

PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

For the Year Ended December 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

PAWTUCKET INSURANCE COMPANY

NAIC Group Code 04861	, 04861 NAIC Compa	any Code 1	4931 Employ	er's ID Number	05-0197250		
(Current Period)	(Prior Period)	-					
Organized under the Laws of	Rhode Island	, State of Do	micile or Port of Ent	ry l	Rhode Island		
Country of Domicile		United Stat	es				
Incorporated/Organized	06/19/1848	Commenced E	usiness	02/10/1	849		
Statutory Home Office	1301Atwood Ave, Suite 316E			hnston, RI, US 0	2919		
· · · · · · · · · · · · · · · · · · ·	(Street and Number)		(City or T	own, State, Country a	nd Zip Code)		
Main Administrative Office	1301Atwood Ave, Suite 316E	John	ston, RI, US 02919		401-725-5600		
	(Street and Number)	(City or Town			ode) (Telephone Number)		
Mail Address	P.O. Box 9950	,		nce, RI, US 0294			
	eet and Number or P.O. Box)	2		State, Country and Zip	,		
Primary Location of Books and Records	S 1301Atwood Ave, Suite 31 (Street and Number)	6E (City)	Johnston, RI, US 02 or Town, State, Country and	(<u>919</u>	401-725-5600 ea Code) (Telephone Number)		
Internet Web Site Address	(Street and Number)	www.NBI	com				
Statutory Statement Contact	Michael McNamara			401-495-8925			
Statutory Statement Soniact	(Name)	<u> </u>	(Area Cod	e) (Telephone Number			
mmcnamara@				5-8914	, (2,40,10,01,1)		
(E-Mail Addr	ess)		(Fax N	umber)			
	OF	FICERS					
Name	Title		Name		Title		
Ernie Jose Garateix #	Chief Executive Officer	Kirk H	oward Lusk	, Chief Financial Officer			
Timothy Michael Moura,	President	Kirk H	oward Lusk		Secretary		
	OTHER	OFFICERS					
, .	DIRECTORS		FS	,			
Ernie Jose Garateix #	Richard Alexander Widdicombe			Shannoi	n Elizabeth Lucas		
James Alfred Masiello	Irini Barlas	Joseph Sha	nju Vattamattam				
			,				
State ofRhode Island							
	SS						
County ofProvidence.							
The officers of this reporting entity, being duly above, all of the herein described assets were that this statement, together with related exhi- liabilities and of the condition and affairs of the and have been completed in accordance with may differ; or, (2) that state rules or regulation knowledge and belief, respectively. Furtherm when required, that is an exact copy (except regulators in lieu of or in addition to the enclo	e the absolute property of the said report bits, schedules and explanations therein e said reporting entity as of the reporting the NAIC Annual Statement Instruction ns require differences in reporting not rel ore, the scope of this attestation by the c for formatting differences due to electror	ting entity, free and clea contained, annexed or g period stated above, a s and Accounting Pract ated to accounting pra- described officers also i	ar from any liens or clain referred to, is a full and ind of its income and de ices and Procedures m stices and procedures, i ncludes the related corr	ms thereon, except d true statement of eductions therefrom anual except to the according to the be responding electron	as herein stated, and all the assets and for the period ended, extent that: (1) state law st of their information, ic filing with the NAIC,		
Emis lass Ossetsis		lowerd Lust		Timether			
Ernie Jose Garateix Chief Executive Officer		Howard Lusk Inancial Officer		Timothy Mich Presid			
	Chief I		a. Is this an original fi		Yes [X] No []		
Subscribed and sworn to before me thisday of	,		b. If no:1. State the amendment2. Date filed	0			

- 3. Number of pages attached



NAIC Group Code 0497	BUSINES	SS IN THE STATE O	F New Hampshire				URING THE YEAR	2020		NAI	C Company Code 1	4931
	Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken 2	3 Dividends Paid or Credited to	4 Direct Unearned	5 Direct Losses	6	7	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Expense Paid	Expense	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and F
Fire												
1 Allied lines												
2 Multiple peril crop												
Federal flood					L		L		L			
Private crop												
Private flood												
Farmowners multiple peril												
Farmowners multiple peril Homeowners multiple peril					(2,067)	(2,067)						
	••											
Commercial multiple peril (non-liability portion)												
Commercial multiple peril (liability portion)												
Mortgage guaranty Ocean marine												
Ocean marine												
Inland marine												
Financial guaranty												
Medical professional liability												
Earthquake												
	••											
Group accident and health (b)												
Credit A & H (group and individual)												
Collectively renewable A & H (b)												
Non-cancelable A & H (b)					l							L
Guaranteed renewable A & H (b)												
Non-renewable for stated reasons only (b)												
Other accident only	••											
	••											
7 All other A & H (b)												
B Federal Employees Health Benefits Plan premium (b)												
Workers' compensation												
Other liability-Occurrence					1							
2 Other Liability-Claims-Made												
B Excess workers' compensation												
	••											
Private passenger auto no-fault (personal injury protection)												
Other private passenger auto liability												
Commercial auto no-fault (personal injury protection)												
Other commercial auto liability					l							
Private passenger auto physical damage												
2 Commercial auto physical damage												
Aircraft (all perils)												
Fidelity	•• ••••••••••••••••••••••••••••••••••••											
Surety												
Burglary and theft												
Boiler and machinery												
Credit					l							
International	ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX	XXX
Warranty												
Aggregate write-ins for other lines of business	^	^	^	^	^	0	n	^	^	^	^	
TOTAL (a)	·· [0	0	0	0	(2,067)	(2,067)	·	0	·0	0	0	
LS OF WRITE-INS	0	0	0	0	(2,067)	(2,007)	0	0	0	0	0	
1												
2												
3												
98. Summary of remaining write-ins for Line 34 from overflow page				0		0	0		0			
 Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) 	0	0	0	0	0	0	0	0	0	0	n	
) Finance and service charges not included in Lines 1 to 35 \$	· · · · · · · · · · · · · · · · · · ·	, v										1

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

and number of persons insured under indemnity only products



NAIC Group Code 0497		ESS IN THE STATE (JF Consolidated			L	DURING THE YEAR	2020		NAI	C Company Code 1	4931
	Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	Cost	11	12
Line of Business	Direct Premiums Written	2 Direct Premiums Earned	or Credited to 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	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fe
Fire		0	(0	0	0	0	0	0	0	0	
Multiple peril crop		0)	0	0	0	0	0	0	0	
Federal flood		0		0	0	0	0	0	0	0	0 N	
Private crop		0		0	0	0	0	0	0	0	0	
Private flood		0		0	0	0	0	0	0	0	0 N	
Farmowners multiple peril		0		0	0	0	0	0	0	0	0	
Homeowners multiple peril		0		0		(2.067)	0	0	0	0	0 N	
Commercial multiple peril (non-liability portion)		0		0			0	0	0	0	0	
Commercial multiple peril (liability portion)		0)	0	0 0	0	0	0	0	0	
Mortgage guaranty	0 0	0		0	0	0	0	0	0	0	0	
Ocean marine		0		0	0	0	0	0	0	0	0 N	
Inland marine	0	0		0	0	00	0	0	0	0	0	
Financial guaranty		0)0	0	0	0	0	0	0	0	
Medical professional liability	0	0		0	0	00	0	0	0	0	0	
Earthquake	0	0		0	0	0	0	0	0	0	0	
Group accident and health (b)		0		0	0	0	0	0	0	0	0	
Credit A & H (group and individual)		0		0	0	0	0		0	0	0	
		0			0	0	0		0	0	0	
Collectively renewable A & H (b).		0	l		0	0	0	0	0	0		
Non-cancelable A & H (b)		0			0	0	0	0	0	0	0	
Guaranteed renewable A & H (b)		0	l		0	0	0	0	0	0	0	
Non-renewable for stated reasons only (b)		0			0	0	······0	0	0	0	0	
Other accident only		0			0	0	0	0	0	0	0	
Medicare Title XVIII exempt from state taxes or fees		0			0	0	······0	0	0	0	0	
All other A & H (b).		0			0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan premium (b)		0			0	0	······0	0	0	0	0	
Workers' compensation	0	0		0	0	0	0	0	0	0	0	
Other liability-Occurrence	0	0		0	0	0	······0	0	0	0	0	
Other Liability-Claims-Made	0	0		0	0	0	0	0	0	0	0	
Excess workers' compensation	0	0			0	0	0	0	0	0	0	
Products liability		0			0	0	0	0	0	0	0	
Private passenger auto no-fault (personal injury protection)	0	0			0	0	0	0	0	0	0	
Other private passenger auto liability	0	0			0	0	0	0	0	0	0	
Commercial auto no-fault (personal injury protection)		0			0	0	0	0	0	0	0	
Other commercial auto liability		0			0	0	0	0	0	0	0	
Private passenger auto physical damage		0	⁽	·	0	0		0	l	0	<u>۱</u>	
Commercial auto physical damage	·····	0	⁽	·	0	0	L	0	l	0	·0	
Aircraft (all perils)	·····		⁽	۱ <u>۲</u>	0	0	L	ļ0	l0	0	⁰	
Fidelity		0	(0	0	l0	0	0	0	0	
Surety		0			0	0	l0	0	l0	0	ļ0	
Burglary and theft		0	ļ(0	0	0	l0	0	0	0	l0	
Boiler and machinery		0	ļ(0	0	0	l0	0	l0	0	l0	·····
Credit		0)0	0	0	l0	0	0	0	0	
International		0	ļ()0	0	0	l0	0	0	0	l0	
Warranty		0)0	0	0	l0	0	0	0	0	
Aggregate write-ins for other lines of business		0	ļ()0	0	0	·0	0	0	0	0	
TOTAL (a)	0	0	() 0	(2,067)	(2,067)	0	0	0	0	0	
LS OF WRITE-INS												
1												
2												
3												
Summary of remaining write-ins for Line 34 from overflow page		0			0	0	l0	0	0	0	0	
9. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0) 0	0	0	0	0	0	0	0	1

Schedule F - Part 1

Schedule F - Part 2

Schedule F - Part 3

Schedule F - Part 4

Schedule F - Part 5

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to Identify Net Cred		0	
		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
SSET	T <u>S</u> (Page 2, Col. 3)		Augustinents	(01033 01 00000)
1.	Cash and invested assets (Line 12)			4 , 455 , 40
2.	Premiums and considerations (Line 15)			
•		0		
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	0		
6.	Net amount recoverable from reinsurers			
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)		0	4,455,4
IABIL	ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)			
10.	Taxes, expenses, and other obligations (Lines 4 through 8)			
11.	Unearned premiums (Line 9)			
10	Advance premiums (Line 10)	0		
12.	Advance premiums (Line 10)			
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	0		
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
47		0		
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	7,527		7,5
19.	Total liabilities excluding protected cell business (Line 26)	341,590	0	341,5
				,.
20.	Protected cell liabilities (Line 27)	0		
21.	Surplus as regards policyholders (Line 37)	4,113,810	xxx	4,113,8
22.	Totals (Line 38)	4,455,400	0	4,455,4

Schedule H - Part 1

Schedule H - Part 2

Schedule H - Part 3

Schedule H - Part 4

Schedule H - Part 5 - Health Claims NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

Years in	Pi	emiums Earne	ed		(Los		kpense Payme	ents			12
Which	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	/		t Payments		nents		Tatal	N
Were Earned				4	5	6	/	8	9	Salvage	Total Net Paid	Number of Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation	+ 6 - 7	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	XXX	xxx	0	0	0	0	0	0	0	0	XXX
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020	0	0	0	(2,060)	0	0	0	0	0	2,060	(2,060)	0
12. Totals	XXX	XXX	xxx	(2,060)	0	0	0	0	0	2,060	(2,060)	XXX

\square			Llanaid		Defer			la a sid		and Other	23	24	25
	Case		Unpaid Bulk +	IBNR		ise and Cost C Basis	Bulk +		21	paid 22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Losses an	Total Id Loss Expense	s Incurred		Loss Expense P red/Premiums Ea		Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	xxx	xxx	XXX	XXX		0	0	xxx	0	0
2.	0	0	0	0.0	0.0		0	0	0.0	0	0
3.	0	0	0	0.0	0.0		0	0	0.0	0	0
4.	0	0	0	0.0	0.0		0	0	0.0	0	0
5.	0	0	0	0.0	0.0		0	0	0.0	0	0
6.	0	0	0	0.0	0.0		0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0		0	0	0.0	0	0
11.	(2,060)	0	(2,060)	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0

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

						\$000 OMITTE	D)					
Years in	P	remiums Earne	ed			Los	ss and Loss E	kpense Payme	ents			12
Which	1	2	3				and Cost		and Other	10	11	
Premiums				Loss Pa	ayments	Containmer	nt Payments	Payr	nents			
Were				4	5	6	7	8	9		Total	Number of
Earned and Losses										Salvage	Net Paid	Claims
Were	Direct and		Net	Direct and		Direct and		Direct and		and Subrogation	(Cols. 4 - 5 + 6 - 7	Reported Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)		Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
			· · · · ·	, localited		, localited		, localited		licocircu	0 0)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	xxx	xxx	xxx	0	0	0	0	0	0	0	0	XXX

		Losses	Unpaid		Defen	se and Cost (Containment L	Inpaid	Adjusting Unr		23	24	25
	Case		Bulk +	IBNR	Case		Bulk +		21	22	1		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

		Total	- In summed		Loss Expense P		Newtobulo	- Discount	34		nce Sheet
	Losses an 26	d Loss Expense 27	s incurred 28	(Incurr 29	ed/Premiums Ea 30	arned) 31	Nontabula 32	r Discount 33	Inter-	Reserves A	fter Discount 36
	20 Direct and Assumed	Ceded	20 Net	29 Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	xxx		XXX		xxx	XXX	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0		0	0	0.0	0	0
5.	0	0	0	0.0	0.0		0	0	0.0	0	0
6.	0	0	0	0.0	0.0		0	0	0.0	0	0
7.	0	0	0	0.0	0.0		0	0	0.0	0	0
8.	0	0	0	0.0	0.0		0	0	0.0	0	0
9.	0	0	0	0.0	0.0		0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

					(3	\$000 OMITTE	D)					
Years in	Pi	remiums Earne	ed			Los	ss and Loss E	kpense Payme	ents			12
Which Premiums	1	2	3	Loss Pa	umonto		and Cost nt Payments	Adjusting	and Other nents	10	11	
Were				2 LUSS F	5	6		8 Fayi	9		Total	Number of
Earned				4	5	0	'	0	9	Salvage	Net Paid	Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx	0	0	0	0	0	0	0	0	XXX
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	xxx	xxx	xxx	0	0	0	0	0	0	0	0	XXX

		Losses	Unpaid		Defen	se and Cost C	Containment L	Inpaid	Adjusting Unr	and Other paid	23	24	25
	Case		Bulk +	IBNR	Case		Bulk +		21	22	1		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

		Total			Loss Expense P				34		nce Sheet
	Losses an	d Loss Expense	s Incurred		red/Premiums Ea	arned)	Nontabula	r Discount	Inter-	Reserves A	ter Discount
	26	27	28	29	30	31	32	33	Company	35	36
									Pooling		Loss
	Direct and			Direct and				Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	xxx		xxx		xxx	xxx	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0

SCHEDULE P - PART 1D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

						\$000 OMITTE	ט)					
Years in	Pi	remiums Earne	ed			Los	ss and Loss Ex	kpense Payme	ents			12
Which	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	ayments	Containmer	t Payments	Payr	nents			
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses	.			D . ()		.				and	(Cols. 4 - 5	Reported
Were	Direct and	0.1.1	Net	Direct and		Direct and		Direct and	0.1.1	Subrogation		Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	xxx	xxx	0	0	0	0	0	0	0	0	XXX
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	xxx	xxx	0	0	0	0	0	0	0	0	XXX

		Losses	Unpaid		Defen	se and Cost C	Containment L	Inpaid	Adjusting Unr	and Other baid	23	24	25
	Case	Basis	Bulk +	BNR	Case	Basis	Bulk +	IBNR	21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Losses and	Total d Loss Expense	s Incurred		Loss Expense Po red/Premiums Ea		Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX						0	0		0	0
2.	0	0	0	0.0	0.0		0	0	0.0	0	0
3.	0	0	0		0.0		0	0	0.0	0	0
4.	0	0	0	0.0	0.0		0	0	0.0	0	0
5.	0	0	0		0.0		0	0	0.0	0	0
6.	0	0	0	0.0	0.0		0	0	0.0	0	0
7.	0	0	0	0.0	0.0		0	0	0.0	0	0
8	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL (\$000 OMITTED)

Years in	Pr	emiums Earne	ed				1	kpense Payme	ents			12
Which	1	2	3			r	and Cost	Adjusting		10	11	
Premiums				Loss Pa	<u></u>		t Payments		nents			
Were Earned				4	5	6	7	8	9	Salvage	Total Net Paid	Number of Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and		Subrogation	+ 6 - 7	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	XXX	xxx	xxx	0	0	0	0	0	0	0	0	XXX
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019	0	0	0	0	0	0	0	0	0	0	0	0
11.2020	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

			Llanaid		Defer			la a cial	Adjusting		23	24	25
	Case		Unpaid Bulk +			ise and Cost C				paid			
	13	14	15	16 16	17	Basis 18	Bulk + 19	20	21	22		Total	Number of
	15	14	15	10	17	10	19	20			Salvage	Net Losses	Claims
	<u>.</u>		D : ()		.		.		.		and	and	Outstanding
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Anticipated	Expenses Unpaid	Direct and Assumed
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipateu	Ulipalu	Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

		Total			Loss Expense P				34	Net Bala	nce Sheet
		d Loss Expense			ed/Premiums Ea			r Discount	Inter-		fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX		XXX	XXX	XXX	XXX	0	0	xxx	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0		0	0	0.0	0	0
4.	0	0	0	0.0	0.0		0	0	0.0	0	0
5.	0	0	0	0.0	0.0		0	0	0.0	0	0
6.	0	0	0	0.0	0.0		0	0	0.0	0	0
7.	0	0	0	0.0	0.0		0	0	0.0	0	0
8.	0	0	0	0.0	0.0		0	0	0.0	0	0
9.	0	0	0	0.0	0.0		0	0	0.0	0	0
10.	0	0	0	0.0	0.0		0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0

Schedule P - Part 1F - Med Pro Liab Occ

Schedule P - Part 1F - Med Pro Liab Clm

Schedule P - Part 1G - Special Liability

Schedule P - Part 1H - Other Liab Occur NONE

Schedule P - Part 1H - Other Liab Claims

Schedule P - Part 1I - Special Property

Schedule P - Part 1J - Auto Physical

Schedule P - Part 1K - Fidelity/Surety

Schedule P - Part 1L - Other

Schedule P - Part 1M - International

Schedule P - Part 1N - Reinsurance

Schedule P - Part 10 - Reinsurance

Schedule P - Part 1P - Reinsurance

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims

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

Schedule P - Part 1T - Warranty

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOF	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	OPMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	One Year	Two Year
1. Prior	471			1,328	1,425	1,504	1,342	1,351	1,473	1,473	0	122
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,060)	XXX	XXX
										12. Totals	0	122

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

1.	Prior	178	(11)	(14)	(16)	(11)	(14)	(14)	(14)	(14)	(14)	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totals	0	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	N I	ONIE	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX				0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX	XXX		XXX	0	0	0	0	0
10.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

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

1.	Prior	132	132	132	132	132	142	132	132	10	10	0	(122)
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	XXX							
11.	2020	XXX	0	XXX	XXX								
											12. Totals	0	(122)

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

		-		-			_						
1.	Prior	173	174	117	104							0	(35)
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	xxx							
11.	2020	XXX	0	XXX	XXX								
											12. Totals	0	(35)

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

	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOF	RTED AT YEA	AR END (\$000	0 OMITTED)	DEVELO	OPMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	N.I		0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	<u> </u>		0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

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

1. Pric	r0	0	0	0	0	0	0	0	0	0	0	0
2. 201	1	0	0	0	0	0	0	0	0	0	0	0
3. 201	2	0	0	0	0	0	0	0	0	0	0	0
4. 201	3XXX		0	0	0	0	0	0	0	0	0	0
5. 201	4		XXX	0	<u>0</u>			0	0	0	0	0
6. 201	5	XXX	XXX	xxx	N		0	0	0	0	0	0
7. 201	6		XXX	xxx	xxk N		0	0	0	0	0	0
8. 201	7		XXX	xxx	XXX		0	0	0	0	0	0
9. 201	8	XXX	XXX	xxx	XXX			0	0	0	0	0
10. 201	9XXX		XXX	xxx				xxx	0	0	0	XXX
11. 202	o xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

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

								,					
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	N	UNIC	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX N			0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX	XXX		XXX	0	0	0	0	0
10.	2019	XXX	XXX	XXX	XXX	XXX		XXX		0	0	0	XXX
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

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

1.	Prior			121	126							0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	XXX							
11.	2020	XXX	0	XXX	XXX								
											12. Totals	0	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	xxx	xxx	XXX	0	<u>0</u>		0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	N		0	0	0	0	0	0
7.	2016	xxx				XXXX			0	0	0	0	0
8.	2017	xxx				xxx		0	0	0	0	0	0
9.	2018	xxx	xxx	XXX	XXX				0	0	0	0	0
10.	2019	xxx	xxx						XXX	0	0	0	XXX
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12 Totals	0	0

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

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	OPMENT
Years in Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were												
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX		XXX	0	0	0	0	0
					IN'							
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior					xxx		xxx	0	0	0	0	0
2. 2019	xxx	0	0	0	xxx							
3. 2020	xxx	0	xxx	xxx								
										4. Totals	0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1.	Prior		xxx	XXX	xxx		xxx	xxx	.0	0	0	0	0
			1004	10.04	1004				1004	0			
2.	2019	XXX	XXX	XXX	XXX	××N	ONE	XXX	XXX	0	0	0	XXX
3.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	ххх
											Totals	0	0

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

1. Prior	XXX	xxx.	xxx	xxx	xxx	 xxx	0	0	0	0	0
2. 2019	xxx		.xxx				xxx	0	0	0	xxx
3. 2020	XXX	xxx	xxx	XXX		xxx	xxx	xxx	0	xxx	xxx
									4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2013	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	xxx	0	0	0	0	0	0	0	0	0
6. 2015	XXX	XXX	xxx	xxx	N		0	0	0	0	0	0
				xxx.			_	0	0	0	0	0
8. 2017	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2018	XXX	XXX	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0
10. 2019	XXX	XXX	XXX	XXX	xxx	XXX	xxx	xxx	0	0	0	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	xxx	xxx
										12. Totals	0	0

Schedule P - Part 2N

Schedule P - Part 20

Schedule P - Part 2P

Schedule P - Part 2R - Prod Liab Occur

Schedule P - Part 2R - Prod Liab Claims

Schedule P - Part 2S

Schedule P - Part 2T

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

11

T

12

					(\$000 OI	MITTED)						Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which Losses Were											Closed With Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior				1,110	1,168	1,245	1,342	1,473	1,473	1,473		12
2. 2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012		0	0	0	0	0	0	0	0	0	0	0
4. 2013		XXX	0	0	0	0	0	0	0	0	0	0
5. 2014		XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2015	xxx	xxx	XXX	xxx	0	0	0	0	0	0	0	0
7. 2016		xxx	XXX	xxx	xxx	0	0	0	0	0	0	0
8. 2017		xxx	XXX	xxx	XXX	XXX	0	0	0	0	0	0
9. 2018	xxx	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0	0	0
10. 2019		xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,060)	0	0

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

1.	Prior	000	(11)	(14)	(16)	(14)	(14)	(14)	(14)	(14)	(14)	0	2
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
		XXX	0	0	0		0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0				0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	N	UNE		0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX		0	0	0	0						
11.	2020	XXX	0	0	0								

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

1.	Prior	000	0	0	0	0	10	10	10	10	10	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	D
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	0							
11.	2020	XXX	0	0	0								

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1.	Prior	000		72		105				324		2	2
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX		0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX		XXX	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	0							
11.	2020	XXX	0	0	0								

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

	CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO (\$000 OI		MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12 Number of
- Years in Which	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With	Number of Claims Closed Without
Losses Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Loss Payment	Loss Payment
1. Prior		0	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0				0	0	0	0	0
3. 2012	XXX	0	0	0	N(()INF		0	0	0	0	0
4. 2013	XXX	XXX	0	0	0		0	0	0	0	0	0
5. 2014	XXX	XXX	xxx	0	0	0	0	0	0	0	0	0
6. 2015	XXX	XXX	xxx	XXX	0	0	0	0	0	0	0	0
7. 2016	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0	0	0
8. 2017	XXX	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0	0
9. 2018	XXX	XXX	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior		0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	xxx	0	0	0	0	0	0	0	0	0	0	0
4.	2013	xxx	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	xxx	XXX	XXX	0				0	0	0	0	0
6.	2015	xxx	XXX	XXX	xxx		UNE		0	0	0	0	0
7.	2016	xxx	xxx	XXX	xxx			0	0	0	0	0	0
8.	2017	xxx	xxx	XXX	xxx	XXX	xxx	0	0	0	0	0	0
9.	2018	xxx	0	0	0	0	0						
10.	2019	xxx	xxx	XXX			xxx		xxx	0	0	0	0
11.	2020	XXX	0	0	0								

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

1.	Prior		0	0	0	0	0	0	0	0	0	XXX	XXX
2.	2011	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3.	2012		0	0	0	0	0	0	0	0	0	XXX	XXX
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5.	2014	XXX	XXX	XXX	0				0	0	0	XXX	XXX
6.	2015	XXX	XXX	XXX	XXX	N	UNE		0	0	0	XXX	XXX
7.	2016	XXX	XXX	XXX	XXX	XXX		0	0	0	0	XXX	XXX
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9.	2018	XXX	0	0	0	xxx	XXX						
10.	2019		xxx	0	0	xxx	XXX						
11.	2020	XXX	0	XXX	XXX								

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

1.	Prior	000		57								1	1
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2018	XXX	0	0	0	0	0						
10.	2019	XXX	0	0	0	0							
11.	2020	XXX	0	0	0								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2014	xxx	XXX	XXX	0				0	0	0	0	0
6.	2015	xxx	XXX	XXX	XXX		UNE		0	0	0	0	0
7.	2016	xxx	XXX	XXX	XXX				0	0	0	0	0
8.	2017	xxx	XXX	XXX	XXX	XXX	xxx	0	0	0	0	0	0
9.	2018	xxx		xxx	XXX		xxx		0	0	0	0	0
10.	2019	xxx		xxx	XXX		xxx			0	0	0	0
11.	2020	XXX	0	0	0								

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

			-)			,		,		,		/
	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN			MENT EXPE	NSES REPOF	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)						Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	
Losses Were							-				Loss	Loss
Incurred	2011	2012	2013	2014	2016	<u> </u>	2017	2018	2019	2020	Payment	Payment
							-					
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	0	0	XXX	XXX
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1.	Prior	xxx		0	0	0	0						
2.	2019	xxx	xxx	XXX		XXX	xxx	xxx		0	0	0	0
3.	2020	xxx	0	0	0								

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	xxx				xxx	XXX						
2. 2019	xxx	xxx	xxx	xxx	××N	ONE	xxx	xxx			xxx	xxx
3. 2020	xxx	0	xxx	XXX								

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

1. Prior	XXX			.0	xxx	xxx						
2. 2019	xxx	xxx	xxx	xxx	××N	ONE	E xxx	xxx	0	0	xxx	xxx
3. 2020	xxx	xxx	xxx	0	xxx	xxx						

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior		0	0	0	0	0	0	0	0	0	xxx	xxx
2. 2011	0	0	0	0	0	0	0	0	0	0	xxx	xxx
3. 2012	xxx	0	0	0	0	0	0	0	0	0	xxx	xxx
4. 2013	xxx	xxx	0	0	0	0	0	0	0	0	XXX	xxx
5. 2014	xxx	xxx	xxx	0			0	0	0	0	xxx	xxx
6. 2015	xxx	xxx	xxx	xxx	IN	UNE		0	0	0	xxx	xxx
7. 2016	xxx	xxx	xxx	xxx	XXX	0	0	0	0	0	xxx	xxx
8. 2017	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0	0	xxx	xxx
9. 2018	xxx	0	0	0	xxx	xxx						
10. 2019	xxx	0	0	XXX	xxx							
11. 2020	xxx	0	xxx	xxx								

Schedule P - Part 3N

Schedule P - Part 30

Schedule P - Part 3P

Schedule P - Part 3R - Prod Liab Occur

Schedule P - Part 3R - Prod Liab Claims

Schedule P - Part 3S

Schedule P - Part 3T

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	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	1	2	3	4	5	6	7	8	9	10
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	141		177	157		177	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	xxx	XXX	XXX	XXX	XXX	XXX		0	0	0
10. 2019	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Pri	ior		(50)	0	0	0	0	0	0	0	0
2. 20	11	0	0	0	0	0	0	0	0	0	0
3. 20	12	XXX	0	0	0	0	0	0	0	0	0
4. 201	13	XXX	XXX	0	0	0	0	0	0	0	0
5. 20 ⁻	14	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 20 ⁻	15	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 201	16	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 20 ⁻	17	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 201	18	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
10. 20 ⁻	19	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0	0
11. 202	20	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	R			0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	NONE	0	0	0	0	0
7.	2016	XXX	XXX	XXX	xxx		0	0	0	0	0
8.	2017	XXX		XXX	XXX		XXX	0	0	0	0
9.	2018	XXX	xxx	XXX	XXX		XXX		0	0	0
10.	2019	XXX		XXX	XXX		XXX		XXX	0	0
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

			<u> </u>					/		
1. Prie	or0	0	0	0	0	0	0	0	0	0
2. 201	110	0	0	0	0	0	0	0	0	0
3. 201	12XXX	0	0	0	0	0	0	0	0	0
4. 201	13XXX	XXX	0	0	0	0	0	0	0	0
5. 201	14XXX	XXX	XXX	····· 🕅		0	0	0	0	0
6. 201	15XXX	XXX	XXX	XXX		0	0	0	0	0
7. 201	16XXX	XXX	XXX	XXX		0	0	0	0	0
8. 201	17XXX	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 201	18XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 201	19XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 202	20 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1.	Prior	112		20	18		48		25	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0
4.	2013	xxx	XXX	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	xxx	0	0	0	0	0	0	0
6.	2015	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7.	2016	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8.	2017	xxx	XXX		XXX	XXX	XXX	0	0	0	0
9.	2018	xxx	XXX		XXX	XXX	XXX		0	0	0
10.	2019		XXX		xxx		XXX		XXX	0	0
11.	2020	XXX	0								

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

BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)

	BOLICIALDIE					001117 (III IIII EI			1 E) II (EI IB (\$ \$ \$	
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0
4. 2013	XXX	xxx	0		1(_)N 0+	0	0	0	0	0
5. 2014	XXX	xxx	xxx	0			0	0	0	0
6. 2015	XXX	xxx	xxx	XXX	0	0	0	0	0	0
7. 2016	XXX	xxx	xxx	XXX	xxx	0	0	0	0	0
8. 2017	XXX	xxx	xxx	XXX	xxx	XXX	0	0	0	0
9. 2018	XXX	xxx		XXX	xxx	XXX		0	0	0
10. 2019	XXX	xxx	xxx	XXX	xxx	XXX		XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0
4.	2013	xxx	xxx	0	0	0	0	0	0	0	0
5.	2014	xxx	xxx	XXX	R			0	0	0	0
6.	2015	xxx		XXX		ICIN t		0	0	0	0
7.	2016	xxx		XXX	XXX		0	0	0	0	0
8.	2017	xxx			XXX			0	0	0	0
9.	2018	xxx		xxx	XXX		xxx		0	0	0
10.	2019	xxx		xxx	xxx	xxx	xxx	xxx	xxx	0	0
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx		0	0	0	0	0	0	0	0
5. 2014	xxx	xxx	XXX	R			0	0	0	0
6. 2015	xxx		XXX	XXX	NUNE	0	0	0	0	0
7. 2016	xxx		XXX	xxx	xxx	0	0	0	0	0
8. 2017	xxx	xxx	XXX	xxx		xxx	0	0	0	0
9. 2018	xxx	xxx	XXX	xxx				0	0	0
10. 2019	xxx	xxx	XXX	xxx				xxx	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1.	Prior	(14)	4	28	28	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0
4.	2013	XXX	XXX	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX		0	0	0	0	0
8.	2017	XXX	XXX	XXX	XXX		XXX	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX		XXX		0	0	0
10.	2019		XXX		xxx		XXX		XXX	0	0
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2011	0	0	0	0	0	0	0	0	0	0
3.	2012	XXX	0	0	0	0	0	0	0	0	0
4.	2013		XXX	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX	R			0	0	0	0
6.	2015		XXX	XXX				0	0	0	0
7.	2016		XXX	XXX	XXX		0	0	0	0	0
8.	2017		XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2018	xxx	XXX	XXX	XXX	XXX	XXX		0	0	0
10.	2019	xxx	XXX	XXX	XXX	xxx	XXX		XXX	0	0
11.	2020	XXX	0								

Schedule P - Part 4I

NONE

Schedule P - Part 4J

Schedule P - Part 4K

Schedule P - Part 4L

Schedule P - Part 4M

Schedule P - Part 4N

Schedule P - Part 40

Schedule P - Part 4P

Schedule P - Part 4R - Prod Liab Occur

Schedule P - Part 4R - Prod Liab Claims

Schedule P - Part 4S

Schedule P - Part 4T - Warranty

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums Were Earned										
and Losses										
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	9	7	1	0	2	0	1	0	1	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	XXX	xxx	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2019	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	15	12	9	4	5	4	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX			0	0	0	0	0
8. 2017	XXX	XXX			XXX			0	0	0
9. 2018	XXX	XXX			XXX		XXX	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
			CUMULATIVE	NUMBER OF C		TED DIRECT AN	ND ASSUMED A	T YEAR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	1	7	2	(5)		1 .	0	0	1	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	xxx	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	xxx	XXX	xxx	XXX	0	0	0	0	0
8. 2017		xxx	xxx	xxx	xxx	xxx.	0	0	0	0
9. 2018	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	0	0
10. 2019	xxx	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

Т

SECTION 1 CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END

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		COMOLA	VIIVE NUMBER	OF CLAINS CL	OSED WITH LC	55 PATIVIENT	DIRECT AND A	SSUMED AT TE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses										
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	5	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	xxx	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	xxx	0	0	0	0	0	0	0
6. 2015	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2017	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0
9. 2018	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2019	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 2					
			NUMBEF	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which	1	2	3	4	5	6	7	8	9	10
Premiums Were Earned										
and Losses										
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	1	1	0	0	1	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	XXX	0	0	0	0	0	0	0	0
5. 2014	xxx		xxx	0	0	0	0	0	0	0
6. 2015	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2016	xxx	XXX	xxx	XXX	XXX	0	0	0	0	0
8. 2017	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	xxx	XXX	XXX	XXX	XXX	xxx	xxx	0	0	0
10. 2019	xxx	XXX	XXX	XXX	xxx	xxx	xxx	xxx	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

	-				SECTION 3					
			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	1	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	xxx	0	0	0	0	0	0	0	0
5. 2014	xxx	xxx	XXX	0	0	0	0	0	0	0
6. 2015	xxx	xxx	XXX	XXX	0	0	0	0	0	0
7. 2016	xxx	xxx	XXX	XXX	XXX	0	0	0	0	0
8. 2017	xxx	xxx	xxx	xxx	XXX	xxx	0	0	0	0
9. 2018	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2019	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	0	0
11. 2020	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	xxx	0

SECTION 3

Schedule P - Part 5C- SN1

Schedule P - Part 5C- SN2

Schedule P - Part 5C- SN3

Schedule P - Part 5D- SN1

Schedule P - Part 5D- SN2

Schedule P - Part 5D- SN3

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

		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums Were Earned										
and Losses										
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	3	1	1	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	XXX	xxx	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0	0
10. 2019	xxx	XXX	xxx	xxx	XXX	XXX	xxx	XXX	0	0
11. 2020	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	XXX	0

					SECTION 2					
			NUMBER	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	3	2	1	0	1	1	1	1	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3					
				NUMBER OF C			ND ASSUMED A			
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	1	1	(1)	1	0	0	0	(1)	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	XXX	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2015	xxx	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	0
9. 2018	xxx	XXX	XXX	xxx	XXX	XXX	xxx	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5F- SN1A

Schedule P - Part 5F- SN2A

Schedule P - Part 5F- SN3A

Schedule P - Part 5F- SN1B

Schedule P - Part 5F- SN2B

Schedule P - Part 5F- SN3B

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

		0.0.0	TN /5 NU 10 10 50							
		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND A	SSUMED AT YE	AREND	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Premiums										
Were Earned										
and Losses										
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	1	0	1	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	xxx	XXX	0	0	0	0	0	0	0	0
5. 2014	xxx	XXX	XXX	0	0	0	0	0	0	0
6. 2015	xxx	XXX	xxx	XXX	0	0	0	0	0	0
7. 2016	xxx	XXX	XXX	XXX	xxx	0	0	0	0	0
8. 2017	xxx	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 2018	xxx	XXX	xxx	XXX	xxx	XXX	xxx	0	0	0
10. 2019	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX	0	0
11. 2020	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	xxx	0

					SECTION 2A					
			NUMBER	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE		-	
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	3	2	1	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX			0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

					SECTION 3A					
			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Years in Which Premiums Were Earned and Losses	1	2	3	4	5	6	7	8	9	10
Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	(1)	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	xxx	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2016	xxx.	xxx	xxx	xxx		0	0	0	0	0
8. 2017	xxx	XXX	XXX	xxx	XXX	XXX	0	0	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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Schedule P - Part 5H- SN1B NONE Schedule P - Part 5H- SN2B NONE Schedule P - Part 5H- SN3B NONE Schedule P - Part 5R- SN1A NONE Schedule P - Part 5R- SN2A NONE Schedule P - Part 5R- SN3A NONE Schedule P - Part 5R- SN1B NONE Schedule P - Part 5R- SN2B NONE Schedule P - Part 5R- SN3B NONE Schedule P - Part 5T- SN1 NONE Schedule P - Part 5T- SN2 NONE Schedule P - Part 5T- SN3 NONE Schedule P - Part 6C - SN1 NONE Schedule P - Part 6C - SN2 NONE

Schedule P - Part 6D - SN1

Schedule P - Part 6D - SN2 NONE Schedule P - Part 6E - SN1 NONE Schedule P - Part 6E - SN2 NONE Schedule P - Part 6H - SN1A NONE Schedule P - Part 6H - SN2A NONE Schedule P - Part 6H - SN1B NONE Schedule P - Part 6H - SN2B NONE Schedule P - Part 6M - SN1 NONE Schedule P - Part 6M - SN2 NONE Schedule P - Part 6N - SN1 NONE Schedule P - Part 6N - SN2 NONE Schedule P - Part 60 - SN1 NONE Schedule P - Part 60 - SN2 NONE Schedule P - Part 6R - SN1A NONE Schedule P - Part 6R - SN2A NONE

Schedule P - Part 6R - SN1B

Schedule P - Part 6R - SN2B

Schedule P - Part 7A - Section 1

Schedule P - Part 7A - Section 2

Schedule P - Part 7A - Section 3

Schedule P - Part 7A - Section 4

Schedule P - Part 7A - Section 5

Schedule P - Part 7B - Section 1

Schedule P - Part 7B - Section 2

Schedule P - Part 7B - Section 3

Schedule P - Part 7B - Section 4

Schedule P - Part 7B - Section 5

Schedule P - Part 7B - Section 6

Schedule P - Part 7B - Section 7

SCHEDULE P INTERROGATORIES

1.		ons relate to yet-to-be-issued Extended Reporting B Claims Made insurance policies. EREs provided fo			ovisions	in N	ledica	al
1.1	 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: 							[X]
1.2	What is the total amo dollars)?	ount of the reserve for that provision (DDR Reserve	e), as reported, explicitly or not, elsewh	nere in this statement (in \$				
1.3	Does the company re	eport any DDR reserve as Unearned Premium Res	erve per SSAP No. 65?		Yes [] No	[X]
1.4	Does the company re	eport any DDR reserve as loss or loss adjustment	expense reserve?		Yes [. ,] No	[X]
1.5	If the company repor Investment Exhibit, F	ts DDR reserve as Unearned Premium Reserve, d Part 1A – Recapitulation of all Premiums (Page 7) (oes that amount match the figure on t Column 2, Lines 11.1 plus 11.2?	he Underwriting and Yes [] No [• •] N/A	[]
1.6		ts DDR reserve as loss or loss adjustment expense s are reported in Schedule P:	e reserve, please complete the followi	ng table corresponding to				
			Schedule P, Part 1F, Me	ve Included in dical Professional Liability sses and Expenses Unpaid]			
	Y	ears in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made]			
	1.601	Prior						
	1.602	2011						
	1.603	2012						
	1.604	2013						
	1.605	2014						
	1.606	2015						
	1.607	2016						
	1.608	2017						
	1.609	2018			1			
	1.610	2019						
	1.611	2020						
	1.612	Totals	0					
2. 3.	effective J "Defense	tion of allocated loss adjustment expenses (ALAE) lanuary 1, 1998. This change in definition applies t and Cost Containment" and "Adjusting and Other") sting and Other expense payments and reserves sh	to both paid and unpaid expenses. Ar reported in compliance with these de	e these expenses (now reported as finitions in this statement?	d Yes [X] No	[]
5.	the numbe companie and the cl For Adjust Adjusting	and other expense payments and reserves a er of claims reported, closed and outstanding in the s in a group or a pool, the Adjusting and Other exp aim counts. For reinsurers, Adjusting and Other ex- ting and Other expense incurred by reinsurers, or in and Other expense should be allocated by a reaso re they so reported in this Statement?:	bse years. When allocating Adjusting a ense should be allocated in the same expense assumed should be reported a n those situations where suitable clain	and Other expense between percentage used for the loss amounts according to the reinsurance contract. a count information is not available,		ſ	1 No	. []
4.	Do any lin	es in Schedule P include reserves that are reportented for the second seco	d gross of any discount to present val	ue of future payments, and that are	Yes [í		
	lf yes, pro	per disclosure must be made in the Notes to Finan ed in Schedule P - Part 1, Columns 32 and 33.	cial Statements, as specified in the In	structions. Also, the discounts must	100 [1 110	
		P must be completed gross of non-tabular discoun on upon request.	ting. Work papers relating to discoun	t calculations must be available for				
	Discountir	ng is allowed only if expressly permitted by the state	e insurance department to which this	Annual Statement is being filed.				
5.		e the net premiums in force at the end of the year f nds of dollars)	or:					
				5.1 Fidelity \$				
				5.2 Surety \$				

		+				
6.	Claim count information is reported per claim or per claimant (indicate which). If not the same in all years, explain in Interrogatory 7.					
7.1	The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?	Yes	[]	No	[]

7.2 An extended statement may be attached.

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

	1	7 41000	ated By States and Territ		siness Only		
	ł	1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado							
7. Connecticut							
8. Delaware							
9. District of Columbia							
10. Florida	-						
11. Georgia							
12. Hawaii	1						
13. Idaho							
14. Illinois							
15. Indiana	IN						
16. lowa	AI						
17. Kansas	KS						
18. Kentucky	КҮ						
19. Louisiana							
20. Maine							
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota							
25. Mississippi							
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE		NUNL				
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota							
36. Ohio							
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas							
45. Utah							
46. Vermont	VT				[
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico	PR						
55. US Virgin Islands	VI						
56. Northern Mariana Islands							
57. Canada	1		1				
58. Aggregate Other Alien							

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	Oracina Marria	Company Code	ID Number	Federal RSSD	СІК	Traded (U.S. or	Parent, Subsidiaries Or Affiliates	Domiciliary		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	
Code	Group Name	Code	Number	RSSD	CIK	International)	Heritage Insurance Holdings,	Location	Entity	(Name of Entity/Person)	Board of	Percentage	Entity(les)/Person(s)	(Y/N)	
00000		00000			0001598665	NYSE	Inc.	DE	UDP	Board of Directors	Directors	0.0		N	0
							Heritage Property & Casualty		1	Heritage Insurance Holdings,			Heritage Insurance		
04861	Heritage Ins Holdings Grp	14407	46-0694063				Insurance Company	FL	RE	Inc	Ownership		Holdings, Inc	N .	0
00000		00000	40,0044004				Heritary NOA 110	FL	NU A	Heritage Insurance Holdings,	Owner web 'n	100.0	Heritage Insurance		0
00000		. 00000	46-0614061				Heritage MGA, LLC	FL	NIA	Heritage Insurance Holdings,	Ownership	100.0	Holdings, Inc Heritage Insurance	N .	
00000		00000	46-0711647				Heritage Insurance Claims, LLC	FL	NIA	Inc.	Ownership	100_0	Holdings, Inc	N	0
00000							Contractors' Alliance Network.			Heritage Insurance Holdings,			Heritage Insurance	1	
00000		00000	90-0917421				LLC	FL	NIA	Inc.	Ownership		Holdings, Inc	Ν	0
							First Access Insurance Group,			Heritage Insurance Holdings,			Heritage Insurance		
00000		. 00000	80-0872052				LLC	FL	NIA	Inc	Ownership		Holdings, Inc	N .	0
00000		00000	98-1109773				Osprey Re LTD	BMU	NIA	Heritage Insurance Holdings,	Ownership	100_0	Heritage Insurance Holdings, Inc.	N	0
00000			.90-1109// 5					DIVIU	NTA	Heritage Insurance Holdings,	. ownersnip		Heritage Insurance		0
00000		00000	80-0904526				Skye Lane Properties, LLC	FL	NIA	Inc.	Ownership		Holdings, Inc	N	0
													Heritage Insurance		
04861	Heritage Ins Holdings Grp	11026	99-0344514				Zephyr Insurance Company, Inc	HI	I A	HI Holdins, Inc	Ownership		Holdings, Inc	N .	0
00000		00000	04 0000555				III III III III III			Zashara Asara'a'ta'an Osmasan	Owner web in	100.0	Heritage Insurance		0
00000		. 00000	94-3332555				HI Holdings, Inc	НІ	NIA	Zephyr Acquisition Company Heritage Insurance Holdings,	Ownership		Holdings, Inc Heritage Insurance	N .	0
00000		00000	27-0818506				Zephyr Acquisition Company	DE	NIA	Inc	Ownership		Holdings, Inc	N	0
00000			27 0010000							Heritage Insurance Holdings,			Heritage Insurance		
00000		00000	26-1736008				NBIC Holdings, Inc	DE	NIA	Inc	Ownership		Holdings, Inc	N .	0
												100.0	Heritage Insurance		
00000		. 00000	20-3179005				NBIC Financial Holdings, Inc	R1	NIA	NBIC Holdings, Inc	Ownership		Holdings, Inc	N .	0
00000		00000					Westwind Underwriters, Inc	DE	NIA	NBIC Holdings, Inc	Ownership		Heritage Insurance Holdings, Inc	N	0
00000											omici anip		Heritage Insurance		0
00000		00000	26-3867627				NBIC Service Company, Inc	R1	NIA	NBIC Holdings, Inc	Ownership		Holdings, Inc	N	0
							Narragansett Bay Insurance						Heritage Insurance		
04861	Heritage Ins Holdings Grp	43001	05-0394576				Company	RI	I A	NBIC Financial Holdings, Inc.	Ownership		Holdings, Inc	N .	0
04861	Haritaga Ing Haldinga Cro	14931	05-0197250				Pawtucket Insurance Company	RI	IA	Narragansett Bay Insurance	Ownership		Heritage Insurance	A.	0
04001	Heritage Ins Holdings Grp	14931	00-019/200				Fawrucker insurance company		IA	Company			Holdings, Inc	N	

Asterisk

Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	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	Income/ (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)
		Heritage Prperty & Casualty Insurance Co	Dividenda	10,976,163		7 (())((3)	(173,114,914)	(20,927,783)		Dusiness	(173,974,480)	Taken/(Liability)
	46-0614061	Heritage MGA IIC					143 968 242					
	45-5338504	Heritage Insurance Holdings, Inc. Skye Lane Properties, LLC.					(1,310,564) 				(15,113,348)	
	80-0904526	Skye Läne Properties, LLC										
	98-1109773	Osprev Re. LTD							.			
	90-0917421	Contractors' Alliance Network, LLC										
	80-0872052	First Access Insurance Group, LLC										
11026	99-0344514	Zephyr Insurance Company, INc	(13,682,122)		(0.005.100)		(5,760,730)	(1,374,968)			(20,817,820)	
40004	27-0818506	Zephyr Acquisition Company		5 000 000			(00, 440, 550)	(0,000,000)				
43001 14931	05-0394576			5,000,000			(69 , 419 , 556) (20 , 191)				(71,353,242) (20,191)	
14931	05-0197250 26-3867627	NBIC SERVICE COMPANY INC.										
	26-1736008	NBIC HOLDINGS, INC.		(5,000,000)								
	20 11 00000											
									· · · · · · · · · · · · · · · · · · ·			
0000000			_	^			_		VVV	^	_	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
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
	APRIL FILING	
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 Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	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
	The following supplemental reports are required to be filed as part of your statement filing <u>if your company is engaged in the type of</u> <u>business covered by the supplement.</u> 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	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0

14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	N0
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	N0
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	N0
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	N0
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	N0
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
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 electronically with the NAIC by March 1?	N0
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

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Explanation:

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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?	NO					
	APRIL FILING						
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO					
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO					
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO					
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?	NO					
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO					
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO					
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?	NO					
36.	Will the Adjustment 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?	NO					
37.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO					
	AUGUST FILING						
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE PAWTUCKET INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE PAWTUCKET INSURANCE COMPANY