

20-3462094

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

NAIC Group Code

### **ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

Motor Club Insurance Company

1318 1318 NAIC Company Code 12487 Employer's ID Number

	(Current) (Prior)		
Organized under the Laws of	Rhode Island	, State of Domicile or Port of Entry	RI
Country of Domicile		United States of America	
a province and a contract of the contract of t			187
Incorporated/Organized	09/14/2005	Commenced Business	01/01/2006
		1 Application and participation of the control and the control	
Statutory Home Office	110 Royal Little Drive	. Pro	vidence, RI, US 02904
A CONTRACTOR OF THE PROPERTY O	(Street and Number)	(City or Town	n, State, Country and Zip Code)
	A TANK AND A MARKET OF THE PARK AND A STATE OF THE PAR	AND THE COLUMN TWO IS NOT THE COLUMN TWO IS	
Main Administrative Office	33	33 Fairview Rd, Mail Stop A357	
Andrew Miles Committee Com		(Street and Number)	
Co	osta Mesa, CA, US 92626-1698	AND THE PARTY OF T	714-850-5111
	Town, State, Country and Zip Code)	(Area C	ode) (Telephone Number)
()			SECTION 18 10 10 10 10 10 10 10 10 10 10 10 10 10
Mail Address	P.O. Box 25001 Mail Stop A357	, Santa	Ana, CA, US 92799-5001
(there are becomes)	(Street and Number or P.O. Box)	(City or Town	n, State, Country and Zip Code)
		make the agreement sounds (A. D.	
Primary Location of Books and	d Records 33	33 Fairview Rd, Mail Stop A357	
7.5		(Street and Number)	
Co	osta Mesa, CA, US 92626-1698	A A STATE OF THE S	714-885-2171
	Town, State, Country and Zip Code)	(Area C	ode) (Telephone Number)
(5.9 5.		All A Control	Service Market Agreement of the Control of the Cont
Internet Website Address		www.aaa-calif.com	
Statutory Statement Contact	Anita Yim		714-885-2171
	(Name)	(Ar	rea Code) (Telephone Number)
	yim.anita@aaa-calif.com	- Marie	714-885-2179
	(E-mail Address)		(FAX Number)
	(2 mail / 1001000)		1
		OFFICERS	
President & Chief	VA - F	Vice President & General	Avenu Benevid Brown
Executive Officer _	John Francis Boyle	Counsel	Avery Renaud Brown
Vice President, CFO and	5 1 TO 1 W		Call Chi was Laufa
Treasurer _	Raju Thirumala Varma	Secretary	Gail Chi-way Louis
John Fran	DII ncis Boyle	RECTORS OR TRUSTEES Christopher Michael Baggaley	Brian Harris Deephouse
	en Shaw	John Raymond Galvin	Francis Xavier Doyle
State of	California		
County of	Orange SS:		
	Orango		
The officers of this reporting as	atity being duly sworn, each denose and say t	hat they are the described officers of said reporting	entity, and that on the reporting period stated above
			aims thereon, except as herein stated, and that this
statement together with relate	d exhibits schedules and explanations therei	n contained, annexed or referred to, is a full and tru	e statement of all the assets and liabilities and of the
condition and affairs of the said	d reporting entity as of the reporting period st	ated above, and of its income and deductions there	from for the period ended, and have been completed
in accordance with the NAIC A	Annual Statement Instructions and Accountin	Practices and Procedures manual except to the	extent that: (1) state law may differ; or, (2) that state
rules or regulations require of	differences in reporting not related to acco	unting practices and procedures, according to th	e best of their information, knowledge and belief,
respectively. Furthermore, the	scope of this attestation by the described o	fficers also includes the related corresponding elec-	tronic filing with the NAIC, when required, that is an
exact copy (except for formatting	ng differences due to electronic filing) of the	enclosed statement. The electronic filing may be re	quested by various regulators in lieu of or in addition
to the enclosed statement.			() ()
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100		sie Choway Joury	Van ame
			//
John Francis E	Boyle	Gail Chi-way Louis	Raju Thrumala Varma
President & Chief Exec	THE RESERVE OF THE PROPERTY OF	Secretary	Vice President, CFO and Treasurer
		a. Is this an original filing?	Yes [ X ] No [ ]
Subscribed and sworn to before	e me this	b. If no,	mentalian constitution w
1577 day of	Lans 2020	1. State the amendment nu	mber
///			
/ ////			
	D '	2. Date filed	
- / /M/	2		
1/1/		2. Date filed	
(C)	2	2. Date filed	





### **EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 1318 BUSINES	SS IN THE STATE O	F Rhode Islai	nd		_	_	DUF	RING THE YEAR	2019	NAIC Com	pany Code 12	2487
			3  Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop											ļ	
2.3 Federal flood											ļ	
2.4. Private crop												
2.5 Private flood												
Farmowners multiple peril												
Homeowners multiple peril		5,070,168		4,828,781	1,715,380	2,793,483	1,271,172	21,092	69,366	51,000	1,632,035	197,473
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
Mortgage guaranty											ļ	
Ocean marine											ļ	
9. Inland marine			ļ	<b> </b>							ļ	ļ
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made											ļ	
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	13,858,953	10,802,961		3,821,788	2,540,035	7,626,982	5,563,881	381	270,592	283,000	2,352,584	320,899
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	7,422,606	5,766,719		2,048,584	4,062,264	4,147,942	231,730	2,930	35,621	35,000	1,257,311	171,51
21.2 Commercial auto physical damage											ļ	
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International											ļ	
30. Warranty			ļ	<b> </b>	ļ						ļ	ļ
34. Aggregate write-ins for other lines of business			ļ								ļ	
35. TOTALS (a)	29,924,653	21,639,848		10,699,153	8,317,679	14,568,407	7,066,783	24,403	375,579	369,000	5,241,930	689,887
DETAILS OF WRITE-INS											1	
3401.			ļ	<b></b>							<b></b>	<b></b>
3402.			<b></b>								<b></b>	
3403.											<b></b>	
3498. Summary of remaining write-ins for Line 34 from overflow page											ļ	
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	1						l				1	

<sup>(</sup>a) Finance and service charges not included in Lines 1 to 35 \$ .......116,327



### **EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 1318 BUSINES	S IN THE STATE C	F Grand Tota	l				DUF	RING THE YEAR	R 2019	NAIC Com	npany Code 12	2487
			3	4	5	6	7	8 Direct Defense	9 Direct Defense	10 Direct Defense and Cost	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
Farmowners multiple peril	0.040.004	E 070 400		4 000 704	4 745 000	0.700.400	4 074 470	04.000			4 000 005	407.4
4. Homeowners multiple peril		5,070,168		4,828,781	1,715,380	2,793,483	1,271,172	21,092	69,366	51,000	1,632,035	197 , 47
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine				<b> </b>						·		
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	13.858.953	10.802.961		3,821,788	2,540,035	7.626.982	5.563.881	381	270.592	283.000	2.352.584	320.8
19.2 Other private passenger auto liability	13,000,903	10,002,901		3,021,700	2,340,033	1,020,902	5,303,001	აი I	270,392	203,000	2,302,304	320,0
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	7,422,606	5.766.719		2.048.584	4.062.264	4,147,942	231.730	2.930	35.621	35.000	1.257.311	171.5
21.1 Private passenger auto physical damage				2,040,304	4,002,204	4, 147,342	201,700	2,950			1,201,011	1/1,0
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
26. Burglary and theft												
27. Boiler and machinery											***************************************	
28. Credit					***************************************						***************************************	
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	29.924.653	21.639.848		10.699.153	8.317.679	14.568.407	7.066.783	24.403	375.579	369.000	5,241,930	689.8
DETAILS OF WRITE-INS	23,324,000	21,000,040		10,000,100	0,017,079	14,000,407	1,000,100	24,400	313,313	000,000	5,241,300	009,0
3401												
3401												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3498. Summary of remaining write-ins for Line 34 from overnow page												
otoo. Totalo (Lines oto) tinu otoo pius 3430)(Line 34 above)	140.007		1	1			1	1	1	1	1	L

<sup>(</sup>a) Finance and service charges not included in Lines 1 to 35 \$ ......116

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

## **SCHEDULE F - PART 1**

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

			7100			ci o i, ouricit	rear (\$000 Offill	cuj					
1	2 3	4	5	Reinsur	ance On	8	9	10	11	12	13	14	15
	NAIC Com-			6 Paid Losses and	7		Contingent	Assumed		Funds Held By or Deposited With		Amount of Assets Pledged or Compensating Balances to	Amount of Assets Pledged
ID	pany	Domiciliary	Assumed	Loss Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	Letters of Credit	Secure Letters of	or Collateral
Number		Jurisdiction	Premium		Losses and LAE	Cols. 6 + 7	Payable	Receivable	Premium	Companies	Posted	Credit	Held in Trust
	Total - U.S. Non-Pool												
	Total - Other (Non-U.S.)												
0899999.	Total - Affiliates												
36-6033921		OH	0	0		0				0			
0999999.	Total Other U.S. Unaffiliated Insurers		0	0		0				0			
1299999.	Total - Pools and Associations												
9999999 T	Totals		0	0		0				0			

## SCHEDULE F - PART 2

	,	Premium Portfolio Reinsurance Effected or (Canceled) dui	ring Current Yea	r	
1 ID	2 NAIC Com- pany	3	4 Date of		6 Reinsurance
Number	Code	Name of Company	Contract	Original Premium	Premium
Number	Couc	Hanc or company	Oontract	1 Tomain	1 TCITIIGITI
<del>-</del>			•		
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## **SCHEDULE F - PART 3**

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

	1 2 3 4 5 6 Reinsurance as of December 31, Current Year (\$000 Offfitted)  1 Property of the pr																		
1	2	3	4	5	6				Reinsur	ance Recover	able On				16	Reinsuran	ce Payable		
						7	8	9	10	11	12	13	14	15		17	18	Net Amount	Funds Held
																		Recoverable	by
	NAIC														Amount in		Other	From	Company
	Com-				Reinsurance			Known	Known	IBNR	IBNR		Contingent	Columns	Dispute	Ceded	Amounts	Reinsurers	Under
ID	pany		Domiciliary	Special	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Commis-	7 through	included in	Balances	Due to		Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
		Interinsurance Exchange of the Automobile																	
.95-0865765	15598	Club	CA	2	29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
0399999. T	otal Auth	norized - Affiliates - U.S. Non-Pool - Other			29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
0499999. T	otal Auth	norized - Affiliates - U.S. Non-Pool			29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
0799999. T	otal Auth	norized - Affiliates - Other (Non-U.S.)																	
0899999. T	otal Auth	norized - Affiliates			29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
1499999. T	otal Auth	norized Excluding Protected Cells (Sum of	0899999, 099	99999,															
-	1099999	, 1199999 and 1299999)			29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
1899999. T	otal Una	uthorized - Affiliates - U.S. Non-Pool																	
2199999. T	otal Una	uthorized - Affiliates - Other (Non-U.S.)																	
2299999. T	otal Una	uthorized - Affiliates																	
2899999. T	otal Una	uthorized Excluding Protected Cells (Sum	of 2299999, 2	2399999.															
	2499999	, 2599999 and 2699999)																	
3299999. T	otal Cert	tified - Affiliates - U.S. Non-Pool																	
3599999. T	otal Cert	tified - Affiliates - Other (Non-U.S.)																	
3699999. T	otal Cert	tified - Affiliates																	
4299999. T	otal Cert	tified Excluding Protected Cells (Sum of 36	699999, 3799	999,															
		, 3999999 and 4099999)	,	*															
4399999. T	otal Auth	norized, Unauthorized and Certified Exclud	ding Protected	Cells (Sum															
	of 14999	99, 2899999 and 4299999)	ŭ	,	29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
4499999. T	otal Prot	ected Cells (Sum of 1399999, 2799999 ar	nd 4199999)		· ·	, i		Í		,	, i	·				·			
9999999 To		,,	,		29,925	1,471	15	2,697		4,370	1,069	10,699		20,321		5,382		14,940	
					.,	,		, -		,-	, -	,		, -		-,-		, -	

# SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Credit Risk)

							(Credit Ris	SK)									
			Colla	ateral		25	26	27				Ceded F	Reinsurance Ci	redit Risk			
		21	22	23	24				28	29	30	31	32	33	34	35	36
																	Credit Risk
																Credit Risk or	
																	collateralized
											Reinsurance						Recoverables
											Payable &					(Col. 32 *	(Col. 33 *
					Single				Total Amount		Funds Held		Total	Stressed Net		Factor	Factor
				Issuing or	Beneficiary	l	_ Net		Recoverable		(Cols.		Collateral	Recoverable			Applicable to
ID.				Confirming	Trusts &		Recoverable	Applicable	from	Stressed	17+18+20;		(Cols. 21+22	Net of		Reinsurer	Reinsurer
Number		Multiple		Bank	Other	Held,	Net of Funds	Sch. F	Reinsurers	Recoverable	but not in	Stressed Net		Collateral	Reinsurer	Designation	Designation
From	Name of Reinsurer	Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	excess of	Recoverable		Offsets	Designation		Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	(Cols. 29-30)		(Cols. 31-32)	Equivalent	Col. 34)	Col. 34)
_95-0865765	Interinsurance Exchange of the Automobile Club					5,382	14,940		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other			XXX		5,382	14,940		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool			XXX		5,382	14,940		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
0899999. To	otal Authorized - Affiliates			XXX		5,382	14,940								XXX		
1499999. To	otal Authorized Excluding Protected Cells (Sum of																
(	0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		5,382	14,940								XXX		
1899999. To	otal Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. To	otal Unauthorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
2299999. To	otal Unauthorized - Affiliates			XXX											XXX		
2899999. To	otal Unauthorized Excluding Protected Cells (Sum of																
2	299999, 2399999, 2499999, 2599999 and 2699999)			XXX											XXX		
3299999. To	otal Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. To	otal Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999. To	otal Certified - Affiliates			XXX											XXX		
4299999. To	otal Certified Excluding Protected Cells (Sum of																
	3699999, 3799999, 3899999, 3999999 and 4099999)			XXX											XXX		
	otal Authorized, Unauthorized and Certified Excluding																
	Protected Cells (Sum of 1499999, 2899999 and																
	(299999)			XXX		5,382	14,940								XXX		
4499999. To	otal Protected Cells (Sum of 1399999, 2799999 and						,										
	(199999)			XXX											XXX		
9999999 To	tals			XXX		5,382	14,940								XXX		

# SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Aging of Ceded Reinsurance)

							(Aging of (	Ceded Reins	urance)									
		Rein	surance Reco	verable on Pa	id Losses and	Paid Loss Ad	justment Expe	nses	44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										
			38	39	40	41	42					Recoverable						
									Total	Recoverable		on Paid			Percentage			
									Recoverable	on Paid	Total	Losses &			of Amounts			
									on Paid		Recoverable	LAE Over 90			More Than			Amounts in
									Losses &	LAE Over 90	on Paid	Days Past			90 Days	Percentage		Col. 47 for
								Total Due	LAE	Days Past	Losses &	Due Amounts			Overdue Not	More Than	Is the	Reinsurers
ID							Total	Cols. 37+42	Amounts in	Due Amounts	LAE	Not in	Amounts		in Dispute	120 Days	Amount in	with Values
Number							Overdue	(In total	Dispute	in Dispute	Amounts Not	Dispute	Received	Percentage	(Col.	Overdue	Col. 50 Less	Less Than
From	Name of Reinsurer		1 - 29	30 - 90	91 - 120	Over 120	Cols. 38+39	should equal	Included in	Included in	in Dispute	(Cols. 40 +	Prior	Overdue Col.	47/[Cols.	(Col. 41/	Than 20%?	20% in
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+40+41	Cols. 7+8)	Col. 43	Cols. 40 & 41	(Cols 43-44)	41 - 45)	90 Days	42/Col. 43	46+48])	Col. 43)	(Yes or No)	Col. 50
.95-0865765	Interinsurance Exchange of the Automobile Club	1,486						1,486			1,486						YES	
0399999. To	otal Authorized - Affiliates - U.S. Non-Pool -																	
	Other	1,486						1,486			1,486						XXX	
0499999. To	otal Authorized - Affiliates - U.S. Non-Pool	1,486						1,486			1,486						XXX	
0799999. To	otal Authorized - Affiliates - Other (Non-U.S.)																XXX	
0899999. To	otal Authorized - Affiliates	1,486						1,486			1,486						XXX	
1499999. To	otal Authorized Excluding Protected Cells (Sum																	
	of 0899999, 0999999, 1099999, 1199999 and																	
	299999)	1,486						1,486			1,486						XXX	
1899999. To	otal Unauthorized - Affiliates - U.S. Non-Pool																XXX	
2199999. To	otal Unauthorized - Affiliates - Other (Non-U.S.)																XXX	
2299999. To	otal Unauthorized - Affiliates																XXX	
2899999. To	otal Unauthorized Excluding Protected Cells																	
	Sum of 2299999, 2399999, 2499999, 2599999																	
à	and 2699999)																XXX	
3299999. To	otal Certified - Affiliates - U.S. Non-Pool																XXX	
3599999. To	otal Certified - Affiliates - Other (Non-U.S.)																XXX	
3699999. To	otal Certified - Affiliates																XXX	
4299999. To	otal Certified Excluding Protected Cells (Sum of																	
	699999, 3799999, 3899999, 3999999 and																	
4	(099999)																XXX	
4399999. To	otal Authorized, Unauthorized and Certified																	
l E	excluding Protected Cells (Sum of 1499999,																	
	2899999 and 4299999)	1,486						1,486			1,486						XXX	
4499999. To	otal Protected Cells (Sum of 1399999, 2799999																	
	and 4199999)																XXX	
9999999 To	tals	1,486						1,486			1,486						XXX	

# SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Provision for Reinsurance for Certified Reinsurers)

						(Provision for	Reinsuranc	e for Certified									
									Provision for C	ertified Reinsu	rance						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete it	f Col. 52 = "No"	; Otherwise	69
								Percent of							Enter 0		
								Collateral						66	67	68	Provision for
								Provided for	Percent Credit				20% of			i	Overdue
								Net	Allowed on	20% of		Provision for				i	Reinsurance
						Net		Recoverables	Net	Recoverable		Reinsurance		Total		i	Ceded to
						Recoverables		Subject to	Recoverables	on Paid	Amount of	with Certified			Net	i	Certified
				Percent		Subject to		Collateral	Subject to		Credit Allowed	Reinsurers	Over 90 Days		Unsecured	i	Reinsurers
		Certified	Effective	Collateral	Catastrophe			nt Requirements		Over 90 Days	for Net	Due to		20 + Col. 21 +	Recoverable	i	(Greater of
ID		Reinsurer		Required for		Requirements		([Col. 20 +	Requirements		Recoverables	Collateral	Amounts Not	Col. 22 +	for Which	i	[Col. 62 + Col.
Number		Rating	Certified	Full Credit		for Full Credit	Required	Col. 21 + Col.		Amounts in	(Col. 57 +	Deficiency	in Dispute	Col. 24, not	Credit is	20% of	65] or Col.68;
From	Name of Reinsurer	(1 through		(0% through	Collateral	(Col. 19 -	(Col. 56 *	22 + Col. 24] /	56, not to	Dispute (Col.	[Col. 58 *	(Col. 19 -	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	not to Exceed
Col. 1	From Col. 3	6)	Rating	100%)	Deferral	Col. 57)	Col. 58)		exceed 100%)		Col. 61])	Col. 63)	20%)	Col. 63)	63 - Col. 66)	Col. 67	Col. 63)
.95-0865765	Interinsurance Exchange of the Automobile Club	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized Excluding Protected Cells (Sum of 0	899999, 0999	1999,													i	
	1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. T	otal Unauthorized Excluding Protected Cells (Sum of	f 2299999, 23	899999,													i	
	2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Certified - Affiliates - U.S. Non-Pool			XXX				XXX	XXX								
3599999. T	otal Certified - Affiliates - Other (Non-U.S.)			XXX				XXX	XXX							1	
3699999. T	otal Certified - Affiliates			XXX				XXX	XXX							i	
4299999. T	otal Certified Excluding Protected Cells (Sum of 369	9999, 379999	9, 3899999,													· I	
	3999999 and 4099999)			XXX				XXX	XXX							<u>ı</u>	
	otal Authorized, Unauthorized and Certified Excludin	ng Protected C	Cells (Sum of	XXX												·	
	1499999, 28999999 and 4299999)				<u> </u>			XXX	XXX			<u> </u>	<u> </u>	<u> </u>		<u>ı</u>	
4499999. T	4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)							XXX	XXX							·	
9999999 To	otals	,		XXX				XXX	XXX								

# SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Total Provision for Reinsurance)

		70	Dunidalan fan Haard	orized Reinsurance							
		70									
			71	72	73	74	75	76	77	78	
					Complete if	Complete if				1	
					Col. 52 = "Yes";	Col. 52 = "No";				i l	
					Otherwise Enter 0	Otherwise Enter 0				ı l	
										1 I	
						Greater of 20% of Net				1	
					20% of Recoverable	Recoverable Net of				1	
		222/			on Paid Losses &	Funds Held &				1 I	
		20% of		Provision for Overdue	LAE Over 90 Days	Collateral, or 20% of				1	
		Recoverable on Paid	Provision for	Reinsurance from	Past Due Amounts	Recoverable on Paid				1	
		Losses & LAE Over	Reinsurance with	Unauthorized		Losses & LAE Over 90		Provision for Amounts		ı l	
ID.		90 Days past Due	Unauthorized	Reinsurers and	of Amounts in	Days Past Due		Ceded to Unauthorized		1	
Number		Amounts Not in	Reinsurers Due to	Amounts in Dispute	Dispute	(Greater of Col. 26 *	Ceded to Authorized	Reinsurers	Ceded to Certified	Total Provision for	
From	Name of Reinsurer	Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance	
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	Cols. [40 + 41] * 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 + 77)	
	Interinsurance Exchange of the Automobile Club		XXX	XXX				XXX	XXX		
	otal Authorized - Affiliates - U.S. Non-Pool - Other		XXX	XXX				XXX	XXX		
	otal Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX		
	otal Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	ļ	
	otal Authorized - Affiliates		XXX	XXX				XXX	XXX		
	otal Authorized Excluding Protected Cells (Sum of 0899999,									ı I	
	1999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX		
	otal Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX		
	otal Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX		
	otal Unauthorized - Affiliates				XXX	XXX	XXX		XXX		
	otal Unauthorized Excluding Protected Cells (Sum of 2299999,				1001	100/	100/		1004	ı I	
	239999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX		XXX	<b></b>	
0-00000	otal Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX		<b>.</b>	
	otal Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	otal Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999,									ı l	
	8899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	otal Authorized, Unauthorized and Certified Excluding Protected									i l	
	Cells (Sum of 1499999, 2899999 and 4299999)										
	otal Protected Cells (Sum of 1399999, 2799999 and 4199999)										
9999999 To	tals									ı	

### **SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

			T	
1	2	3	4	5
Issuing or Confirming				
issuing of Committing				
Bank Reference				
Number Head				
Number Osed				
in Col. 23 of	Letters of	American Bankers Association		
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Credit Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
OCHT Fait 5	Orean Oode	(ADA) Houting Number	issuing of Committing Bank Name	Letters of Orealt Amount
1				
1				
1				
1				
Total				
I Uldi				1

#### **N**2

### ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MOTOR CLUB INSURANCE COMPANY

### **SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 <u>Name of Reinsurer</u>	2 Commission Rate	3 <u>Ceded Premium</u>	
1.				
2.				
3.				
4.				
5.				
	ort the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Coluated insurer.	mn 15), the amount of ceded pre	mium, and indicate whether the re	ecoverables are due from an
	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	<u>Affiliated</u>
6.	Interinsurance Exchange of the Automobile Club	20,321	29,925	Yes [ X ] No [ ]
7.				Yes [ ] No [ ]
8.				Yes [ ] No [ ]
a				V [ 1 N- [ 1
J.				Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

### SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to Identify Net	1	2	3
		As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	61,367,975		61,367,975
2.	Premiums and considerations (Line 15)	3,329,752		3,329,752
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,486,111	(1,486,111)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)	101		101
_	Other assets			
5.	Other assets	703,309		103,309
6.	Net amount recoverable from reinsurers		14,939,550	14,939,550
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	66,887,248	13,453,439	80,340,687
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	576	8 , 135 , 866	8,136,442
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	2,440,571		2,440,571
11.	Unearned premiums (Line 9)			
12.	Advance premiums (Line 10)	535,221		535,221
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)			
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
17.	FIOVISION OF TERRISARICE (LINE 10)			
18.	Other liabilities	1,052,295		1,052,295
19.	Total liabilities excluding protected cell business (Line 26)	9,431,129	13,453,439	22,884,568
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	57,456,119	XXX	57,456,119
22.	Totals (Line 38)	66,887,248	13,453,439	80,340,687

NOTE:	Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?	Yes [ X ] No [	]
	If yes, give full explanation: The Company ceded 100% to its parent - Interinsurance Eychange of the Automobile Club		

### SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

						Credit		<u> </u>		Other Individual Contracts									
				Group Accid		Accident and								Non-Renewable	for Stated				
	-	Total		and Healt		(Group and Inc		Collectively Ren		Non-Cance		Guaranteed Re		Reasons (		Other Accider		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	/ Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
	-							ALYSIS OF UN			TIONS								
1.	Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	169	XXX	169	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	(88)	(52.1)	(220)	(130.2)													132	
4.	Cost containment expenses																		
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	(88)	(52.1)	(220)	(130.2)													132	
6.	Increase in contract reserves																		
7.	Commissions (a)																		
8.	Other general insurance expenses																		
9.	Taxes, licenses and fees																		
10.	Total other expenses incurred														-		ļ ļ-		
11.	Aggregate write-ins for deductions																ļ ļ-		
12.	Gain from underwriting before dividends or refunds	257	152.1	389	230.2													(132)	
13.	Dividends or refunds																		
14.	Gain from underwriting after dividends or refunds	257	152.1	389	230.2													(132)	)
	DETAILS OF WRITE-INS																		
1101.							<u> </u>							-					
1102.																			
1103.																			
1198.	Summary of remaining write-ins for Line 11 from overflow page																		
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ ...... reported as "Contract, membership and other fees retained by agents."

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)** 

	OUILDOLL II -	ACCIDEN		~/\	111011 (001)	itiiiaca,			
	1	2	3	4		(	Other Individual Contract	ts	
			Credit		5	6	7	8	9
			Accident and Health				Non-Renewable		
		Group Accident	(Group and	Collectively		Guaranteed	for Stated	Other Accident	
	Total	and Health	Individual)	Renewable	Non-Cancelable	Renewable	Reasons Only	Only	All Other
	·	PART 2.	- RESERVES AND L	IABILITIES			<u>.                                      </u>		
A. Prei	nium Reserves:								
1.	Unearned premiums								
2.	Advance premiums								
	Reserve for rate credits								
4.	Total premium reserves, current year								
5.	Total premium reserves, prior year	169							
-	Increase in total premium reserves (169)	(169)							
	tract Reserves:								
1.	Additional reserves (a)								
2.	· ·								
3.	Total contract reserves, current year								
4.	Total contract reserves, prior year.								
5.	Increase in contract reserves								
C. Clai	m Reserves and Liabilities:								
1.	Total current year442	292							150
2.	Total prior year530	512							18
	Increase (88)	(220)							132

	PART 3 TES	T OF PRIOR YEA	R'S CLAIM RESERVES	AND LIABILITIES	
Claims paid during the year:					
1.1 On claims incurred prior to current year					
1.2 On claims incurred during current year					
<ol><li>Claim reserves and liabilities, December 31, current year:</li></ol>					
2.1 On claims incurred prior to current year	442	292			
2.2 On claims incurred during current year					
3. Test:					
3.1 Line 1.1 and 2.1	442	292			
3.2 Claim reserves and liabilities, December 31, prior year	530	512			
3.3 Line 3.1 minus Line 3.2	(88)	(220)			132

	PART 4 REINSURANCE												
A. Reinsurance Assumed:													
Premiums written													
Premiums earned	169	169											
Incurred claims	(88)	(220)					132						
4. Commissions													
B. Reinsurance Ceded:													
Premiums written													
Premiums earned													
3. Incurred claims													
4. Commissions													

a)	Includes \$	nremium	deficiency reserve

### **SCHEDULE H - PART 5 - HEALTH CLAIMS**

		1 Medical	2 Dental	3 Other	4 Total
A. Direc	ot:				
1.	Incurred Claims				
2.	Beginning claim reserves and liabilities				
3.	Ending claim reserves and liabilities				
4.	Claims paid				
B. Assu	med Reinsurance:				
5.	Incurred Claims			(88)	(88)
6.	Beginning claim reserves and liabilities			530	530
7.	Ending claim reserves and liabilities			442	442
8.	Claims paid				
C. Cede	ed Reinsurance:				
9.	Incurred Claims				
10.	Beginning claim reserves and liabilities				
11.	Ending claim reserves and liabilities				
12.	Claims paid				
D. Net:					
13.	Incurred Claims			(88)	(88)
14.	Beginning claim reserves and liabilities			530	530
15.	Ending claim reserves and liabilities			442	442
16.	Claims paid				
E. Net I	ncurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses				
18.	Beginning reserves and liabilities				
19.	Ending reserves and liabilities				
20.	Paid claims and cost containment expenses				

### SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

		Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
	ars in	1	2	3				and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa			nt Payments					Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and	Discotosad			Discrete		Dina at an a		Discret and		Salvage and		Reported
	es Were curred	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	+8-9)	Direct and Assumed
1110	Juneu	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	neceived	+0-9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2010	•											
3.	2011	•											
4.	2012	•											
5.	2013												
6.	2014	•											
7.	2015	•											
8.	2016												
9.	2017												
10.			409		65	65	2	2	47	47	0		22
11.	2019	5,070	5,070		1,715	1,715	19	19	167	167			295
12.	Totals	XXX	XXX	XXX	1,780	1,780	21	21	214	214	0		XXX

			Losses	Unpaid		Defens	e and Cost (	Containment		Adjusti		23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Jnpaid			
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses and	Number of Claims Outstand- ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses	
1.	Prior													
2.	2010													
3.	2011													
4.	2012													
5.	2013													
6.	2014													
7.	2015													
8.	2016													
9.	2017													
10.	2018							1	1					
11.	2019	415	415	856	856			50	50	119	119	16		44
12.	Totals	415	415	856	856			51	51	119	119	16		44

			Total			oss Expense F				34		nce Sheet
		Losses and	d Loss Expense			ed /Premiums E			r Discount			ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2010											
3.	2011											
4.	2012											
5.	2013											
6.	2014	*										
7.	2015											
8.	2016											
9.	2017											
10.	2018	114	114		27.9	27.9						
11.	2019	3,342	3,342		65.9	65.9						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL (\$000 OMITTED)

		Pr	emiums Earn	ed		(+	Los	s and Loss Ex	pense Payme	ents			12
	ars in	1	2	3				and Cost	Adjusting		10	11	
	/hich				Loss Pa			nt Payments	Payn				Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and	Discret and			Discret and		Discrete and		Discret and		Salvage and		Reported
	es Were	Direct and	Cadad	Not (1 0)	Direct and	Cadad	Direct and	Cadad	Direct and	Cadad		(4 - 5 + 6 - 7	
inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2010												
3.													
4.	2012												
5.	2013												
6.	2014												
7.	2015												
8.	2016												
9.	2017												
10.	2018		723		326	326	1	1	58	58	3		73
							(1)	(1)		225	20		936
11.	2019	10,803	10,803		2,306	2,306	(1)	(1)	225	225	20		936
12.	Totals	XXX	XXX	XXX	2,632	2,632	0	0	284	284	23		XXX

			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adiusti	ng and	23	24	25
		Case		Bulk +	IBNR	Case			- IBNR	Other				
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses and	Number of Claims Outstand- ing
		and		and		and		and		and		ation	Expenses	
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2010													
3.	2011													
4.	2012													
5.														
6.	2014													
7.	2015													
8.	2016													
9.	2017													
10.	2018	72	72	136	136			21	21	8	8			5
11.	2019	1,812	1,812	3,544	3,544			262	262	504	504	31		331
12.	Totals	1,884	1,884	3,680	3,680			283	283	512	512	31		336

			Total			oss Expense F				34		nce Sheet
			d Loss Expense			ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2010											
3.	2011											
4.	2012											
5.	2013											
6.	2014											
7.	2015											
8.	2016											
9.	2017											
10.	2018	622	622		86.0	86.0						
11.	2019	8,653	8,653		80.1	80.1						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

## NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) **NONE** 

Schedule P - Part 1E - Commercial Multiple Peril

### NONE

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence NONE

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made NONE

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MOTOR CLUB INSURANCE COMPANY SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE (\$000 OMITTED)

	Pro	emiums Earn	ed		(+	Los	s and Loss Ex	pense Payme	ents			12
Years in	1	2	3				and Cost	Adjusting		10	11	
Which				Loss Pa			t Payments					Number of
Premiums Were				4	5	6	7	8	9		Total Net	Claims
Earned and	5			- · · ·		D		5		Salvage and		Reported
Losses Were	Direct and	0-4-4	N-+ (d O)	Direct and	0-4-4	Direct and	0-4-4	Direct and	0-4-4		(4 - 5 + 6 - 7	
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2010												
5. 2013												
			3								2	2
7. 2015	13							1			13	9
											5	5
			13								7	8
	2		2									
11. 2019												
12. Totals	XXX	XXX	XXX	25				2			27	XXX

			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other I	Jnpaid			
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses	Number of Claims Outstand-
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
1.	Prior	Assumed	Oeded	Assumed	Oeded	Assumed	Ceded	Assumed	Oeded	Assumed	Ceded	Anticipated	Oripalu	Assumed
2.	2010													
3.	2011													
4.	2012													
5.														
6. 7.														
8.														
9.														
10.								0					2	
11.	2019													
12.	Totals			2				0					2	

			Total			oss Expense F				34	Net Balar	
			d Loss Expense			d /Premiums E			r Discount			ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2010											
3.	2011											
4.	2012											
5.	2013											
6.	2014	2		2	66.7		66.7					
7.	2015						100.0					
8.	2016	5		5	31.3		31.3					
9.	2017	7		7	53.8		53.8					
10.	2018			2			96.0				2	
11.	2019											
12.	Totals	xxx	XXX	XXX	XXX	XXX	xxx			XXX	2	

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE MOTOR CLUB INSURANCE COMPANY SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE (\$000 OMITTED)

		Pre	miums Earr	ned		( +	Loss		pense Payme	ents			12
	ars in /hich	1	2	3	Loss Pa	vments		and Cost	Adjusting Payn		10	11	Number of
Premiu Earn Losse	ims Were ned and es Were curred	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Claims Reported
1.	Prior	XXX	XXX	XXX									XXX
2.	2010												
3.	2011												
4.	2012												
5.	2013							<b>\</b>			-		
6.	2014										-		
7.	2015	•									-		
8.	2016												
9.	2017												
10.	2018												
11.	2019												
12.	Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case		Bulk +	IBNR	Case		Bulk +		Other l				
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
1.	Prior													
2.	2010													
3.	2011													
4.	2012													
5.	2013													
6.	2014					<b>,</b> ,								
7.	2015													
8.	2016							<u>`</u>						
9.	2017													
10.	2018													
11.	2019													
12.	Totals													

			Total		Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	ar Discount		Reserves A	fter Discount
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
	D :										Oripaid	Oripaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		<del> </del>
2.	2010									-		
3.	2011											
4.	2012											
5.												
6.	2014											
7.	2015											
8.	2016											
9.										ļ		
10.	2018											
11.	2019											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

		Pr	emiums Earn	ed		•	Los	s and Loss Ex	pense Payme	ents			12
Ye	ars in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
W	hich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premiu	ms Were				4	5	6	7	8	9		Total Net	Claims
Earn	ed and										Salvage and		Reported
Losse	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Inc	urred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	1		0					1	XXX
2.	2018	104		104	112		6					118	XXX
3.	2019	2		2									XXX
4.	Totals	XXX	XXX	XXX	112		6					118	XXX

												23	24	25
				Unpaid				Containment		Adjusti Other	ng and			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Jnpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
		D: .		D: .		D		D: .		D		and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and	0-4-4	and	0-4-4	and	0-4-4	and	0-4-4	and	0-4-4	ation	Expenses	Direct and
-		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2018			(2)				0					(2)	
3.	2019													
4.	Totals			(2)				0					(2)	

		Losses and	Total d Loss Expense	es Incurred		oss Expense F d /Premiums E		Nontabula	r Discount	34	Net Balar Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and			Direct and				Loss	Company Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2018	116		116	110.7		110.7				(2)	0
3.	2019											
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	(2)	0

### SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

	Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premiums Were				4	5	6	7	8	9		Total Net	Claims
Earned and										Salvage and		Reported
Losses Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	xxx	xxx									XXX
2. 2018	370	370		200	200	2	2	36	36	90		129
3. 2019	5,767	5,767		4,087	4,087	1	1	424	424	471		2,104
4. Totals	XXX	XXX	XXX	4,287	4,287	3	3	460	460	561		XXX

												23	24	25
				Unpaid				Containment		Adjusti	ng and Unpaid			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2018			(2)	(2)							2		
3.	2019	398	398	(164)	(164)			35	35	70	70	597		264
4.	Totals	398	398	(166)	(166)			35	35	70	70	599		264

			Total			oss Expense F				34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves At	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2018	237	237		63.9	63.9						
3.	2019	4,850	4,850		84.1	84.1						
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## SCHEDULE P - PART 1K - FIDELITY/SURETY (\$000 OMITTED)

					(φυυ	OCIVILITED	/					
	Pro	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premiums Were				4	5	6	7	8	9		Total Net	Claims
Earned and										Salvage and	Paid Cols	Reported
Losses Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2018												XXX
3. 2019												XXX
4. Totals	XXX	XXX	XXX									XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid		ing and			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other I	Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage and	Total Net Losses	of Claims Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Coded	Acsumed	Coded	Accumed	Ceded	_Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2018													
3.	2019													
4.	Totals													

			Total			oss Expense F				34		nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves A	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX		<b>XXX</b>			XXX		
2.	2018											
3.	2019											
4.	Totals	XXX	XXX	XXX		VV	XXX			XXX		

### SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 OMITTED)

	Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premiums Were				4	5	6	7	8	9		Total Net	Claims
Earned and										Salvage and	Paid Cols	Reported
Losses Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx									xxx
2. 2018	5		5	24		1					25	XXX
3. 2019	0		0									XXX
4. Totals	XXX	XXX	XXX	24		1					25	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid	Adjusti	ing and Unpaid			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number of Claims
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2018	1												
3.	2019			0				0					0	
4.	Totals			0				0					0	

			Total		Loss and L	oss Expense f	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2018	25		25	562.6		562.6					
3.	2019	0		0	273.5		273.5				0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0

## Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 1T - Warranty
NONE

### SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Υe	ears in	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPO	RTED AT YE	AR END (\$00	O OMITTED)	DEVELO	PMENT
Whic	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1.	Prior	260	221	217	221	221	221	221	221	221	221		
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12 Totals		

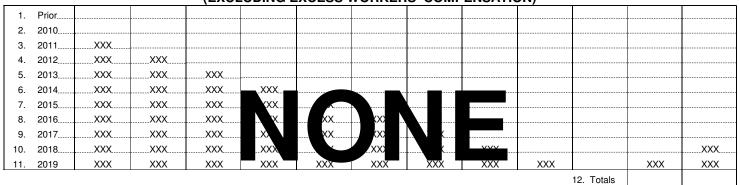
SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

		OOHE	<b></b>						.0.0 =	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		
1.	Prior	3,477	3,284	3,311	3,510	3,510	3,510	3,510	3,510	3,510	3,510		
2.	2010	*											
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

		COLLE	JULLI	- 1 7111	20 - 0				IOOK E			UAL	
1.	Prior	468	386	401	448	448	448	448	448	448	448		
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

SCHEDULE P - PART 2D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)



SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1.	Prior	40	35	46	45	45	45	45	45	45	45		
2.	2010	•											
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX											
10.	2018	XXX				XXX							
11.	2019	XXX		XXX	XXX								
											12. Totals		

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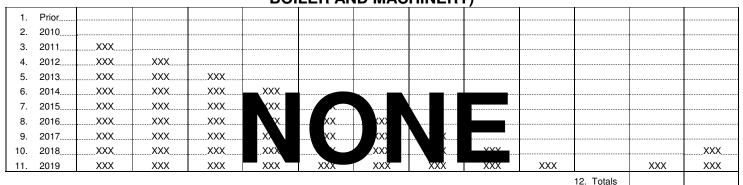
### SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Υe	ears in	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPO	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELO	PMENT
Whic	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1.	Prior												
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	X	XX		<b></b>					
8.	2016	XXX	XXX	XXX	X	XX	💢						
9.	2017	XXX	XXX	XXX	XXX		XXX						
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

### SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior												
2.	2010											ļ	
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	.XXX								
7.	2015	XXX	XXX	XXX	XXX			<b>\</b>					
8.	2016	XXX	XXX	XXX	X	XX	xx	<b></b>					
9.	2017	XXX	XXX	XXX	_x	XX	(XX						
10.	2018	XXX	XXX	XXX	xxx		XXX		VVV				XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

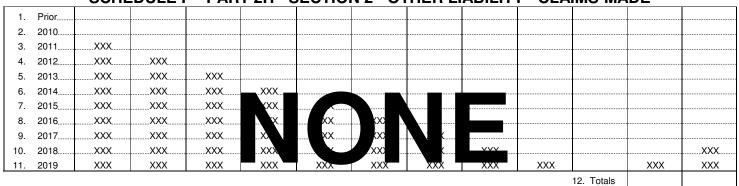
## SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



### SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	6	3	37	33	33	33	33	33	33	33		
2.	2010	*											
3.	2011	XXX											***************************************
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX	3	2	2	2	2	2		
7.	2015	XXX	XXX	XXX	XXX	XXX	11	12	12	12	12		***************************************
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	6	4	4	4		
9.	2017	XXX	8	7	7		(1)						
10.	2018	XXX	1	2	1	XXX							
11.	2019	XXX		XXX	XXX								
											12. Totals	1	(1)

### SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE



SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

					,		,		,			
Years in	<b>INCURRED</b>	NET LOSSES	S AND DEFE	NSE AND CO	ST CONTAIN	IMENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$00)	O OMITTED)	DEVELO	PMENT
Which Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4.843	5.290	5 290	0	447
1. 11101												
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	116	(6)	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											(0)	

4. Totals (6) 447

### SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. PriorXXX	XXX XXX	XXX	XXX	XXX	XXX					
2. 2018XXX	xxx	XXX	xxx	XXX	XXX	XXX				xxx
3 2010 YYY	xxx xxx	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
3. 2019 XXX	7000	7000	7000	7000	7000	7000	7000	l	7000	7000

SCHEDULE P - PART 2K - FIDELITY/SURETY

1.	Prior	XXX	XXX	xxx	XXX	XXX	XXX	XXX				
2.	2018	xxx	XXX	xxx	XXX		XXX					XXX
3	2019	XXX	XXX	XXX		xx	$\infty$		xxx		XXX	XXX
	2010	7000	7001	7000		70.			•	4 Totala	7000	7000
										4. Totals		

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

		<u> </u>		<i>,</i>	• • • • • • • • • • • • • • • • • • • •	1 ( 10		4 OI (II)	,,,		<i>,</i>	<u> </u>	
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7				(7)
2.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	25	(1)	xxx
3.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
<u>J.</u>	2019		^^^			^^^	^^^		^^^	Į.	U	****	
											<ol><li>Totals</li></ol>	(1)	(7

SCHEDULE P - PART 2M - INTERNATIONAL

				SCHI	EDULE	P - PAF	KI 2M -	INIERN	IAHON	AL			
1.	Prior												
2.	2010	-											
3.	2011	xxx										 <del> </del>	
4.	2012	xxx	V/V/										
5.	2013	xxx	XXX	XXX									
6.	2014	xxx	xxx	xxx	XXX							 <del> </del>	
7.	2015	xxx	xxx	XXX	Λ <b>Χ</b>		<b>\</b>					 	
8.	2016	XXX	XXX	XXX	×		XXX						
9.	2017	xxx	XXX	XXX	XXX.		XX						
10.	2018	xxx	XXX	XXX	XXX	XXX	xxx	XXX	XXX				xxx
11.	2019	XXX	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

## Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property NONE

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made **NONE** 

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 2T - Warranty
NONE

### SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 ON	MITTED)					Number of	Number of
-	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	Vhich											Closed	Closed
	osses Vere											With Loss	Without Loss
	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1.	Prior	000	117	159	221	221	221	221	221	221	221	1.785	
2.	2010											,	
3.	2011	XXX											
4	2012	XXX	XXX										
5	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
0.													
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			15	7
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		176	75

### SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior	000	1,729	2,760	3,510	3,510	3,510	3,510	3,510	3,510	3,510	18,077	
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			60	8
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		416	189

### SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior	000	175	340	448	448	448	448	448	448	448	847	
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX											
10.	2018	XXX											
11.	2019	XXX											

## SCHEDULE P - PART 3D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

				(=::0=	<u> </u>	.XOE00	· · · · · · · · · · · · · · · · · · ·	0 00		<i>-</i> ,		
1.	Prior	000									 	
2.	2010										 	
3.	2011	XXX									 	
4.	2012	XXX	XXX								 	
5.	2013	XXX	XXX	XXX							 	
6.	2014	XXX	XXX	XXX	.XXX						 	
7.	2015	XXX	XXX	XXX	XXX						 	
8.	2016	XXX	XXX	XXX	X	XX	🗴	<b></b>			 	
9.	2017	XXX	XXX	XXX	X	XX	XX	<b></b>			 	
10.	2018	XXX	XXX	XXX	xxx		XX		VVV		 	
11.	2019	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX		

#### SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

			30111	DOLL									
1.	Prior	000	27	42	45	45	45	45	45	45	45	92	
2.	2010												
3.		XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX								
7.	2015	XXX	XXX	XXX	XXX	XXX							
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

				<i>-</i>	•		· • · · · ·		•				
		CUMUL	ATIVE PAID	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOI	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
V	Vhich											Closed	Closed
	osses											With	Without
V	Vere											Loss	Loss
Inc	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1.	Prior	000											
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	X.			<b></b>					
7.	2015	XXX	XXX	XXX	X	XX							
8.	2016	XXX	XXX	XXX	xxx		XX						
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	000									 	
2.	2010										 	
3.	2011	XXX									 	
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX								
6.	2014	XXX	XXX	XXX	.XXX						 	
7.	2015	XXX	XXX	XXX	<b>ξ</b> ΧΧ						 	
8.	2016	XXX	XXX	XXX	X.	XX	··· ×× /	<b>\</b>			 	
9.	2017	XXX	XXX	XXX	X	XX	XX	<b></b>			 	
10.	2018	XXX	XXX	XXX	XXX		XX		VVV		 	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

							10 111/10	· · · · · · · · · · · · · · · · · · ·	<u>' / </u>			
1.	Prior	000									 XXX	XXX
2.	2010	•									 XXX	XXX
3.		XXX										XXX
4.	2012	XXX	XXX								 XXX	XXX
5.	2013	XXX	XXX	XXX							 XXX	XXX
6.	2014	XXX	XXX	XXX	XXX						 XXX	XXX
7.	2015	XXX	XXX	XXX	XXX			\			 XXX	XXX
8.	2016	XXX	XXX	XXX	.X	XX	(XX	<b></b>			 XXX	XXX
9.	2017	XXX	XXX	XXX	X	XX	(XX				 XXX	XXX
10.	2018	XXX	XXX	XXX	XXX		XXX	\	XXX		 XXX	XXX
11.	2019	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX

### SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	000	(25)	10	33	33	33	33	33	33	33		
2.	2010												
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	XXX		2	2	2	2	2	2	
7.	2015	XXX	XXX	XXX	XXX	XXX	9	12	12	12	12	9	
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4	3	2
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7	1
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

### SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

		COLLE		1 /\			12 01			· OLA		
1.	Prior	000									 	
2.	2010								ļ		 	
3.	2011	XXX									 	
4.	2012	XXX	XXX								 	
5.	2013	XXX	XXX	XXX							 	
6.	2014	XXX	XXX	XXX	.XXX						 	
7.	2015	XXX	XXX	XXX	<b>ξ</b> ΧΧ		<b></b>				 	
8.	2016	XXX	XXX	XXX	.X	×x	(XX)	<b></b>			 	
9.	2017	XXX	XXX	XXX	_X	XX	(XX	<b></b>			 	
10.	2018	XXX	XXX	XXX	xxx		XXX		VVV		 	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

## SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)					Number of	Number of
Years in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
Which	······•											
Losses		With	Without									
Were		Loss	Loss									
Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	5,289	5,290	xxx	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	118	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

### SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

| 1 | Prior | xxx | 000 |     | <br>   |     |
|---|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|-----|
| 2 | 2018  |     | XXX |     | <br>93 | 36  |
| 3 | 2019  | XXX | 1,045  | 795 |

### **SCHEDULE P - PART 3K - FIDELITY/SURETY**

1.	Prior	XXX	XXX	XXX	XXX	Xv	XX	X			 XXX	XXX
2.	2018	XXX	XXX	xxx	X X		$\sim$		XXX		 XXX	xxx
3.	2019	XXX	XXX	xxx	×	xx	XX		XXX	XXX	XXX	xxx
		7001	7001	7001					7001	7001	7001	7001

### SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	000			XXX	XXX						
2.	2018	VVV	XXX	VVV		VVV	VVV	VVV	VVV	25	25	XXX	VVV
3	2019	XXX		XXX	XXX								

### **SCHEDULE P - PART 3M - INTERNATIONAL**

				00111		1 - 1 / 1						
1.	Prior	000									 XXX	xxx
2.	2010										 XXX	XXX
3.	2011	XXX									 XXX	XXX
4.	2012	XXX	XXX								 XXX	XXX
5.	2013	XXX	XXX	XXX							 XXX	XXX
6.	2014	XXX	XXX	XXX	XXX						 XXX	XXX
7.	2015	xxx	XXX	XXX	XX	(X					 xxx	xxx
8.	2016	xxx	XXX	xxx	$\mathbf{x}$	xx					 xxx	xxx
9.	2017	XXX	XXX	XXX	xxx.		XXX				 XXX	XXX
10.	2018	xxx	XXX	xxx	xxx	xxx	xxx	XXX	xxx		 xxx	xxx
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

# Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property NONE

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

NONE

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made **NONE** 

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 3T - Warranty
NONE

### SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

		BULK AND IE	BNR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
	ears in	1	2	3	4	5	6	7	8	9	10
	Vhich										
	osses Vere										
	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1	Prior	(180)	(140)	(99)							
١.		(100)	(140)	(00)							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	xxx	xxx	xxx	XXX	XXX					
8.	2016	XXX	xxx	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	xxx	xxx	xxx	XXX	xxx			
10.	2018	xxx	xxx	xxx	XXX	XXX	xxx	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

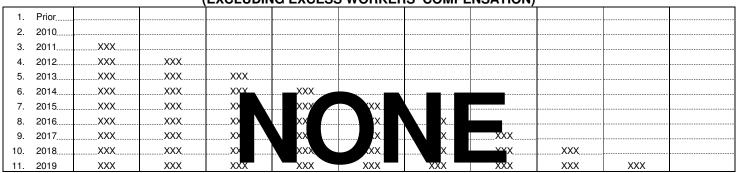
### SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior	(1,087)	(756)	(518)							
2.	2010	,									
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
_	2014	XXX		XXX							
7											
8.	2016										
9.	2017	XXX			XXX		XXX				
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior	7	(55)	(31)							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)



### SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

			00	··	, <b>—</b>	<b>00</b>		. •			
1.	Prior	(47)	(53)	(22)							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

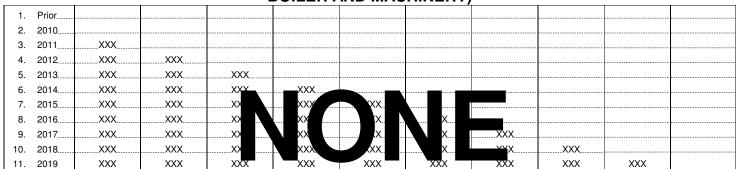
### SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

		BULK AND I	BNR RESERVES	S ON NET LOS	SES AND DEFE	NSE AND COS	CONTAINMEN	NT EXPENSES I	REPORTED AT	YEAR END (\$00	0 OMITTED)
V Lo	ears in Vhich osses Vere	1	2	3	4	5	6	7	8	9	10
Inc	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior										
2.	2010										
3.	2011	XXX									
4.	2012	xxx	xxx					ļ			
5.	2013	xxx	xxx	XX				 			
6.	2014	XXX	xxx	××	XX		<b></b>				
7.	2015	xxx	XXX	XX	××	X.					
8.	2016	xxx	xxx	XX	XXX	.XX	X				
9.	2017	xxx	xxx	XXX	xxx	XXX	XXX	XXX			
10.	2018	xxx	xxx	XXX	xxx	xxx	XXX	XXX	xxx		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior										
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	XXX	XXX		XXX	XX.	<b>`</b>				
8.	2016	XXX	XXX	XX	××	X.	X				
9.	2017	XXX	XXX	××	XX	x.	X	XXX			
10.	2018	XXX	XXX	XX	XXX	.XX.	X	YYX	xxx		
11.	2019	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



### SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	(8)	(2)	4							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX	3					
7.	2015	XXX	XXX	XXX	XXX	XXX	2				
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	2			
9.	2017	XXX	1								
10.	2018	XXX	1	2							
11.	2019	XXX									

### SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1.	Prior										
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	XXX	XXX	XX <u>X</u>	XXX						
7.	2015	XXX	XXX	XX	XXX	XX.					
8.	2016	XXX	XXX	××	XX	X.	X				
9.	2017	XXX	XXX		××	x.	X	XXX			
10.	2018	XXX	XXX	XX	\ xxx	XX.	×	<b>YY</b> X	XXX		
11.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	

### SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
Years in Which Losses Were	1	2	З	4	5	6	7	8	9	10
Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	139	1	
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	(2)
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1	. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2	0010	VVV	XXX	VVV	<b>YYY</b>	XXX	XXX	XXX	XXX		
3	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

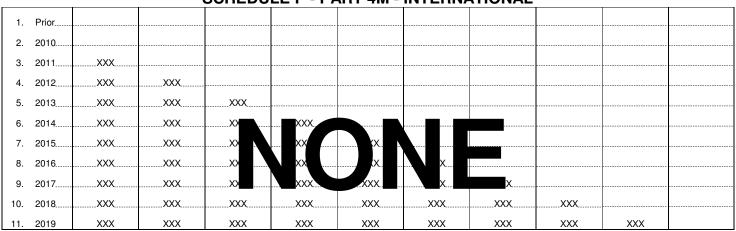
#### SCHEDULE P - PART 4K - FIDELITY/SURETY

			•	· · · · · · · · · · · · · · · · · · ·				/ <b>00::1</b>			
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2		XXX	XXX	XX	VVV	XX.	x	XXX	XXX		
	2019	XXX	XXX	XX	XX	×	×	XX	XXX	XXX	
	2010	7001	7001	7.0				W	7001	7000	

#### SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

2. 2018. XXX XXX XXX XXX XXX XXX XXX XXX XXX X									,			
2. 2018. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	1.	Prior	XXX							7		
	2			VVV						YYY	1	
		2019	XXX	XXX	XXX	YYY	XXX	XXX	VVV	XXX	XXX	0

#### SCHEDULE P - PART 4M - INTERNATIONAL



# Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property **NONE**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 4T - Warranty
NONE

# SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	OSS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	595	598	599	588						
2.	2010										
3.	2011	XXX									
4.	2012	xxx	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	xxx	XXX	XXX	XXX						
7.	2015	xxx	XXX	XXX	XXX	XXX					
8.	2016	xxx	XXX	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	XXX	XXX	XXX	xxx	xxx			
10.	2018	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	10	15
11.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176

#### **SECTION 2**

						LC HON					
				NUMBER	R OF CLAIMS C	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	5	3	2							
2.	2010										
3.	2011	XXX									
4.	2012	xxx	XXX								
5.	2013	xxx	XXX	xxx							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44

				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
	in Which	1	2	3	4	5	6	7	8	9	10
_	miums Earned										
	Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	776	790	793	778						
2.	2010										
3.	2011	xxx									
4.	2012	xxx	XXX								
5.	2013	xxx	XXX	XXX							
6.	2014	xxx	XXX	XXX	XXX						
7.	2015	xxx	XXX	XXX	XXX	XXX					
8.	2016	xxx	XXX	XXX	xxx	XXX	XXX				
9.	2017	xxx	XXX	XXX	xxx	XXX	xxx	xxx			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	22
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	295

# SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	OSS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	niums Earned Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	5,924	6,028	6,073	5,976						
2.	2010										
3.	2011	XXX									
4.	2012	xxx	xxx								
5.	2013	XXX	xxx	XXX							
6.	2014	xxx	xxx	xxx	XXX						
7.	2015	xxx	xxx	xxx	XXX	XXX					
8.	2016	xxx	xxx	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	xxx	xxx	XXX	xxx	xxx			
10.	2018	xxx	xxx	xxx	XXX	XXX	xxx	XXX	xxx	17	60
11.	2019	xxx	XXX	XXX	XXX	XXX	xxx	xxx	XXX	xxx	416

#### **SECTION 2**

						LUTION					
				NUMBER	R OF CLAIMS C	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	215	86	35							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	xxx	XXX	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx	33	5
11.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	331

		,				LC HON					
					NUMBER OF C		TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	7 , 123	7,639	7,771	7,662						
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	xxx	XXX	XXX							
6.	2014	xxx	XXX	xxx	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	xxx	XXX	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	xxx	XXX	XXX	XXX	XXX			
10.	2018	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	53	7
11	2019	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	XXX	936

# SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	OSS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	emiums e Earned										
	Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	275	282	285	280						
2.	2010										
۷.	2010	***************************************									
3.	2011	XXX									
4.	2012	xxx	XXX								
5.	2013	xxx	XXX	XXX							
6.	2014	xxx	XXX	xxx	XXX						
7.	2015	xxx	xxx	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	xxx	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### **SECTION 2**

					<u> </u>	ECTION !					
				NUMBER	R OF CLAIMS C	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		-
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	10	5	2							
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	xxx	xxx	xxx							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	xxx	XXX	XXX	XXX	XXX					
8.	2016	xxx	XXX	XXX	XXX	XXX	XXX				
9.	2017	xxx	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2018	xxx	xxx	XXX	XXX	XXX	XXX	XXX	xxx		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

						LUTION					
					NUMBER OF C		TED DIRECT A	ND ASSUMED A		T	1
Prer Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	333	299	366	360						
2.	2010										
3.	2011	XXX									
4.	2012	xxx	xxx								
5.	2013	xxx	xxx	XXX							
6.	2014	xxx	xxx	xxx	XXX						
7.	2015	XXX	XXX	XXX	XXX	XXX					
8.	2016	XXX	xxx	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	xxx	XXX	XXX	XXX	xxx			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	XXX	

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2 **NONE** 

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3 **NONE** 

# SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	OSS PAYMENT	DIRECT AND A	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums Earned										
	Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	28	30	31	31						
	0010										
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	XXX	XXX	XXX							
6.	2014	xxx	xxx	XXX	xxx						
7.	2015	xxx	XXX	XXX	XXX	XXX					
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2017	xxx	xxx	XXX	xxx	XXX	xxx	XXX			
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### **SECTION 2**

					<u> </u>	ECTION !					
				NUMBER	R OF CLAIMS C	OUTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	2	1								
2.	2010										
3.	2011	XXX									
4.	2012	xxx	XXX								
5.	2013	xxx	XXX	XXX							
6.	2014	xxx	XXX	XXX	XXX						
7.	2015	xxx	XXX	XXX	XXX	XXX					
8.	2016	xxx	xxx	XXX	XXX	XXX	xxx				
9.	2017	xxx	XXX	XXX	XXX	XXX	xxx	XXX	-		
10.	2018	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

			01114111471147		LUTION		ND 40011145D	T. V. T. A. D. E. V. D.		
							ND ASSUMED A		1	
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	37	46	47	48						
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	xxx	XXX	XXX							
6. 2014	xxx	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	xxx	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-	
11. 2019	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	

# Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A **NONE**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B NONE

# SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
				-		-			-		
1.	Prior										
2.	2010										
3.	2011	XXX									
4.	2012	xxx	xxx								
5.	2013	XXX	XXX	XXX							
6.	2014	xxx	xxx	XXX	XXX	2	2	2	2	2	2
							_	_		_	
7.	2015	XXX	XXX	XXX	XXX	XXX	8	9	9	9	9
8.	2016	xxx	xxx	XXX	xxx	XXX	xxx	3	3	3	3
									_	_	_
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	<i>J</i>	<i>J</i>	<i>I</i>
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### **SECTION 2A**

					JL		.^				
Ye	ears in			NUMBE	R OF CLAIMS C	DUTSTANDING	DIRECT AND AS	SUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior										
2.	2010										
3.	2011	XXX									
4.	2012	XXX	XXX								
5.	2013	xxx	xxx	XXX							
6.	2014	XXX	XXX	XXX	XXX						
7.	2015	xxx	XXX	XXX	XXX	XXX	1				
8.	2016	XXX	xxx	XXX	XXX	XXX	xxx				
9.	2017	xxx	XXX	XXX	XXX	XXX	xxx	XXX			
10.	2018	xxx	XXX	xxx	xxx	XXX	xxx	XXX	XXX		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### **SECTION 3A**

					JL		^				
Υe	ears in			CUMULATIVE	NUMBER OF (	CLAIMS REPORT	TED DIRECT AN	D ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior										
2.	2010										
3.	2011	xxx									
4.	2012	xxx	xxx								
5.	2013	xxx	xxx	XXX							
6.	2014	XXX	xxx	XXX	XXX	2	2	2	2	2	
7.	2015	xxx	xxx	XXX	XXX	XXX	9	9	9	9	
8.	2016	xxx	xxx	XXX	XXX	xxx	XXX	5	5	5	
9.	2017	xxx	xxx	xxx	xxx	xxx	xxx	XXX	8	8	
10.	2018	xxx	xxx	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2019	xxx	xxx	xxx	xxx	XXX	XXX	xxx	XXX	XXX	

# Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2 **NONE** 

Schedule P - Part 5T - Warranty - Section 3 **N O N E** 

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2 **NONE** 

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

# SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL SECTION 1

Ye	ars in Which		CUMU	LATIVE PREM	MIUMS EARN	ED DIRECT A	ND ASSUME	D AT YEAR E	ND (\$000 OM	ITTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	ere Earned											Year
	and Losses	2242		0010	0010		2215	2212	2017	2212	0010	Premiums
VV	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior											
2.	2010						<b></b>		<b></b>	<b></b>		
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX	<u></u>		<u></u>	<u></u>		ļ		
6.	2014	XXX	XXX		XXX							
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		XX	×	XX					
9.	2017	XXX	XXX		XX	×		XXX				
10.	2018	XXX	XXX		XXX		x	XXX	XXX			
11.	2019	XXX	XXX	XXX	XXX	~XXX	XXX		VVV	XXX		1
12.	Totals	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)											XXX

#### **SECTION 2**

					•		· -					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums Vere Earned	1	2	3	4	5	6	7	8	9	10	Current Year
	and Losses /ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Premiums Earned
1.	Prior											
2.	2010											
3.	2011	XXX										ļ
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX	<u></u>			<u></u>				
6.	2014	XXX	XXX		XXX		<b></b>					
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		××	X	XX					
9.	2017	XXX	XXX		XX	X		XXX			<b>_</b>	<u> </u>
10.	2018	XXX	XXX		XXX	<b></b>	X		XXX			
11.	2019	XXX	XXX	<del>, , , , , , , , , , , , , , , , , </del>	XXX	XXX	XXX		XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											XXX

# SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in Which		CUML	JLATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned and Losses Vere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Year Premiums Earned
1.	Prior											
2.	2010											
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX								
6.	2014	XXX	XXX	XXX	XXX	3	3	3	3	3	3	
7.	2015	XXX	XXX	XXX	XXX	XXX	13	13	13	13	13	
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sch P-Pt. 1)					3	13	16	13	2		XXX

#### SECTION 2A

					S	ECTION	I 2A					
Ye	ears in Which			CUMULATIV	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses	0010	0011	0010	0010	0014	0015	0010	0017	0010	0010	Premiums
v	/ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior											
2.	2010										-	
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	X <u>XX</u>								
6.	2014	XXX	XXX		XXX							
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		××	X	XX					
9.	2017	XXX	XXX		××	×		XXX				
10.	2018	XXX	XXX		XXX		X	YYY	XXX			
11.	2019	XXX	XXX		XXX.	XX			XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)											XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B NONE

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2 **NONE** 

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2 **NONE** 

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B **NONE** 

# SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED) SECTION 1

		1 T-+-! N-+ !	2 Net Losses and	3	4	5 Net Premiums	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1.	Homeowners/Farmowners						
2.	Private Passenger Auto Liability/ Medical						
3.	Commercial Auto/Truck Liability/ Medical						
4.	Workers' Compensation						
5.	Commercial Multiple Peril						
6.	Medical Professional Liability - Occurrence						
7.	Medical Professional Liability - Claims - Made						
8.	Special Liability						
9.	Other Liability - Occurrence	2					
10.	Other Liability - Claims-Made						
11.	Special Property	(2)			0		
12.	Auto Physical Damage						
13.	Fidelity/Surety						
14.	Other	0					
15.	International	,					
16.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	xxx	XXX
17.		XXX	XXX	XXX	XXX	xxx	XXX
18.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	xxx	XXX
19.	Products Liability - Occurrence						
20.	Products Liability - Claims-Made						
21.	Financial Guaranty/Mortgage Guaranty						
22.	Warranty						
23.		0			0		

#### **SECTION 2**

		INCURRED LO	SSES AND DEF	ENSE AND CO	ST CONTAINM	ENT EXPENSE	S REPORTED A	T YEAR END (\$	000 OMITTED)	
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	xxx	XXX	XX			<b></b>				
6. 2014	XXX	XXX	XX	××						
7. 2015	XXX	XXX	××	XX	X.					
8. 2016	xxx	XXX	××	XXX	XX.	X				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	xxx	xxx	xxx	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

				S	ECHON	3				
	BULK AN	D INCURRED BU	JT NOT REPOR	TED RESERVE		S AND DEFENSE MITTED)	AND COST C	ONTAINMENT	EXPENSES AT '	YEAR END
Years in Which	1	2	3	4	5	6	7	8	9	10
Policies Were Issued	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior		-							-	
2. 2010		-							-	
3. 2011	XXX							-		
4. 2012	XXX	xxx								
5. 2013	XXX	xxx	XX			`\	<b>.</b>			
6. 2014	XXX	XXX	XX	××						
7. 2015	xxx	xxx	XX	××	X.					
8. 2016	xxx	xxx	XX	\ xxx	.xx.	X				
9. 2017	xxx	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx		
11. 2019	xxx	xxx	XXX	XXX	XXX	xxx	XXX	xxx	xxx	

# Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts **NONE**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts **NONE** 

# SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED) SECTION 1

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

#### **SECTION 2**

		INCURRED LO	SSES AND DEF	ENSE AND CO	ST CONTAINM	ENT EXPENSES	S REPORTED A	T YEAR END (\$	000 OMITTED)	
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	××			·				
6. 2014	XXX	XXX	XX	XX						
7. 2015	XXX	XXX	X>	XX	X.					
8. 2016	XXX	XXX	XX	XXX	.XX	X				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

				3	ECHON	<b>ა</b>				
	BULK AND	O INCURRED BI	JT NOT REPOF	RTED RESERVE	S FOR LOSSE	S AND DEFENSI	E AND COST C	ONTAINMENT	EXPENSES AT Y	/EAR END
					(\$000 C	MITTED)				
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Policies Were Issued	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	2010	2011	2012	2013	2014	2013	2010	2017	2010	2019
1. Prior								-	-	
2. 2010								-		
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XX			<b>\</b>				
6. 2014			××	XX	<b></b>					
7. 2015	xxx	xxx	XX	××						
8. 2016	XXX	xxx	XX	XXX	XX.	×				
9. 2017	XXX	xxx	xxx	XXX	XXX	XXX	XXX			
10. 2018	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx		
11 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

# Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts  ${f N}$   ${f O}$   ${f N}$   ${f E}$ 

### **SCHEDULE P INTERROGATORIES**

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Di- Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not t		OR) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes questions:	or at no additional cost?	
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsew dollars)?		3
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		. Yes [ ] No [ X ]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		Yes [ ] No [ X ]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	the Underwriting and	s [ ] No [ ] N/A [ X
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the follow in Schedule P:	ing table corresponding to where	these reserves are reported
		DDR Reserve Schedule P, Part 1F, Medic Column 24: Total Net Losse	al Professional Liability s and Expenses Unpaid
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2010		
	2011		
	2012		
	2013		
	2014		
	2016		
	2017		
	2018		
	2019		
1.612	Totals		
2.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment experience definition applies to both paid and unpaid expenses. Are these experience and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in	expenses (now reported as " in this statement?	Yes [ X ] No [ ]
3.	The Adjusting and Other expense payments and reserves should be allocated to the years in which the loss number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense of a pool, the Adjusting and Other expense should be allocated in the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsur. Other expense incurred by reinsurers, or in those situations where suitable claim count information is not avexpense should be allocated by a reasonable method determined by the company and described in Interrogreported in this Statement?	spense between companies in a loss amounts and the claim ance contract. For Adjusting and vailable, Adjusting and Other yatory 7, below. Are they so	Yes [ X ] No [ ]
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future net of such discounts on Page 10?		
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions, reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular relating to discount calculations must be available for examination upon request.  Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Stabeing filed.	discounting. Work papers	
5.	What were the net premiums in force at the end of the year for:		
	(in thousands of dollars) 5.1 Fideli	ty	
	5.2 Suret	y	
6.	Claim count information is reported per claim or per claimant (Indicate which).	o	er claimant
	If not the same in all years, explain in Interrogatory 7.	<b>r</b>	
7.1	The information provided in Schedule P will be used by many persons to estimate the adequacy of the curre among other things. Are there any especially significant events, coverage, retention or accounting changes considered when making such analyses?	that have occurred that must be	
7.2	(An extended statement may be attached.)		

#### **SCHEDULE T - PART 2**

### INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

			Allocated by	States and Territ		inaaa Only		
			1	2	3	iness Only 4	5	6
			Life	Annuities	Disability Income	Long-Term		
			(Group and	(Group and	(Group and	Care (Group and	Deposit-Type	
	States, Etc.		Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	ΑZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	н						
13.	ldaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	lowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana							
20.	Maine							
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota							
25.		MS						
26.	Missouri	МО						
27.		MT						
28.	Nebraska	 ■NF						
29.	Nevada							
30.	New Hampshire	Νŀ						
31.	New Jersey	ΝJ	'					
32.	New Mexico							
33.		NY						
34.	North Carolina							
35.	North Dakota							
36.	Ohio							
37.	Oklahoma	OK						
38.	Oregon							
39.	Pennsylvania							
40.	Rhode Island							
41.	South Carolina							
42.	South Dakota							
43.		TN						
44.	Texas							
45.	Utah							
46.	Vermont							
47.	Virginia							
48.	Washington							
49.		WV						
50.	Wisconsin							
51.	Wyoming							
52.	American Samoa							
53.	Guam							
54.		PR						
55.		VI						
56.	Northern Mariana Islands							
57.	Canada							
58.	Aggregate Other Alien							
	Total	J 1	•					
JJ.	i otal			1	î	î.	1	1

### SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				FA	nı ı	A - DE I AI	L OF INSURANC	/C I	JOLL	TING COMPAINT	SISIEI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
									D 1 11			_			
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. 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)	
	Auto Club Enterprises Insurance Group									Interinsurance Exchange of the Automobile	5	10.91	=::::(0)	(1,11)	+
1318	nate orab Enterprises modrance droup	12487	20-3462094				Motor Club Insurance Company	RI	RE	Club	Ownership	50.000	See Note Below	N	4
0 10	Auto Club Enterprises Insurance Group	12407	20 0402034				motor ords modulation company			Olub	Owner strip.		dec note below		
1318	nate orab Enterprises modrance droup	12487	. 20-3462094				Motor Club Insurance Company	RI	RE	AAA Northeast Holding, Inc.	Ownership	50.000	See Note Below	N	1
01 0		12407	47-1842331				AAA Northeast	DE	UIP	And Not theast noturing, the.	Owner Sirrp		See Note below	NI	
			. 47-1042001				Automobile Club Insurance Agency, Inc. d/b/a	UL	ווע						
			05-0146230				AAA Insurance Agency, Inc.	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			54-0971805				AAA Northeast Insurance Agency, Inc.	MA	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	IV	
			20-3166530				AAA Northeast Holding, Inc.	MA	UDP	AAA Northeast	Ownership	100.000	AAA Northeast	IV	
			. 05-0498630					RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	IV	
			05-0498630				AAA Northeast Mortgage CorporationAAA Northeast Bank	RI	NIA	AAA Northeast Mortgage Corporation		100.000	AAA Northeast	IV	
			05-0495594	-				nı	NIA	AAA NOI LITEAST MOI LYAYE COIPOTALION	Ownership	100.000		NL	
			46-2807629	1			AAA New Jersey Division Financial Services,	N.I	NII A	AAA Northeast Bank	0	100,000	AAA Northeast	M	
							Inc.	NJ	NI A		Ownership	100.000		N	
			. 20-1094252				AAA Auto Glass, Inc.	RI	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			20-3026333				Blue Hen Investment Company, Inc.	DE	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			26-2346231				AAA Driver Training School, Inc.	MA	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			27-4504941				American AutoGlass Administrators, Inc.	RI	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			. 06-0997474				AAA Car Care, Inc.	CT	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	.  N	
							Safety Educators, Inc d/b/a AAA Driver								
			38-3879742				Training	RI	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			. 16-1546378				AAA Driver Training School, Inc.	NY	NI A	AAA Northeast	Ownership	100.000	AAA Northeast	N	
			61-1858763				Motor Club Insurance Captive, LLC	VT	IA	AAA Northeast	Ownership	100.000	AAA Northeast	N	
	Auto Club Enterprises Insurance Group						Interinsurance Exchange of the Automobile						Automobile Club of Southern California		
1318		15598	. 95-0865765				Club	CA	UDP	Automobile Club of Southern California	Board of Directors			N	1
	Auto Club Enterprises Insurance Group									Interinsurance Exchange of the Automobile			Automobile Club of Southern California		
1318		15512	. 43-6029277				Automobile Club Inter-Insurance Exchange	MO	IA	Club	Board of Directors			N	1
	Auto Club Enterprises Insurance Group												Automobile Club of Southern California		
1318		27235	43-1453212				Auto Club Family Insurance Company	MO	IA	Automobile Club Inter-Insurance Exchange	Ownership	100.000		N	
	Auto Club Enterprises Insurance Group									Interinsurance Exchange of the Automobile			Automobile Club of Southern California		
1318		11009	76-0603355				Auto Club Casualty Company	TX	IA	Club	Ownership	100.000		N	
	Auto Club Enterprises Insurance Group						,			Interinsurance Exchange of the Automobile	·		Automobile Club of Southern California		
_1318		11008	76-0603356				Auto Club Indemnity Company	TX	IA	Club	Ownership	100.000		N	
	Auto Club Enterprises Insurance Group		1				, , , , , , , , , , , , , , , , , , , ,			Interinsurance Exchange of the Automobile		T	Automobile Club of Southern California		
1318		29327	74-1107185				Auto Club County Mutual Insurance Company	TX	IA	Club	Management			N	
	Auto Club Enterprises Insurance Group		1				Automobile Club of Southern California Life			Interinsurance Exchange of the Automobile			Automobile Club of Southern California		
_1318		60256	33-0815346				Insurance Company	CA	IA	Club	Ownership	50.000		N	
	Auto Club Enterprises Insurance Group		1 00.00.0				Automobile Club of Southern California Life				P		Automobile Club of Southern California		1
1318	nate orab Enterprises modrance droup	60256	33-0815346				Insurance Company	CA	14	Automobile Club of Southern California	Ownership	50.000	natomobile oldb of oddillolli odilliolli	N	
4853	AAA Life Group	71854	52-0891929				AAA Life Insurance Company	MI	IA.	ACLI Acquisition Company	Ownership	100.000	ACLI Acquisition Company	N	
4853	AAA Life Group	13738	27-1269555				Life Alliance Reassurance Corporation	HI	IA	AAA Life Insurance Company	Ownership	100.000	ACLI Acquisition Company	NI NI	
	AAA Life Group	15282	45-0668011				AAA Life Insurance Company of New York	NY	IA	AAA Life Insurance Company	Ownership.	100.000	ACLI Acquisition Company	N N	1
	AAA Life Group	10202	82-2101434				AAA Life Histiance Company of New York	MI	NIA	AAA Life Insurance Company	Ownership	100.000	ACLI Acquisition Company	N	6
000	. nnn Lite atoup		04-2 10 1404	1			ACSC Management Services, Inc. (Attorney-in-		NI #	TARA LITE HISUI AIRCE COMPANY	. Owner and p	100.000	Automobile Club of Southern California	IV	u
			95-2553663	1			Fact)	CA	NI A	Automobile Club of Southern California	Ownership	100.000	Automobile club of Southern California	N	
			95-2553663				Automobile Club of Southern California	CA	NIA	N/A	Owner SITP	100.000	N/A	IV	
			90-00 14085				AUTOMODITE CIUD OT SOUTHERN CATITORNIA	UA	NI A			- <del> </del>		N	
		Ì	00 0440075				ACLI As wis it is a Commi	D-	NI A	Interinsurance Exchange of the Automobile	0	10 150	One Make Delaw		1 _
			. 38-3416375				ACLI Acquisition Company	DE	NI A	Club	Ownership	13.150	See Note Below	N	2
			. 38-3416375				ACLI Acquisition Company	DE	NI A	Automobile Club of Southern California	Ownership	13.150	See Note Below	.  N	2
			. 38–3416375				ACLI Acquisition Company	DE	NI A	Automobile Club of Missouri	Ownership	0.100	See Note Below	.  N	2
		Ì	l				Club Exchange Corporation (Attorney-in-Fact)	1		1	L		Automobile Club of Southern California		1
			43-0783626	-				MO	NI A	Automobile Club of Missouri	Ownership	100.000		N	
		l		1				1					Automobile Club of Southern California	1	
			33-0835940	1			Pleasant Travel Holding Company, LLC	DE	NI A	Automobile Club of Southern California	Ownership.	90.000	ĺ	l N	5

### SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				PA	KIL	A - DE I AI	L OF INSURANCE	JEI	JOLL	ING COMPANY	SYSIEM				
1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership,	13 If Control is	14	15 Is an	16
Group		NAIC Company	ID	Federal		Name of Securities Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domi- ciliary Loca-	Relation- ship to Reporting	Directly Controlled by	Board, Management, Attorney-in-Fact, Influence,	Owner- ship Provide Percen-	Ultimate Controlling	SCA Filing Re- 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)	*
			. 33-0835940				Pleasant Travel Holding Company, LLC	DE	NIA	AAA Northern New England	Ownership	2.000	Automobile Club of Southern California Automobile Club of Southern California	N	
			. 77-0495728				Pleasant Holidays, LLC	DE	NI A	Pleasant Travel Holding Company, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			94-2446918				Hawaii World LLC	CA	NIA	Pleasant Holidays, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			. 71-0919095				Auto Club Enterprises	CA	NI A	Automobile Club of Southern California	Other		Automobile Club of Southern California	N	3
			43-0166020				Automobile Club of Missouri	MO	NIA	Auto Club Enterprises	Other		Automobile Club of Southern California	N	3
			. 25-1114373				AAA East Central	PA	NIA	Auto Club Enterprises	Other		Automobile Club of Southern California	N	3
			01-0112750				AAA Northern New England	ME	NIA	Auto Club Enterprises	Other		Automobile Club of Southern California	N	3
			33-0945342				Auto Club Services, LLC	CA	NIA	Automobile Club of Southern California	Ownership	100.000	Automobile Club of Southern California	N	
			76-0664740				AAA Texas, LLC	TX	NIA	Auto Club Services, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			74-2982988				AAA New Mexico, LLC	NM	NI A	Auto Club Services, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			. 33-0939557				AAA Hawaii, LLC	HI	NIA	Auto Club Services, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			. 00-000000				Automobile Club of Hawaii, Inc	HI	NIA	Auto Club Services, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			. 01–1855420				Automobile Club of Texas, Inc.	TX	NIA	Auto Club Services, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			25-0951930				AAA East Central Insurance Agency, Inc	PA	NIA	AAA East Central	Ownership	100.000	Automobile Club of Southern California	N	
			25-1846506				Auto Club Driving Schools, Inc	PA	NIA	AAa-East Central	Ownership	100.000	Automobile Club of Southern California	N	
			34-0074310				The Ashland County Automobile Club  The Massillon Automobile Club	0H	NIA	AAA East Central	Other		Automobile Club of Southern California	NN	3
			85-0267099				All-City Towing, Inc.	NM	NIA	AAA New Mexico, LLC	Ownership	100.000	Automobile Club of Southern California	N	
			. 01-0518954				AAA Car Care Center	ME	NI A	AAA Northern New England	Ownership	100.000	Automobile Club of Southern California	N	
			. 54-2106828				AAA Driving School, Inc.	ME	NIA	AAA Northern New England	Ownership	100.000	Automobile Club of Southern California	N	
			. 01-0022895				AAA Northern New England Insurance Hewins Travel LLC	ME	NIA	AAA Northern New England	Ownership	100.000	Automobile Club of Southern California	N	
			. 01-0411376				Triple A Leasing	ME	NIA	AAA Northern New England	Ownership	100.000	Automobile Club of Southern California	N	
			. 52-0958851				AAA Arkansas Insurance Agency, Inc	AR	NIA	Automobile Club of Missouri	Ownership	100.000	Automobile Club of Southern California	N	
			43-0822493				Club Insurance Agency, Inc	MO	NI A	Automobile Club of Missouri	Ownership	100.000		N	1

# SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

									. •	, , , , , , , , , , , , , , , , , , ,	<b>O</b> 1 <b>O</b> 1 <b>D</b> 111				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											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	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(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)	*
Code	Group Name	Code	Number	กออบ	CIN	international)	Of Affiliates	lion	⊏⊓uty	(Name of Entity/Person)	Other)	lage	Automobile Club of Southern California	( T/IN)	-
			00-0000000				Automobile Club of California	CA	NIA	Automobile Club of Southern California	Ownership	100.000	Automobile Club of Southern California	M	
							Tidewater Automobile Association of Virgini		NI A	Automobile club of Southern Carriothia	owner sirrp	100.000	Automobile Club of Southern California	N	
			54-0465700				Incorporated	ν.Δ	NIA	Auto Club Enterprises	Other		Automobile club of Southern Carriotina	N	2
			. 04 0400700				Theorporated	*/\		Tidewater Automobile Association of	Other		Automobile Club of Southern California		
			54-2040600				AAA Tidewater Virginia Car Care Center, LLC	VA	NIA	Virginia, Incorporated	Ownership	100.000	National Transfer of Southern Santonna	N	
							AAA Tidewater Virginia Fleet Operations, LL			Tidewater Automobile Association of			Automobile Club of Southern California		
			27-2311305					VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
										Tidewater Automobile Association of			Automobile Club of Southern California		
			. 00-0000000				TAA Chesapeake Branch Office Property, LLC	VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
										Tidewater Automobile Association of			Automobile Club of Southern California		
			. 00-0000000				TAA Corporate Center Office Property, LLC	VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
							TAA Greenbrier Car Care Center Property, LL	C		Tidewater Automobile Association of			Automobile Club of Southern California		
			. 00-0000000					VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
							TAA Hampton Branch/Car Care Center Property	,		Tidewater Automobile Association of			Automobile Club of Southern California		
			. 00-0000000				LLC	VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
										Tidewater Automobile Association of		400.000	Automobile Club of Southern California		
			. 00-0000000				TAA Newport News Branch Property, LLC	VA	NI A	Virginia, Incorporated	Ownership	100.000		N	
			00-0000000				TAA Norfolk Car Care Center Property, LLC	1/4	NIA	Tidewater Automobile Association of Virginia, Incorporated	Ownership	100.000	Automobile Club of Southern California	N.	
			. 00-000000				TAA Suffolk Branch Car Care Center Property, LLC	VA		Tidewater Automobile Association of	_ Uwnersnip	100.000	Automobile Club of Southern California	N	
			00-0000000				THA SUTTOIN BEARCH CAT CATE CERTET Property	, VA		Virginia, Incorporated	Ownership	100.000	Automobile club of Southern California	N	
			. 00-000000				LLC	VA	NIA	Tidewater Automobile Association of	owner strip	100.000	Automobile Club of Southern California	N	
			00-0000000				TAA Virginia Beach Branch Property, LLC	VΔ	NIA	Virginia, Incorporated	Ownership	100.000	Automobile Club of Southern Carriothia	N	
			. 00 0000000				The virginia beach branch froperty, LLO	*^		Tidewater Automobile Association of	Owner Sirrp	100.000	Automobile Club of Southern California		
			00-0000000				TAA Williamsburg Branch Property, LLC	VA	NIA	Virginia, Incorporated	Ownership	100.000	The companies of obtaining out the first	N	
				1			TAA Williamsburg Branch/Car Care Center			Tidewater Automobile Association of			Automobile Club of Southern California		1
			00-0000000				Property, LLC	VA	NIA	Virginia, Incorporated	Ownership	100.000		N	
							, , , .		1		1				

Asterisk	Explanation
1	ACSC Management Services, Inc. serves as the attorney-in-fact for Interinsurance Exchange of the Automobile Club Exchange Corporation serves as the attorney-in-fact for Automobile Club Inter-Insurance Exchange.
2	Interinsurance Exchange of the Automobile Club and Automobile Club and Automobile Club of Southern California each own 13.15% of ACLI Acquisition Company. Automobile Club of Missouri owns 0.1% of ACLI Acquisition Company. The remainder is owned by several non-affilated entities.
3	Possession of voting interests in nonprofit corporation.
4	Interinsurance Exchange of the Automobile Club owns a 50% interest in Motor Club Insurance Company. The remainder is owned by a non-affiliated entity.
5	The Automobile Club of Southern California owns a 90% interest in Pleasant Travel Holding Company, LLC (PTHC) and AAA Northern New England owns a 2% interest in PTHC. The remainder is owned by several non-affiliated entities.
6	AAA Life Agency, LLC was formed on March 7, 2019 and is a wholly owned subsidiary of AAA Life Insurance Company.

### **SCHEDULE Y**

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

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		ACSC Management Services, Incorporated, (Attorney-in-Fact)					719,864,420				719,864,420	
15598		Interinsurance Exchange of the Automobile					(719,864,420)		*		(719,864,420)	
11008	76-0603356	Auto Club Indemnity Company										86,866,388
15598	95-0865765	Interinsurance Exchange of the Automobile							*			(86,866,388
29327		Auto Club County Mutual Insurance Company										235,539,233
15598		Interinsurance Exchange of the Automobile							*			(235,539,233
12487		Motor Club Insurance Company										14,939,550
	95-0865765	Interinsurance Exchange of the Automobile							*	-		(14,939,550
71854		AAA Life Insurance Company					87,067,764	(110,667,785)			(23,600,021)	1,303,838,271
	33-0815346	Automobile Club of Southern California Life Insurance Company					(87,067,764)	110,667,785			23,600,021	(1,303,838,271
15598	95-0865765	Interinsurance Exchange of the Automobile		(13,500,000)			(07,007,704)	110,007,700	*		(13,500,000)	(1,303,636,271
60256	33-0815346	Automobile Club of Southern California										
00000	05 0544505	Life Insurance Company Automobile Club of Southern California		13,500,000 (13,500,000)						<del> </del>	13,500,000	
		Automobile Club of Southern California		( 13,500,000)						-	(13,500,000)	
00230		Life Insurance Company		13,500,000							13,500,000	
										† <del>-</del>		
9999999 Cor	ntrol Totals								XXX			

Intercompany Pooling Percentages:

Interinsurance Exchange of the Automobile Club - 95%

Automobile Club Inter-Insurance Exchange - 4%

Auto Club Family Insurance Company - 1%

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
e fol	lowing supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business cov	ered by the supplement

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. 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.

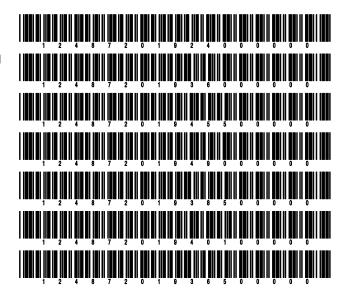
MARCH FILING

	MARCH FILING
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed
27.	electronically with the NAIC by March 1?
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?
	APRIL FILING
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?
	AUGUST FILING
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?
13.	The data for this supplement is not required to be filed.
14.	The data for this supplement is not required to be filed.  The data for this supplement is not required to be filed.
15.	The data for this supplement is not required to be filed.  The data for this supplement is not required to be filed.
10.	The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 18. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 19 The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 22 23. 24. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 25 26. 27. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 28. 29. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 30 31. 32. 33 34 The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. 35. 36. The data for this supplement is not required to be filed. 37.

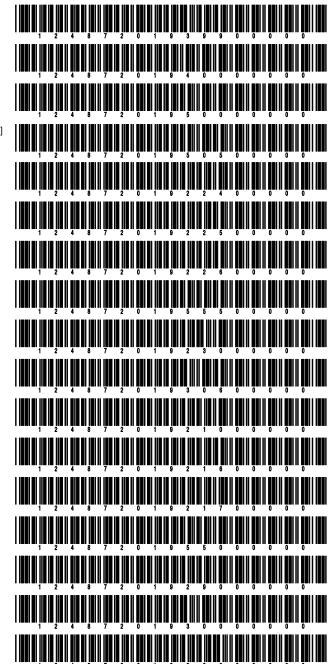
Bar Codes

- Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 15. Supplement A to Schedule T [Document Identifier 455]
- 16. Trusteed Surplus Statement [Document Identifier 490]
- 17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
- 18. Reinsurance Summary Supplemental Filing [Document Identifier 401]
- 19. Medicare Part D Coverage Supplement [Document Identifier 365]



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Reinsurance Attestation Supplement [Document Identifier 399]
- 22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 23. Bail Bond Supplement [Document Identifier 500]
- 24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Credit Insurance Experience Exhibit [Document Identifier 230]
- 30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 35 Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]
- 36 Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]
- 37 Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



# NONE

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