | Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not applicable |
| J. | Reinsurance Agreements Qualifying for Reinsurer Aggregation Not applicable |
| NOTE 24 | Retrospectively Rated Contracts & Contracts Subject to Redetermination |
| | The Company did not have any retrospectively rated contracts or contracts subject to redetermination. |
| NOTE 25 | Change in Incurred Losses and Loss Adjustment Expenses |
| | The Company had incurred loss and loss adjustment expenses of \$994,327 for the nine months ended September 30, 2019. |
| NOTE 26 | Intercompany Pooling Arrangements |
| | Not applicable |
| NOTE 27 | Structured Settlements |
| | The Company did not have any structured settlements. |
| NOTE 28 | Health Care Receivables |
| Α. | Pharmaceutical Rebate Receivables Not applicable |
| В. | Risk-Sharing Receivables Not applicable |
| NOTE 29 | Participating Policies |
| | Not applicable |
| NOTE 30 | Premium Deficiency Reserves |
| | Not applicable |
| NOTE 31 | High Deductibles |
| | Not applicable |
| NOTE 32 | Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses |
| | Not applicable |
| NOTE 33 | Asbestos/Environmental Reserves |
| | The Company does not have asbestos reserves. |
| NOTE 34 | Subscriber Savings Accounts |
| | Not applicable |
| NOTE 35 | Multiple Peril Crop Insurance |
| | Not applicable |
| NOTE 36 | Financial Guaranty Insurance |
| | Not applicable |
| | |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? | Yes [] No [X] |
|-----|---|--------------------|
| 1.2 | If yes, has the report been filed with the domiciliary state? | Yes [] No [] |
| 2.1 | Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? | Yes [] No [X] |
| 2.2 | If yes, date of change: | |
| 3.1 | Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. | Yes [X] No [] |
| 3.2 | Have there been any substantial changes in the organizational chart since the prior quarter end? | Yes [] No [X] |
| 3.3 | If the response to 3.2 is yes, provide a brief description of those changes. | |
| 3.4 | Is the reporting entity publicly traded or a member of a publicly traded group? | Yes [] No [X] |
| 3.5 | If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group | |
| 4.1 | Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period. | Yes [] No [X] |
| 4.2 | If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. | |
| | 1 2 3 Name of Entity NAIC Company Code State of Domicile | |
| 5. | If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney- in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? |] No [X] N/A [] |
| 6.1 | State as of what date the latest financial examination of the reporting entity was made or is being made. | 09/30/1989 |
| 6.2 | State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. | 09/30/1989 |
| 6.3 | State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). | 11/20/1989 |
| 6.4 | By what department or departments? Rhode Island | |
| 6.5 | Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? |] No [] N/A [X] |
| 6.6 | Have all of the recommendations within the latest financial examination report been complied with? |] No [] N/A [X] |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? | Yes [] No [X] |
| 7.2 | If yes, give full information: | |
| 8.1 | Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? | Yes [] No [X] |
| 8.2 | If response to 8.1 is yes, please identify the name of the bank holding company. | |
| 8.3 | Is the company affiliated with one or more banks, thrifts or securities firms? | Yes [] No [X] |

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 8.4

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |

GENERAL INTERROGATORIES

| 9.1 9.11 | 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? (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. If the response to 9.1 is No, please explain: | Yes [X | .] | No [|] |
|--------------|--|---------|-----|--------|----------|
| 9.2 | Has the code of ethics for senior managers been amended? | Yes [|] [| No [X | X] |
| 9.21 | If the response to 9.2 is Yes, provide information related to amendment(s). | | | | |
| 9.3 9.31 | Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s). | Yes [|] | No [X | (] |
| | FINANCIAL | | | | |
| 10.1 10.2 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? | | | | (] 0 |

INVESTMENT

| 11.1 11.2 | Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or o use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: | | | Yes [|] No [| |
|--------------|---|---------------------------------|----|-------|-------------------------|-----|
| 12. | Amount of real estate and mortgages held in other invested assets in Schedule BA: | | | | | 0 |
| 13. | Amount of real estate and mortgages held in short-term investments: | | | | | 0 |
| 14.1 | Does the reporting entity have any investments in parent, subsidiaries and affiliates? | | | Yes [|] No [| Χ] |
| 14.2 | If yes, please complete the following: | | | | | |
| | | 1 | | | 2 | |
| | | Prior Year-End | | | urrent Qua | |
| | | Book/Adjusted Carrying Value | | | ook/Adjus arrying Va | |
| 14.21 | Bonds | \$ | 0 | \$ | arrying Va | 0 |
| | Preferred Stock | | 0 | \$ | | 0 |
| | Common Stock | | | \$ | | 0 |
| 14.24 | Short-Term Investments | \$ | 0 | \$ | | 0 |
| 14.25 | Mortgage Loans on Real Estate | \$ | 0 | \$ | | 0 |
| | All Other | | | \$ | | 0 |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ | 0 | \$ | | 0 |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | 0 | \$ | | 0 |
| 15 1 | Has the reporting entity entered into any hedging transactions reported on Schedule DB? | | | V I | 1 N. I | V I |
| 15.1 15.2 | If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? | | | Yes [| J NO [| X J |
| 15.2 | If no, attach a description with this statement. | | | tes [|] NO [| 1 |
| | in no, attach a description with this statement. | | | | | |
| 16. | For the reporting entity's security lending program, state the amount of the following as of the current statement da | ate: | | | | |
| | 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$ | | | 0 |
| | 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, | Parts 1 and 2 | \$ | | | 0 |
| | 16.3 Total payable for securities lending reported on the liability page. | | \$ | | | 0 |
| | | | + | | | |

GENERAL INTERROGATORIES

| 17. 17.1 | offices, vaults or safety custodial agreement w Outsourcing of Critical | y deposit boxes, we vith a qualified bank Functions, Custod | Special Deposits, real estate, more all stocks, bonds and other s cor trust company in accordanc ial or Safekeeping Agreements equirements of the NAIC Financ | ecurities, owr e with Section of the NAIC F | ned throughout th n 1, III - General inancial Conditio | e current year Examination Co n Examiners H | held pursuant to a onsiderations, F. andbook? | Yes [X] | No [] |
|--------------|---|---|---|--|--|---|---|----------------|----------|
| | | 1 | | | | 2 | | | |
| | The Bank of New York | Name of Custo | dian(s) Ins. Division | One Wall St | reet New York | Custodian Addro NY 10286 | ess | | |
| | | inot: odotody i | | | | 10200 | | | |
| 17.2 | For all agreements that location and a comple | | h the requirements of the NAIC | Financial Co | ndition Examiner | s Handbook, pr | rovide the name, | | |
| | 1 Name(| s) | 2 Location(s) | | C | 3 complete Explai | nation(s) | | |
| 17.3 17.4 | Have there been any c If yes, give full informa | | name changes, in the custodian o: | (s) identified i | n 17.1 during the | e current quarte | r? | Yes [] | No [X] |
| | 1 Old Custo | odian | 2 New Custodian | Dat | 3 e of Change | | 4 Reason | | |
| 17.5 | make investment deci | sions on behalf of t | estment advisors, investment m he reporting entity. For assets th nent accounts"; "handle secu | nat are manag | | | | | |
| | | 1 Name of Firm of | or Individual | | 2 iation | | | | |
| | New England Asset Ma | nagement, Inc | | U | | | | | |
| | designated wi 17.5098 For firms/indi | ith a "U") manage n viduals unaffiliated | in the table for Question 17.5, c nore than 10% of the reporting of with the reporting entity (i.e. des aggregate to more than 50% of | lo any firms/ir entity's assets | ndividuals unaffili ? a "U") listed in the | e table for Que | stion 17.5, does the | | |
| 17.6 | | - | table for 17.5 with an affiliation | | - | | | | |
| | 1 | | 2 | | 3 | 3 | 4 | Ę | 5 |
| | | | | | | | | Inves Manag | |
| | Central Registration | | | | | | | Agree | ement |
| | Depository Number | New England Asset | Name of Firm or Individual Management, Inc. | | Legal Entity lo | | Registered With | (IMA) | |
| | | • | | | | | 020 | | |
| 18.1 18.2 | Have all the filing requ If no, list exceptions: | irements of the Pur | rposes and Procedures Manual | of the NAIC I | nvestment Analys | sis Office been | followed? | Yes [X] | No [] |
| 19. | a. Documentation security is not a b. Issuer or obligo c. The insurer has | necessary to perm available. r is current on all co an actual expectat | porting entity is certifying the follo it a full credit analysis of the sec portracted interest and principal p tion of ultimate payment of all co GI securities? | curity does no payments. ontracted inter | t exist or an NAIC | C CRP credit ra | ting for an FE or PL | Yes [] | No [X] |
| 20. | a. The security was b. The reporting er c. The NAIC Desig on a current priv d. The reporting er | s purchased prior to ntity is holding capit nation was derived vate letter rating hele ntity is not permitted | eporting entity is certifying the fo o January 1, 2018. al commensurate with the NAIC from the credit rating assigned d by the insurer and available fo to share this credit rating of the PLGI securities? | Designation by an NAIC C or examination PL security | reported for the s CRP in its legal ca by state insurar with the SVO. | security. apacity as a NF nce regulators. | SRO which is shown | 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? If yes, attach an explanation. | Yes | [] |] No | [|] | N/A | (X |] |
|-----|--|-----|-----|------|---|----|-------|-----|---|
| 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] |] | |
| 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 | | DIS | COUNT TAKEN | I DURING PER | IOD |
|------------------|----------|----------|--------|---------|---------|-------|--------|-------------|--------------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Maximum | Discount | Unpaid | Unpaid | | | Unpaid | Unpaid | | |
| Line of Business | Interest | Rate | Losses | LÀE | IBNR | TOTAL | Losses | LÄE | IBNR | TOTAL |
| | | TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5. Operating Percentages:

| | 5.1 A&H loss percent | | | | 0.00 |)0 % |
|-----|---|-------------|-----|--------|------|------|
| | 5.2 A&H cost containment percent | | | | 0.00 |)0 % |
| | 5.3 A&H expense percent excluding cost containment expenses | | | | 0.00 |)0 % |
| 6.1 | Do you act as a custodian for health savings accounts? | Yes [|] N | lo [) | (] | |
| 6.2 | If yes, please provide the amount of custodial funds held as of the reporting date | \$ | | | | 0 |
| 6.3 | Do you act as an administrator for health savings accounts? | Yes [|] N | lo [) | (] | |
| 6.4 | If yes, please provide the balance of the funds administered as of the reporting date | \$ | | | | 0 |
| 7. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes [X |] N | lo [|] | |
| 7.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes [|] N | lo [|] | |

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

| Code Nu 22730 .06-11 12348 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 22039 .13-26 23043 .04-15 10227 .13-45 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 24249 .13-26 13453 .13-56 | 2 ID Number 1182357 1430254 0434766 2293075 2005057 2005057 2005057 2005057 2005057 2005057 2005057 2015255 1444207 1675535 2918573 5616275 5666250 566650 566650 566650 566650 566650 566650 566650 566650 56665 | 3 Name of Reinsurer Allied World Insurance Company Arch Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company Everest Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | 4 Domiciliary Jurisdiction NH. DE. NY. DE. DE. DE. DE. CT. MA. DE. CT. MD. NY. | Author i zed | 5 Type of Reinsurer | 6 Certified Reinsurer Rating (1 through 6) | 7 Effective Date of Certified Reinsurer Rating |
|---|--|--|---|---|---------------------|--|---|
| Company Nu 22730 .06-11 122730 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 220303 .13-26 23043 .04-15 10227 .13-46 10227 .13-49 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 242439 .13-26 | Number 1182357 1430254 -0434766 -2293075 -2005057 -2673100 -1543470 -4924125 -0698507 -1952955 -144207 -1675335 -2918573 -5616275 -0566050 | Allied World Insurance Company Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | Jurisdiction NH. DE. NY. DE. DE. DE. CT. MD. NY. NY. NY. NY. NY. NY. NY. NY. NY. NY | Author ized Author ized | Type of Reinsurer | Reinsurer Rating | Date of Certified Reinsurer |
| Company Nu 22730 .06-11 122730 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 220303 .13-26 23043 .04-15 10227 .13-46 10227 .13-49 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 242439 .13-26 | Number 1182357 1430254 -0434766 -2293075 -2005057 -2673100 -1543470 -4924125 -0698507 -1952955 -144207 -1675335 -2918573 -5616275 -0566050 | Allied World Insurance Company Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | Jurisdiction NH. DE. NY. DE. DE. DE. CT. MD. NY. NY. NY. NY. NY. NY. NY. NY. NY. NY | Author ized Author ized | Type of Reinsurer | Reinsurer Rating | Date of Certified Reinsurer |
| Company Nu 22730 .06-11 122730 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 220303 .13-26 23043 .04-15 10227 .13-46 10227 .13-49 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 242439 .13-26 | Number 1182357 1430254 -0434766 -2293075 -2005057 -2673100 -1543470 -4924125 -0698507 -1952955 -144207 -1675335 -2918573 -5616275 -0566050 | Allied World Insurance Company Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | Jurisdiction NH. DE. NY. DE. DE. DE. CT. MD. NY. NY. NY. NY. NY. NY. NY. NY. NY. NY | Author ized Author ized | Type of Reinsurer | Reinsurer Rating | Certified Reinsurer |
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| Code Nu 22730 .06-11 12348 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 22039 .13-26 23043 .04-15 10227 .13-45 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 24249 .13-26 13453 .13-56 | Number 1182357 1430254 -0434766 -2293075 -2005057 -2673100 -1543470 -4924125 -0698507 -1952955 -144207 -1675335 -2918573 -5616275 -0566050 | Allied World Insurance Company Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | Jurisdiction NH. DE. NY. DE. DE. DE. CT. MD. NY. NY. NY. NY. NY. NY. NY. NY. NY. NY | Author ized Author ized | Type of Reinsurer | | |
| 22730 .06-11 10348 .06-14 20370 .51-04 11551 .35-22 26921 .22-20 22039 .13-26 23043 .04-15 10227 .13-49 23680 .47-06 10357 .52-19 30058 .75-14 25364 .13-16 24249 .13-29 19453 .13-56 | 1182357 1430254 | Allied World Insurance Company Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | NHDE NYDE DE DE DE DE MA DE CT MD NY NY NY | Author ized Author ized | Type of Heinsurer | (1 through 6) | |
| .10348 .06-14 .20370 .51-04 .11551 .35-22 .26921 .22-20 .2039 .13-26 .2043 .04-15 .10227 .13-49 .23680 .47-06 .10357 .52-19 .30058 .75-14 .25364 .13-26 .42439 .13-28 .13453 .13-56 | 1430254 0434766 2293075 2005057 2673100 1543470 4924125 0698507 1952955 1444207 1675535 2918573 2918573 5616275 | Arch Reinsurance Company Axis Reinsurance Company Endurance (SOMPO) Assurance Company Everest Reinsurance Company General Reinsurance Corporation Liberty Mutual US Munich Reinsurance America Inc Odyssey Re Renaissance Reinsurance US Inc SCOR Reinsurance Company Swiss Reinsurance America Corporation Toa Re America | DE | Author ized Author ized | | | |
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| | -5616275 | | DE | Authorized | | | <u> </u> |
| | -0566050 | Transatlantic Reinsurance Company | NY | Authorized | | | 1 |
| | | Travelers Indemnity Company (The) | | Authorized | | | [|
| | . 1940/19 | XL Reinsurance America Inc. | NY | Authorized | | | 1 |
| | | | DEU | Unauthorized | | | |
| | | | | | | 3 | 10/00/0015 |
| | -3194130 | Endurance Spec | BMU | Certified | | | 12/29/2015 |
| | -1124129 | Endurance Worldwide Insurance Ltd | GBR | Unauthorized | | | |
| | 3191190 | Hamilton Re Ltd | BMU | Unauthorized | | | |
| | -1340125 | Hannover Rueckversicherung SE | DEU | Certified | | 2 | 04/13/2015 |
| 00000AA-14 | -1460080 | Helvetia Schweizerische Versicherungsgesellschaft AG | CHE | Unauthorized | | | L |
| 00000 AA-11 | 1120855 | Liberty Mutual Insurance Europe SE | | Unauthorized | | | |
| | 1127084 | Lloyd's Syndicate Number 1084 | | Authorized | | | |
| | 1120085 | Lloyd's Syndicate Number 1274 | GBR | Authorized | | | |
| | -1120083 | Lloyd's Syndicate Number 1910 | GBR | Authorized | | | |
| | 1120084 | Lloyd's Syndicate Number 1910 | GBR | Authorized | | | |
| | -1120084 | Lloyd's Syndicate Number 1935 Lloyd's Syndicate Number 2003 XLC | DEU | Authorized | | | |
| | | | | | | | |
| | -1120113 | Lloyd's Syndicate Number 3334 HAM | DEU | Authorized | | | |
| | -1126004 | Lloyd's Syndicate Number 4444 | GBR | Authorized | | | |
| | 1126006 | Lloyd's Syndicate Number 4472 | GBR | Authorized | | | |
| 00000 AA-11 | -1126609 | Lloyd's Syndicate Number 609 | GBR | Authorized | | | |
| 00000 AA-13 | 1340165 | Munchener Ruckversicherungs Gesellschaft | DEU | Unauthorized | | | |
| | -1780078 | Partner Reinsurance Europe SE | IRL | Unauthorized | | | |
| | 1320031 | SCOR Global P & C | | Unauthorized | | | |
| | -1371002 | Swiss Reinsurance | GBR | Unauthorized | | | |
| | -3191179 | Third Point Reinsurance Company LTD | BMU | Unauthorized | | | |
| | -1120159 | TransRe London Ltd | GBR | Unauthorized | | | |
| | | Validus Reins (Switzerland) Ltd | | Authorized | | | |
| | -1460006 | | | | | | |
| 00000 AA-31 | -3190870 | Validus Reins Ltd | BMU | Authorized | | | l |
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Current Year to Date - Allocated by States and Territories

| | | | 1 | Direct Premiu | ums Written | | (Deducting Salvage) | Direct Loss | es Unpaid |
|-----------|--|-------------|-------------------------|------------------------------|----------------------------|------------------------------|----------------------------|------------------------------|----------------------------|
| | States, etc. | | Active Status (a) | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. | Alabama | .AL | E | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | | .AK | E | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Arizona | .AZ | E | 0 . | 0 | 0 | 0 | 0 | C |
| 4. | | .AR | E | | 0 | 0 | 0 | | C |
| 5. | California | | Ε | | 0 | 0 | 0 | | C |
| 6. | | .CO | Ε | | 0 | 0 | 0 | | |
| 7. | | .CT | E | | 0 | 0 | 0 | | |
| 8. | | .DE | E | 0 | 0 | 0 | 0 | 0 | (|
| 9. | District of Columbia | | <u>E</u> | | 0 | 0 | 0 | 2,205 | 0 |
| 10. | | .,FL | E | | 0 | 0 | 0 | | 0 |
| 11. | | .GA | E | | 0 | 0 | 0 | | C |
| | Hawaii | | E | | 0 | 0 | 0 | | 0 |
| | Idaho | | E | | 0 | 0 | 0 | | 0 |
| 14. | Illinois | | E | | 0 | 0 | 0 | | 0 |
| 15. | Indiana | | E | | 0 | 0 | 0 | | 0 |
| 16. | lowa | | E | 0 | 0 | 0 | 0 | 0 | 0 |
| | Kansas | | E | | 0 | 0 | 0 | 741 | 0 |
| | Kentucky | | E | | 0 | 0 | 0 | | |
| | Louisiana | | E | | 0 | 0 | 0 | | (|
| | Maine | | E | 0 | 0 | 0 | 0 | 0 | |
| | Maryland | | E | | 0 | 0 | 0 | | (|
| | Massachusetts | | E | | 0 | 0 | 0 | | |
| | Michigan | | E | | 0 | 0 | 0 | | (|
| | Minnesota | | E | 0 | 0 | 0 | 0 | 0 | |
| | Mississippi | | E | 0 | 0 | 0 | 0 | 0 | (|
| 26. | Missouri | .MO | E | | 0 | 0 | 0 | 1, 155 | (|
| 27. | Montana | .MT | E | | 0 | 0 | 0 | 537 | |
| 28. | Nebraska | .NE | E | | 0 | 0 | 0 | | 0 |
| | | .NV | E | | 0 | 0 | 0 | | |
| 30. | New Hampshire | .NH | E | 0 | 0 | 0 | 0 | 0 | |
| | New Jersey | | E | | 0 | 0 | 0 | | |
| | New Mexico | | E | | 0 | 0 | 0 | 130 | |
| | New York | | Е | 1,361,175 | 0 | 0 | 0 | | C |
| | North Carolina | | E | | 0 | 0 | 0 | | C |
| | North Dakota | | F | | 0 | 0 | 0 | | (|
| | | OH . | Ē | | 0 | 0 | 0 | | 0 |
| | Oklahoma | | F | | 0 | 0 | 0 | | 0 |
| | | OR . | E | | 0 | 0 | 0 | 0 | 0 |
| | Pennsylvania | | F | | 0 | 0 | 0 | | |
| | Rhode Island | | 1 | 115,132 | 0 | 0 | 0 | | 0 |
| | South Carolina | SC | F | | 0 | 0 | 0 | | |
| | South Dakota | | н. Е | | • | 0 | 0 | 0 | ەە |
| | Tennessee | | Е | .64,900 | | 0 | 0 | 5.337 | ەە |
| | Texas | | F | | 0 | 0 | 0 | | ەە |
| | | UT | E | | 0 | 0 | 0 | | |
| 45. 46 | | .01 VT | E E | 0 | 0 | 0 | 0 | 0 | |
| 46. 47 | Vermont | | E E | | 0 | 0 | 0 | | |
| | - | WA | Е Е | | 0 | 0 | 0 | | |
| | 0 | | E E | | 0 | 0 | 0 | <u>.</u> 34,888 0 | |
| | West Virginia Wisconsin | | F C | | 0 | 0 | 0 | | |
| | | | E F | | 0 | 0 | 0 0 | , . | l |
| | Wyoming | | | 0. | 0 | 0 | 0 | 0 | |
| | American Samoa | | N | | 0 | 0 | | 0 | |
| | Guam | | N | 0 . | | 0 | 0 | 0 | |
| 54. | | .PR | N | 0 . | 0 | 0 | 0 | 0 | |
| | U.S. Virgin Islands Northern Mariana Islands | | NNNNNN | 0 | 0 | 0 | 0 | 0 | |
| 57. | | .MP .CAN | N | | 0 | 0 | 0 | 0 670 | |
| | Aggregate Other Alien | | | | 0 | 0 | 0 | | |
| | Aggregate Other Allen | 01 | XXX XXX | | 0 | 0 | 0 | 1,754,871 | |
| | DETAILS OF WRITE-II | NS | | | | | | | |
| 58001. | | | XXX | | | | | | |
| 58002. | | | XXX | | | | | | |
| 58003. | | | XXX | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 fr | om | | _ | _ | _ | | _ | |
| | overflow page | | XXX | 0 | 0 | 0 | 0 | 0 | (|
| 58999. | Totals (Lines 58001 thr 58003 plus 58998)(Lir | | | | | | | | |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other

than their state of domicile - see DSLI).
 D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.

R - Registered - Non-domiciled RRGs......0

._6

Q - Qualified - Qualified or accredited reinsurer.0

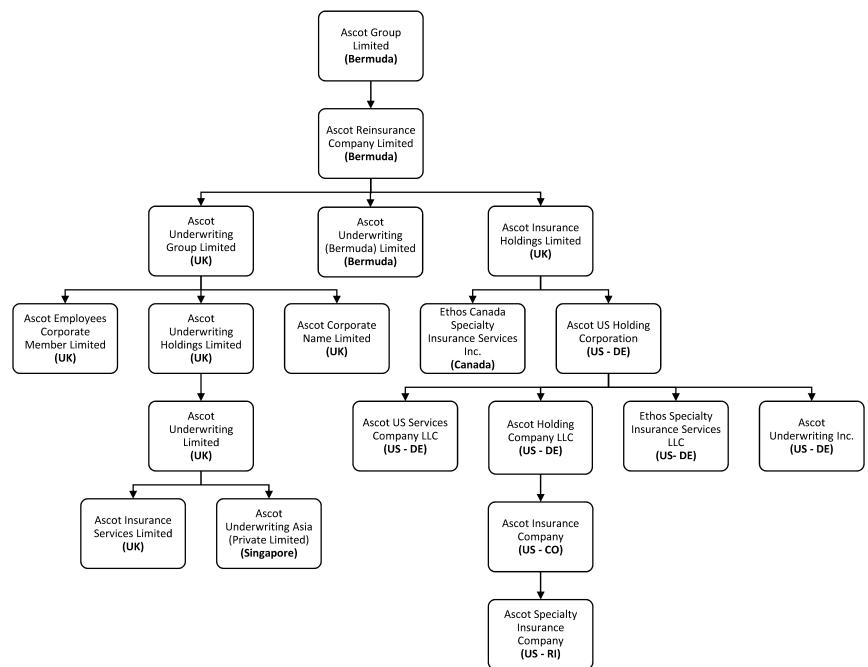
N - None of the above - Not allowed to write business in the state

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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 |
|-------|------------|---------|------------|---------|------|--------------------|---|---------|-----------|-------------------------------------|-------------------|---------|-----------------------------|---------|----|
| | | | | | | | | | | | Туре | lf | | | |
| | | | | | | | | | | | of Control | Control | | | |
| | | | | | | | | | | | (Ownership, | is | | ls an | |
| | | | | | | Name of Securities | | | Relation- | | Board. | Owner- | | SCA | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | Filina | |
| | | NAIC | | | | if Publicly Traded | Names of | ciliary | | | Attorney-in-Fact, | Provide | | Re- | |
| 0 | | | ID | Endowel | | | | | | Diss at the Oscietural land here | | | Lilting at a Country Illing | | |
| Group | 0 N | Company | | Federal | 011/ | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | quired? | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | |
| | | | | | | | Ascot Group Limited | BMU | | | | 0.000 | | N | |
| | | | | | | | Ascot Reinsurance Company Limited | BMU | UIP | Ascot Group Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Underwriting (Bermuda) Limited | BMU | NIA | Ascot Reinsurance Company Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Underwriting Group Limited | GBR | NI A | Ascot Reinsurance Company Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Employees Corporate Member Limited | GBR | NIA | Ascot Underwriting Group Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Underwriting Holdings Limited | GBR | NI A | Ascot Underwriting Group Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Corporate Name Limited | GBR | NIA | Ascot Underwriting Group Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Underwriting Limited | GBR | NI A | Ascot Underwriting Holdings Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Insurance Services Limited | GBR | | Ascot Underwriting Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Underwriting Asia (Private Limited) | | NI A | Ascot Underwriting Limited | Ownership | | Ascot Group Limited | N | |
| | | | | | | | Ascot Insurance Holdings Limited | GBR | ŲIP | Ascot Reinsurance Company Limited | Ownership | 100.000 | Ascot Group Limited | NN | |
| | | | | | | | Ethos Canada Specialty Insurance Services | | | | | | | | |
| | | | | | | | Inc | CAN | | Ascot Insurance Holdings Limited | Ownership | | Ascot Group Limited | N | |
| | | | 82-2798478 | | | | Ascot US Holding Corporation | DE | | Ascot Insurance Holdings Limited | Ownership | | Ascot Group Limited | NN | |
| | | | 26-0586977 | | | | Ascot Underwriting Incorporated | DE | NI A | Ascot US Holding Corporation | Ownership | | Ascot Group Limited | N | |
| | | | 82-2797880 | | | | Ethos Specialty Insurance Services LLC | DE | NI A | Ascot US Holding Corporation | Ownership | | Ascot Group Limited | NN | |
| | | | | | | | Ascot Holding Company LLC | DE | UIP | Ascot US Holding Corporation | Ownership | | Ascot Group Limited | N | |
| | | | 32-0573659 | | | | Ascot US Services Company LLC | DE | NI A | Ascot US Holding Corporation | Ownership | | Ascot Group Limited | N | |
| | | | 84-0583213 | | | | Ascot Insurance Company | CO | UDP | Ascot Holding Company LLC | Ownership | | Ascot Group Limited | N | |
| | | 45055 | 05-0420799 | | | | Ascot Specialty Insurance Company | RI | RE | Ascot Insurance Company | Ownership | 100.000 | Ascot Group Limited | N | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Asterisk | Explanation |
|----------|-------------|
| | |

| STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Ascot Specialty Insurance Company |
|---|
| PART 1 - LOSS EXPERIENCE |

| | | | Current Year to Date | | | | |
|----------------|---|--------------------------------|--------------------------------|--------------------------------|---|--|--|
| | Line of Business | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | Prior Year to Date Direct Loss Percentage | | |
| 1. | Fire | | 7, 184 | | | | |
| 2. | Allied Lines | 0 | 0 | .0.0 | | | |
| 3. | Farmowners multiple peril | 0 | 0 | 0.0 | .0.0 | | |
| 4. | Homeowners multiple peril | 0 | | 0.0 | .0.0 | | |
| 5. | Commercial multiple peril | | 72,076 | .56.0 | 0.0 | | |
| 6. | Mortgage guaranty | | | 0.0 | 0.0 | | |
| 8. | Ocean marine | | 7,102 | .39.7 | 0.0 | | |
| 9. | Inland marine | | 146.272 | 56.0 | 0.0 | | |
| 10. | Financial guaranty | | 0 | 0.0 | 0.0 | | |
| 11.1 | Medical professional liability - occurrence | | 0 | 0.0 | 0.0 | | |
| 11.2 | Medical professional liability - claims-made | 0 | 0 | 0.0 | 0.0 | | |
| 12. | Earthquake | | 0 | 0.0 | 0.0 | | |
| 13. | Group accident and health | | 0 | 0.0 | 0.0 | | |
| 14. | Credit accident and health | | 0 | 0.0 | 0.0 | | |
| 15. | Other accident and health | | 0 | 0.0 | 0.0 | | |
| 16. | Workers' compensation | | 0 | 0.0 | 0.0 | | |
| 17.1 | Other liability - occurrence | | 595,325 | 51.0 | 0.0 | | |
| 17.2 | Other liability - claims-made | | | 40.3 | 0.0 | | |
| 17.3 | Excess workers' compensation | | 0 | 0.0 | 0.0 | | |
| 18.1 | Products liability - occurrence | | | 0.0 | 0.0 | | |
| 18.2 | Products liability - claims-made | | 0 | 0.0 | 0.0 | | |
| | Private passenger auto liability | | | 0.0 | 0.0 | | |
| 19.3.19.4 | Commercial auto liability | | 0 | 0.0 | 0.0 | | |
| 21. | Auto physical damage | | 0 | 0.0 | 0.0 | | |
| 22. | Aircraft (all perils) | | 0 | 0.0 | 0.0 | | |
| 23. | Fidelity | | 0 | 0.0 | 0.0 | | |
| 24. | Surety | | | 0.0 | 0.0 | | |
| 26. | Burglary and theft | | | 0.0 | 0.0 | | |
| 27. | Boiler and machinery | | 0 | 0.0 | 0.0 | | |
| 28. | Credit | | 8.636 | 55.5 | 0.0 | | |
| 29. | International | | | 0.0 | 0.0 | | |
| 30. | Warranty | | | 0.0 | 0.0 | | |
| 31. | Reinsurance - Nonproportional Assumed Property | | | | | | |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | | | | |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | | | XXX | XXX | | |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0.0 | 0.0 | | |
| 35. | Totals | 3,878,501 | 1,754,871 | 45.2 | 0.0 | | |
| 3401. 3402. | DETAILS OF WRITE-INS | | | | | | |
| 3403. | Cummony of remaining write inc for Line 24 from everflow | | ····· | ~ ~ ~ | ~ ^ | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | 0.0 | 0.0 | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | 0 | 0.0 | 0.0 | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| | | 1 | 2 Current | 3 Prior Year |
|------------|---|---------------------------|----------------------|-----------------|
| 1. | Line of Business Fire | Current Quarter 58.325 | Year to Date | Year to Date |
| 1. 2. | Allied Lines | | | 0 |
| 2. 3. | Farmowners multiple peril | | 0 | 0 |
| 3. 4. | Homeowners multiple peril | | | 0 |
| 4. 5. | Commercial multiple peril | | | 0 |
| 5. 6. | | | 1,044,807 | 0 |
| 0. 8. | Mortgage guaranty Ocean marine | | U | 0 |
| 0. 9. | Inland marine | | 103,907 1,638,601 | 0 |
| 3. 10. | Financial guaranty | | | 0 |
| 11.1 | Medical professional liability - occurrence | | 0 | 0 |
| 11.2 | Medical professional liability - claims-made | | 0 | 0 |
| 11.2 | , , | | 0 | 0 |
| 12. | Earthquake Group accident and health | | 0 | 0 |
| 13. 14. | Credit accident and health | | 0 | 0 |
| 14. | Other accident and health | | 0 | 0 |
| 15. 16. | Workers' compensation | | 0 | 0 |
| 16. | Other liability - occurrence | | | 0 |
| | Other liability - claims-made | | | 0 |
| 17.2 | Excess workers' compensation | | 10,314,477 | 0 |
| 17.3 | Products liability - occurrence | | 0 | 0 |
| 18.2 | Products liability - claims-made | | 0 | 0 |
| | Private passenger auto liability | | 0 | 0 |
| | Commercial auto liability | | 0 | 0 |
| 21. | | | 0 | 0 |
| 21. 22. | Auto physical damage Aircraft (all perils) | | 0 | 0 |
| 22. | Fidelity | | | 0 |
| 23. 24. | , | | | 0 |
| 24. 26. | Surety | | | 0 |
| 26. 27. | Burglary and theft | | | 0 |
| 27. | Boiler and machinery | | U | 0 |
| 20. 29. | Credit International | | | 0 |
| 29. 30. | | | 0 | 0 |
| 30. 31. | Warranty Reinsurance - Nonproportional Assumed Property | | | 0 |
| 31. | Reinsurance - Nonproportional Assumed Property | | | |
| 33. | Reinsurance - Nonproportional Assumed Enabling | | | XXX |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0 |
| 35. | Totals | 9.356.523 | 16,294,146 | 0 |
| | DETAILS OF WRITE-INS | .,, | ,, | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| | Summary of remaining write-ins for Line 34 from overflow page | | .0 | 0 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | | 0 |

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) | 2019 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2019 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 | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
| 1. 2016 + Prior | | .0 | 0 | 0 | 0 | 0 | .0 | 0 | 0 | 0 | | 0 | 0 |
| 2. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Subtotals 2017 + Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Subtotals 2018 + Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2019 | XXX | XXX | XXX | XXX | | 240 | XXX | 0 | 754 | 754 | XXX | XXX | XXX |
| 7. Totals | . 0 | 0 | 0 | 0 | 240 | 240 | 0 | 0 | 754 | 754 | 0 | 0 | 0 |
| Prior Year-End Surplus As Regards Policyholders | 51,500 | | | | | | | | | | 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. 0.0 | 2. 0.0 | 3. 0.0 |

14 4

Col. 13, Line 7 As a % of Col. 1 Line 8

4. 0.0

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.

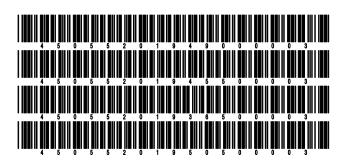
| | | Response |
|----|---|----------|
| 1. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | NO |
| 3. | Will the Medicare 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 |

Explanations:

- 1.
- 2.
- 3
- 4.
- Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]

- 2. Supplement A to Schedule T [Document Identifier 455]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]



NONE

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 wyik va | | |
| 7. | Deduct current year's other than temporary impair ent rates zed | | |
| 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) | | |

SCHEDULE B - VERIFICATION

| | Mortgage Loans | 1 | 2 |
|-----|--|--------------|------------------|
| | | Versite Dete | 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 acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage in estimation and mmitmen estimation and an anti- | | |
| 9. | Total foreign exchange change in book value/rec ed in the entry cluding, where there are a set and a set of the set of th | | |
| 10. | Deduct current year's other than temporary impairent record zed | | |
| 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. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) 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 | | 0 |
| 2. | Cost of bonds and stocks acquired | | |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | 0 | 0 |
| 5. | Total gain (loss) on disposals | | 0 |
| 6. | Deduct consideration for bonds and stocks disposed of | 5, 108, 875 | 0 |
| 7. | Deduct amortization of premium | | 1,737 |
| 8. | Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. | Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | 0 |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 64,642,485 | |
| 12. | Deduct total nonadmitted amounts | 0 | 0 |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 64,642,485 | 45,030,133 |

SCHEDULE D - PART 1B

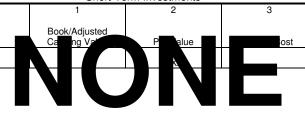
Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| Duning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------------------|--|---|---|---|--|---|--|--|
| NAIC Designation | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| | | | | | | | | |
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | | 7,823,674 | 5,482,786 | | | 62,252,360 | 64,642,486 | |
| 2. NAIC 2 (a) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 62,252,360 | 7,823,674 | 5,482,786 | 49,238 | 49,042,891 | 62,252,360 | 64,642,486 | 49,064,321 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 62,252,360 | 7,823,674 | 5,482,786 | 49,238 | 49,042,891 | 62,252,360 | 64,642,486 | 49,064,321 |

(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:

SCHEDULE DA - PART 1 Short-Term Investments





4 5 Paid for Interest Collected Year-to-Date Year-to-Date

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 4,034,186 | 0 |
| 2. | Cost of short-term investments acquired | 1,627,648 | 4,032,249 |
| 3. | Accrual of discount | | 1,937 |
| 4. | Unrealized valuation increase (decrease) | 0 | 0 |
| 5. | Total gain (loss) on disposals | 407 | 0 |
| 6. | Deduct consideration received on disposals | 5,679,550 | 0 |
| 7. | Deduct amortization of premium | 0 | 0 |
| 8. | Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. | Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 4,034,186 |
| 11. | Deduct total nonadmitted amounts | 0 | 0 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 0 | 4,034,186 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards **NONE**

Schedule DB - Part B - Verification - Futures Contracts

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

ΝΟΝΕ

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

| | (Cash Equivalents) | 4 | 2 |
|-----|---|--------------|------------------|
| | | I | 2 |
| | | | Prior Year Ended |
| | | Year To Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 634,087 | 0 |
| 2. | Cost of cash equivalents acquired | 14,675,143 | 634,087 |
| 3. | Accrual of discount | 0 | 0 |
| 4. | Unrealized valuation increase (decrease) | 0 | 0 |
| 5. | Total gain (loss) on disposals | 0 | 0 |
| 6. | Deduct consideration received on disposals | 13, 133, 698 | 0 |
| 7. | Deduct amortization of premium | 0 | 0 |
| 8. | Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. | Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 2,175,532 | 634,087 |
| 11. | Deduct total nonadmitted amounts | 0 | 0 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 2,175,532 | 634,087 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made **NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

ΝΟΝΕ

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| | | | | Fight Bonds and Stock Acquired Burning the Current Quarter | | _ | | | |
|---|--|----------|--------------------------|--|-----------|-------------|-----------|------------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | NAIC |
| | | | | | | | | | Designation |
| | | | | | | | | | and |
| | | | | | | | | | Admini- |
| | | | | | | | | | strative |
| | | | | | | | | | Symbol/ |
| | | | | | Number of | | | Paid for Accrued | Market |
| CUSIP | | | Date | | Shares of | | | Interest and | Indicator |
| Identification | Description | Foreign | Acquired | Name of Vendor | Stock | Actual Cost | Par Value | Dividends | (a) |
| 123439-JQ-5 | BUTLER ONTY KS UNIF SCH DIST # | Turcigit | 09/25/2019 | US BANCOBP PIPER JAFFRAY | Otocit | 350.000 | 350.000 | Dividenda | (u) 1FF |
| 815662-LR-0 | SEDGWICK ONTY KS UNIF SCH DIST | | | US BANCORP PIPER JAFFRAY | | | | 0 | 1FE |
| 815662-LS-8 | SEDGWICK ONTY KS UNIF SCH DIST | | | US BANCORP PIPER JAFFRAY | | 250,000 | | .0 | 1FE |
| 2499999. Subt | otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessi | ons | | · | | 850.000 | 850.000 | 0 | XXX |
| 072024-WN-8 | BAY AREA CA TOLL AUTH TOLL BRI | | | BANK OF AMERICA | | | | | 1FE |
| 31329Q-N6-4 | UMBS - POOL ZA6713 | | 08/08/2019 | WELLS FARGO FINANCIAL | | 1,946,488 | 1,878,680 | | |
| 3140X4-K7-0 | UMBS - POOL FM1217 | | 07/23/2019 | SUNTRUST CAPITAL MARKETS | | 1,491,461 | 1,450,000 | | |
| 64990G-TT-9 | NEW YORK ST DORM AUTH REVENUES | | | RBC CAPITAL MARKETS | | | | - | 1FE |
| 3199999. Subt | otal - Bonds - U.S. Special Revenues | | | | | 4, 187, 949 | 4,078,680 | 5,575 | XXX |
| | BB&T CORPORATION | | 07/23/2019 | MORGAN STANLEY & CO | | | | 0 | 1FE |
| 14315P-AD-7 | CARMAX AUTO OWNER TRUST 19-3 A3 | | 07/24/2019 | MITSUBISHI UFJ SECURITIES USA INC | | | | 0 | 1FE |
| 74153W-CL-1 | PRICOA GLOBAL FUNDING 1 | | 09/16/2019 | JP MORGAN SECURITIES INC. | | | | 0 | 1FE 1FE |
| 89238U-AD-2 225460-AP-2 | TOYOTA AUTO RECEIVABLES OWNER 19-C A3 CREDIT SUISSE NEW YORK | | 08/06/2019 07/09/2019 | JP MORGAN SECURITIES INC | | | | | |
| | otal - Bonds - Industrial and Miscellaneous (Unaffiliated) | U | 0770972019 | | | | , | | |
| | | | | | | 2,785,725 | 2,750,000 | 9,214 | |
| | I - Bonds - Part 3 | | | | | 7,823,674 | 7,678,680 | 14,789 | |
| | I - Bonds - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 8399999. Tota | | | | | | 7,823,674 | 7,678,680 | 14,789 | |
| | I - Preferred Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 8999998. Tota | I - Preferred Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 8999999. Total | I - Preferred Stocks | | | | | 0 | XXX | 0 | XXX |
| 9799997. Total | I - Common Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 9799998. Total - Common Stocks - Part 5 | | | | | | | XXX | XXX | XXX |
| 9799999. Tota | I - Common Stocks | 0 | XXX | 0 | XXX | | | | |
| | I - Preferred and Common Stocks | 0 | XXX | 0 | XXX | | | | |
| 9999999 - Tota | als | | | | | 7,823,674 | XXX | 14,789 | XXX |
| | man stack bearing the NAIC market indicator "I I" provide: the number of au | 1.1 | | 0 | | | | | |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

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

| | | | | - | | | | | | | | | | | | | | | | | 1 |
|-------------|-------------------------------------|-------|--------------|-------------|-----------|---------|-----------|---|------------|------------|------------|------------|------------|-----------|----------|-----------|-----------|------------|------------|------------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | |
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | NAIC |
| | | | | | | | | | | | | | | | | | | | | | Desig- |
| | | | | | | | | | | | | | Total | Total | | | | | | | nation |
| | | | | | | | | | | | | Current | Change in | Foreign | | | | | | | and |
| | | | | | | | | | | | | Year's | Book/ | Exchange | Book/ | | | | Bond | | Admini- |
| | | | | | | | | | Prior Year | | Current | Other Than | | Change in | Adjusted | Foreign | | | Interest/ | Stated | strative |
| | | | | | | | | | Book/ | Unrealized | Year's | Temporary | | Book | Carrying | Exchange | Realized | | Stock | Con- | Symbol |
| CUSIP | | | | | Number of | | | | Adjusted | Valuation | (Amor- | Impairment | , 3 | /Adjusted | Value at | Gain | Gain | Total Gain | Dividends | tractual | /Market |
| Ident- | | For- | Disposal | Name | Shares of | Consid- | | Actual | Carrying | Increase/ | tization)/ | Recog- | (11 + 12 - | Carrying | Disposal | (Loss) on | (Loss) on | (Loss) on | Received | | Indicator |
| ification | Description | eign | | of Purchase | | eration | Par Value | Cost | Value | (Decrease) | | nized | 13) | Value | Date | Disposal | Disposal | | DuringYear | Date | (a) |
| 3131XY-YM-5 | UMBS - POOL ZM5216 | | 09/01/2019 . | PAYDOWN | | | | | | 0 | (79) | 0 | (79) | 0 | | 0 | 0 | 0 | 1,937 | | 1FE |
| | UMBS - POOL ZA6713 | | 09/01/2019 _ | PAYDOWN | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 11,810 | 0 | 0 | 0 | | 04/01/2049 | |
| 3140X4-K7-0 | UMBS - POOL FM1217 | | 09/01/2019 . | PAYDOWN | | | | | 0 | 0 | (8) | 0 | (8) | 0 | | 0 | 0 | 0 | | 07/01/2049 | |
| | UMBS - POOL MA3214 | | 09/01/2019 . | PAYDOWN | | 151,433 | | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | , . | | 1FE |
| | ubtotal - Bonds - U.S. Special Reve | enues | | | | 302,787 | 302,787 | 303,848 | 148,388 | 0 | 139 | 0 | 139 | 0 | 302,787 | 0 | 0 | 0 | 4,653 | XXX | XXX |
| | otal - Bonds - Part 4 | | | | | 302,787 | 302,787 | 303,848 | 148,388 | 0 | 139 | • | 139 | • | 302,787 | 0 | 0 | 0 | 4,653 | XXX | XXX |
| | otal - Bonds - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8399999. T | | | | | | 302,787 | 302,787 | 303,848 | 148,388 | 0 | 139 | 0 | 139 | 0 | 302,787 | 0 | 0 | 0 | 4,653 | XXX | XXX |
| | otal - Preferred Stocks - Part 4 | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 8999998. T | otal - Preferred Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8999999. T | otal - Preferred Stocks | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799997. T | otal - Common Stocks - Part 4 | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799998. T | otal - Common Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9799999. T | otal - Common Stocks | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9899999. T | otal - Preferred and Common Stock | S | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 9999999 - | Totals | | | | / | 302.787 | XXX | 303.848 | 148.388 | 0 | 139 | 0 | 139 | 0 | 302.787 | 0 | 0 | 0 | 4.653 | XXX | XXX |
| () = " | | | | | | 562,161 | , | 000,010 | 110,000 | ů – Š | 100 | , v | 100 | ° . | 002,101 | °, | ŝ | ş | 1,000 | | |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.......0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

> Schedule DB - Part B - Section 1 - Futures Contracts Open **NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

> Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

> Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

| SCHED | ULE E - | PART 1 | - CASH |
|-------|---------|--------|--------|
| | | | |

| | | Month | End Depository | Balances | | | | | |
|---|---------------------------------------|----------|-------------------|----------------|---|--------------|-------------|-----|--|
| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | | |
| | | | Amount of | Amount of | 6 | 7 | 8 | | |
| | | | Interest Received | | | | | | |
| - | | Rate of | During Current | at Current | | | | * | |
| Depository | Code | Interest | Quarter | Statement Date | First Month | Second Month | Third Month | | |
| Wells Fargo Bank, N.A New York, NY | | 0.000 | | 0 | 1, 115, 428 | | 614,670 | XXX | |
| 0199998. Deposits in 0 depositories that do not | | | | | | | | | |
| exceed the allowable limit in any one depository (See | | | | 0 | • | 0 | • | | |
| instructions) - Open Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX | |
| 0199999. Totals - Open Depositories | XXX | XXX | 362 | 0 | 1,115,428 | 428,456 | 614,670 | XXX | |
| 0299998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See | | | | | | | | | |
| instructions) - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX | |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX | |
| 0399999. Total Cash on Deposit | XXX | XXX | 362 | 0 | 1,115,428 | 428,456 | 614,670 | XXX | |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | 0 | 0 | 0 | XXX | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 0599999. Total - Cash | XXX | XXX | 362 | 0 | 1,115,428 | 428,456 | 614,670 | XXX | |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | | 5 | 6 | 7 | 8 | Q |
|----------------|---|------|---------------|------------------|---------------|----------------|--------------------|-----------------|
| • | _ | Ŭ | | Ŭ | Ũ | Book/Adjusted | Amount of Interest | Amount Received |
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Carrying Value | Due and Accrued | During Year |
| | - U.S. Government Bonds | | | | | 0 | 0 | 0 |
| | - All Other Government Bonds | | | | | 0 | 0 | 0 |
| 1799999. Tota | - U.S. States, Territories and Possessions Bonds | | | | | 0 | 0 | 0 |
| | - U.S. Political Subdivisions Bonds | | | | | 0 | 0 | 0 |
| | - U.S. Special Revenues Bonds | | | | | 0 | 0 | 0 |
| | - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | 0 | 0 | 0 |
| | - Hybrid Securities | | | | | 0 | 0 | 0 |
| | - Parent, Subsidiaries and Affiliates Bonds | | | | | 0 | 0 | 0 |
| | otal - SVO Identified Funds | | | | | 0 | 0 | 0 |
| | otal - Bank Loans | | | | | 0 | 0 | 0 |
| 7799999. Tota | - Issuer Obligations | | | | | 0 | 0 | 0 |
| 7899999. Tota | - Residential Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| 7999999. Tota | - Commercial Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| | - Other Loan-Backed and Structured Securities | | | | | 0 | 0 | 0 |
| | - SVO Identified Funds | | | | | 0 | 0 | 0 |
| 8299999. Total | | | | | | 0 | 0 | 0 |
| 8399999. Total | | | | | | 0 | 0 | 0 |
| | FIDELITY GOVERNMENT INST MONEY MARKET | | | 0.000 | | | 0 | |
| | GOLDMAN SACKS FIN SQ GOVT-FS | | 09/18/2019 | 0.000 | | 1,875,532 | 0 | 0 |
| 8699999. Subt | otal - All Other Money Market Mutual Funds | | | | | 2,175,532 | 0 | 2,091 |
| | | | | | | | | |
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| 8899999 - Lota | l Cash Equivalents | | | | | 2,175,532 | 0 | 2,091 |