



ANNUAL STATEMENT

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

Rhode Island Automobile Insurance Plan

Organized under the Laws of Rhode Island State of Domicile or Port of Entry Rhode Island Country of Domicile United States U	NAIC Group Code	,	NAIC Company	Code16428	Employer's ID N	Number13-6194674
Country of Domicile Incorporated/Organized In		(Current Period)	(Prior Period)			
Incorporated/Organized 10/01/1968 302 Central Avenue 302 Central Avenue Johnston, RI, US 02919	Organized under the	Laws of	Rhode Island	, State of Domicil	e or Port of Entry	Rhode Island
Statutory Home Office 302 Central Avenue 302 Central Avenue 302 Central Avenue 303 Central Avenue 305 Central Avenue 305 Central Avenue 306 Central Avenue 307 Central Avenue 308 Central Avenue 308 Central Avenue 309 Central Avenue 309 Central Avenue 309 Central Avenue 309 Central Avenue 300 Central Avenue 401-49-16-120 401-49-16-120 401-49-16-120 401-49-16-120 401-49-16-120 401-49-1	Country of Domicile			United States		
Statutory Home Office State and Number Close Team. State. Country and 2p Code)	Incorporated/Organiz	ed	10/01/1968	Commenced Busine	ess	12/01/1978
Steed and Number Main Administrative Office 302 Central Avenue Johnston, RI, US 02919 401-946-2310 Steed and Number (City or Town, State, County and Zp Code) (Area Code) (Telaptone Number) Mail Address P.O. Box 6530 Providence, RI, US 02940-6530 Primary Location of Books and Records 302 Central Avenue Johnston, RI, US 02919 401-946-2310 Main Address Statutory State Marker or P.O. Box Society and Zp Code) (Records) Statutory Statement Contact Michael Beaulieu, CPA William Address	Statutory Home Office	e	302 Central Avenue	,		RI, US 02919
Site and Number Site Active See Carol M. Berthold Shaw K. Chen Ph D					(City or Town, State	e, Country and Zip Code)
Mail Address P.O. Box 6530 Providence, RI, US 02940-6530 Primary Location of Books and Records 302 Central Avenue Johnston, RI, US 02919 401-946-2310 Internet Web Site Address www.aipso.com/plansites/rihodeisland Internet Web Site Address www.aipso.com/plansites/rihodeisland Statutory Statement Contact Michael Beaulieu_CPA (Name) (Response Numb www.aipso.com/plansites/rihodeisland Michael Beaulieu_Department Name Michael Beaulieu_Department Michael Beauli	Main Administrative (Office	302 Central Avenue	Johnston,	RI, US 02919	401-946-2310
City or Town, State, Country and Zip Code) A01-946-2310		-	(Street and Number)	(City or Town, State	, Country and Zip Code)	(Area Code) (Telephone Number)
Primary Location of Books and Records Control Avenue Collaboration Coll	Mail Address	F	P.O. Box 6530		Providence, RI, US	S 02940-6530
Internet Web Site Address		(Street a	and Number or P.O. Box)		(City or Town, State, Cou	ıntry and Zip Code)
Internet Web Site Address Statutory Statement Contact Michael Beaulieu, CPA Michael Beaulieu@aipso.com (Name) (Remail Address) Name Title Tracy Walsh, AINS, CIA Plan Manager DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migllozzi # Marc Nadeau Katharine Roberts Emest Shaghalian State of	Primary Location of B	Books and Records _				
Statutory Statement Contact Michael Beaulieu@aipso.com Michael Beaulieu@aipso.com (E-Mail Address) OFFICERS Name Title Name Name Title Name Title Name Name Title Name Name Title Name			,	` ·	•	e) (Area Code) (Telephone Number)
Michael.Beaulieu@aipso.com (E-Mail Address) (E-Mail Address) (E-Mail Address) (E-Mail Address) (E-Mail Address) (Fax Number) OFFICERS Name Title Tracy Walsh, AINS, CIA Plan Manager OTHER OFFICERS DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marco Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian State of	Internet Web Site Add	dress	WW\	v.aipso.com/plansites/	rhodeisland	
Michael Beaulieu@aipso.com (E-Mall Address) (E-Mall Address) (Fax Number) OFFICERS Name Title Tracy Walsh, AINS, CIA Plan Manager OTHER OFFICERS OTHER OFFICERS DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island Sas County of Providence ss County of Providence ss County of Providence Intelligence of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity, as of the reporting period stated above, all of the condition and affairs of the said reporting entity as of the reporting period stated above, all of the said reporting entity as of the reporting period stated above, and of the score of the said reporting entity as of the reporting period stated above, and of the score of the said reporting entity as of the reporting period stated above, and of the score of the said reporting entity as of the reporting period stated above, and of the score of the score of the said reporting entity as of the reporting period stated above, and of the score of the reporting entity as of the reporting period stated above, and of the score of the said reporting entity as of the reporting period stated above, and of the score of the said reporting entity as of the reporting period stated above, and of the score of the said that the statement of al	Statutory Statement (Contact _	Michael Beaulieu, CPA		401-4	429-1519
OFFICERS Name Title Name Title Name Title Name Title Tracy Walsh, AINS, CIA Plan Manager OTHER OFFICERS DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island State of Providence Ss County of Providence Ss The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and its liabilities and of the condition and affairs of the said reporting entity as of the reporting entity as for the reporting period stated above, all of the condition and affairs of the said reporting entity as of the reporting entity as for the reporting period stated above, all of the condition and affairs of the said reporting entity as of the reporting period stated above, all of the southern and affairs of the said reporting entity as of the reporting period stated above, all of the heroid endeductions thereforn for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic						
Name Title Name Title Name Title Tracy Walsh, AINS, CIA Plan Manager DIRECTORS OR TRUSTEES					401-528-1409	
Name Title Name Title Name Title Tracy Walsh, AINS, CIA Plan Manager OTHER OFFICERS DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island State of Providence State of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law and offer, or (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC. Tracy Walsh, AINS, CIA Plan Manager Subscribed and sworn to before me this day of day o		(E-Mail Address)		(Fax Number)	
Name Title Name Title Name Title Tracy Walsh, AINS, CIA Plan Manager OTHER OFFICERS DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island State of Providence State of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law and offer, or (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC. Tracy Walsh, AINS, CIA Plan Manager Subscribed and sworn to before me this day of day o			OFFI	CERS		
Tracy Walsh, AINS, CIA DIRECTORS OR TRUSTEES	Name	!			e	Title
DIRECTORS OR TRUSTES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island Ss County of Providence. The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annex or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting relactices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Tracy Walsh, AINS, CIA Plan Manager Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed						
DIRECTORS OR TRUSTEES John Barish Doug Beck Carol M. Berthold Shaw K. Chen Ph D Sean Donnelly Todd Feltman Lewis Hassell III # Brenda Loiselle-Marcotte Matthew Mayfield Christopher Migliozzi # Marc Nadeau Kim Raymond Katharine Roberts Ernest Shaghalian Beth Vollucci Barry Zalcman State of Rhode Island State of Providence State of the reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accoordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that. (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and Procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Tracy Walsh, AINS, CIA Plan Manager a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of	Trady Walshi, 7	,	r idir Mariagor		,	
Matthew Mayfield	John Bar	rish	Doug Beck	Carol M. Be	erthold	Shaw K. Chen Ph D
State of	Sean Don	nelly	Todd Feltman	Lewis Hass	ell III #	Brenda Loiselle-Marcotte
State of						
County ofProvidence	Katharine R	oberts	Ernest Shaghalian	Beth Voll	ucci	Barry Zalcman
County ofProvidence	State of	Rhode Island				
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations required differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement. Tracy Walsh, AINS, CIA Plan Manager a. Is this an original filling? Yes [X] No [] Subscribed and sworn to before me this	Otate of	Triode island				
above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens of claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement. Tracy Walsh, AINS, CIA Plan Manager a. Is this an original filling? Yes [X] No [] Subscribed and sworn to before me this	County of	Providence				
Plan Manager a. Is this an original filing? Subscribed and sworn to before me this day of , 1. State the amendment number 2. Date filed	above, all of the herein of that this statement, toge liabilities and of the conc and have been complete may differ; or, (2) that sta knowledge and belief, re when required, that is ar	described assets were the ther with related exhibits dition and affairs of the sed in accordance with the ate rules or regulations asspectively. Furthermore in exact copy (except for	ne absolute property of the said reporting s, schedules and explanations therein co aid reporting entity as of the reporting pe e NAIC Annual Statement Instructions ar require differences in reporting not relate the scope of this attestation by the desc formatting differences due to electronic f	entity, free and clear frontained, annexed or refer riod stated above, and of did Accounting Practices a d to accounting practices cribed officers also including	m any liens or claims thered red to, is a full and true sta its income and deductions nud Procedures manual exi and procedures, according es the related correspondir	con, except as herein stated, and atement of all the assets and s therefrom for the period ended, ccept to the extent that: (1) state law g to the best of their information, ng electronic filing with the NAIC,
Subscribed and sworn to before me thisday of,	,			a le	this on original filing?	Vac [X] Na []
3. Number of pages attached			,	b. If 1. S 2. D	ino: State the amendment numb Date filed	
				3. N	lumber of pages attached	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00000	BUSINE	ESS IN THE STATE (TOT TREMIONO	ND LOSSES (Statut		DURING THE YEAR	2020		NAI	C Company Code 1	6428
		Gross Premiums, I Membership Fees, L	Including Policy and Less Return Premiums Policies not Taken 2 Direct Premiums	3 Dividends Paid or Credited to Policyholders on	4 Direct Unearned Premium	5 Direct Losses Paid	6 Direct Losses	7 Direct Losses	8 Direct Defense and Cost Containment Expense	9 Direct Defense and Cost Containment Expense	10	11 Commissions and Brokerage	12 Taxes,
	Line of Business	Written	Earned	Direct Business	Reserves	(deducting salvage)	Incurred	Unpaid	Paid	Incurred	Unpaid	Expenses	Licenses and Fees
1.	Fire	***************************************	Lumou	Direct Buoiness	11000.100	(academig carrage)	ouriou	Onpara	. uiu	ou.rou	Onpaid	Exponess	Electrices and 1 cos
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril					-			-				
4. 5.1	Homeowners multiple peril Commercial multiple peril (non-liability portion)					· ·····							
5.1	Commercial multiple peril (non-nability portion)					-							
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)			····									
15.3 15.4	Guaranteed renewable A & H (b) Non-renewable for stated reasons only (b)												
15.4	Other accident only					· · · · · · · · · · · · · · · · · · · ·							
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b).					· · · · · · · · · · · · · · · · · · ·							
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation.												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)	44.050.470	40 400 750				44.047.075						
19.2	Other private passenger auto liability Commercial auto no-fault (personal injury protection)	14,252,473	16,102,758		6,629,939	11,147,334	14 , 247 , 075	10,764,738	287,531	365,891	206,040	1,480,042	246,671
19.3 19.4	Other commercial auto liability					· ·····							
21.1	Private passenger auto hability	166.824	211.970		45,675	112.969	97.934	51.061	2,221	2.232	2.466	17.324	2.887
21.2	Commercial auto physical damage	100,024	Z11,010			112,000					2,400	17,024	
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety	.											
26.	Burglary and theft					.							
27.	Boiler and machinery												
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30. 34.	Warranty					-			-				
34.	Aggregate write-ins for other lines of business	14,419,297	16.314.728	l	6.675.614	11.260.303	14,345,009	10.815.799	289,752	368,123	208.506	1.497.366	249.558
	S OF WRITE-INS	14,413,231	10,314,720	0	0,073,014	11,200,303	14,540,009	10,010,799	209,732	300,123	200,300	1,487,300	249,000
3401.	JOI WATE-ING								_[
3402.													
3403.													
	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	00	0	0	0	0	0
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0
(a) F	inance and service charges not included in Lines 1 to 35 \$	0											

^{...0} and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00000	BUSINE	SS IN THE STATE C			ND LOSSES (Statut		DURING THE YEAR	2020		NAI	C Company Code 1	6428
		Gross Premiums, I Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	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	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 Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire		0	.0	0	0	0	0	0	0	0	0	0
2.1	Allied lines		0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple peril crop		0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood		0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop		0	0	0	0	0	0	0	0	0	0	0
2.5	Private flood		0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril		0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty		0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)		0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)		0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)		0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only		0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees		0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)		0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)		0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made.	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability		0	0	0	0	0	0	0	0	0	0	0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability		16,102,758	0	6,629,939	11,147,334	14,247,075	10,764,738	287,531	365,891	206,040	1,480,042	246,671
19.3	Commercial auto no-fault (personal injury protection)		0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability		0	0	0	0	0	0	0	0	0	0	0
21.1	Private passenger auto physical damage		211,970	0	45,675	112,969	97,934	51,061	2,221	2,232	2,466	17,324	2,887
21.2	Commercial auto physical damage		0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)		0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	. [0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
29.	International		0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	. [0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	. [0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	14,419,297	16,314,728	0	6,675,614	11,260,303	14,345,009	10,815,799	289,752	368,123	208,506	1,497,366	249,558
	OF WRITE-INS				,		,				,,,,,	, ,,,,,,,	.,
3401.													
3402.									.				
3403.													
	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0
(a) F	nance and service charges not included in Lines 1 to 35 \$	0			-	·			•	·	·		

^{...0} and number of persons insured under indemnity only products

Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

Schedule F - Part 3

NONE

Schedule F - Part 4

NONE

Schedule F - Part 5

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance 3 As Reported (Net of Ceded) Restatement Adjustments (Gross of Ceded) ASSETS (Page 2, Col. 3) 1. Cash and invested assets (Line 12)22,415,140 .22,415,140 .5,861,838 .5,861,838 2. Premiums and considerations (Line 15)0 .0 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)... 4 Funds held by or deposited with reinsured companies (Line 16.2)... .0 .0 5. Other assets 299.359 299.359 6. Net amount recoverable from reinsurers ... 0 7. Protected cell assets (Line 27) ... 0 .0 8. Totals (Line 28)28,576,337 0 .28.576.337 LIABILITIES (Page 3) ..11,024,305 .11,024,305 9. Losses and loss adjustment expenses (Lines 1 through 3) . .2,430,099 .2,430,099 10. Taxes, expenses, and other obligations (Lines 4 through 8)6,675,614 .6,675,614 11. Unearned premiums (Line 9)33,362 .33,362 12. Advance premiums (Line 10) ... 0 0 13. Dividends declared and unpaid (Line 11.1 and 11.2) 0 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) 0 15. Funds held by company under reinsurance treaties (Line 13) 0 ۵.

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X] If yes, give full explanation:

Λ

.0

0

XXX

388,618

20,551,998

8,024,339

28.576.337

0

.0

0

388,618

20,551,998

8,024,339

28.576.337

16. Amounts withheld or retained by company for account of others (Line 14)

19. Total liabilities excluding protected cell business (Line 26)

17. Provision for reinsurance (Line 16)

20. Protected cell liabilities (Line 27)

21. Surplus as regards policyholders (Line 37)

18. Other liabilities

Totals (Line 38)

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Home/Farm

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

Years in Which Premiums Were Earned and Losses

Were

1. Prior 2. 2011...

3. 2012.

4. 2013..

5. 2014.

6. 2015..

7. 2016..

8, 2017.

9. 2018

10, 2019

11. 2020

12. Totals

Direct and Assumed

..0

..0

..0

..0

..0

.12,977

16,103

XXX

..0

..0

..0

..0

..0

..0

0

XXX

..0

..0

..0

..0

.12,977

16,103

XXX

..0

..0

..0

..0

10,412

5,293

15,705

..0

..0

..0

..0

..0

0

0

..0

..0

..0

...0

.251

175

426

					POUC CIVILLIE	D)					
Pr	emiums Earne	ed			Los	ss and Loss Ex	xpense Payme	ents			12
	2	3			Defense	and Cost	Adjusting	and Other	10	11	
			Loss Pa	ayments	Containmer	nt Payments	Payr	nents			
			4	5	6	7	8	9	1	Total	Number of
									Salvage	Net Paid	Claims
				ect and Di					and	(Cols. 4 - 5	Reported
nd		Net	Direct and		Direct and		Direct and		Subrogation	+ 6 - 7	Direct and
ed	Ceded	(Cols. 1 - 2)	Assumed			Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
	XXX	XXX	0	0	0	0	0	0	0	0	XXX
0	0	0	0	0	0	0	0	0	0	0	0
Λ	0	0	0	۸ .	0	0	_			0	0
0	0	0	0	0	0	0	J	J		0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	l0	0	0

..0

..0

..0

..0

1,831

1,128

2,959

..0

..0

..0

..0

..0

0

0

..0

..0

..0

..0

.22

23

..0

..0

...0

0...

12,494

6,596

19,090

..0

..0

..0

..0

.2,340

1,951

XXX

..0

..0

..0

.0

.0

0

0

		Losses	Unnoid		Dofon	se and Cost 0	Containment I	Innaid		and Other paid	23	24	25
	Case		Bulk +	IRNR		Basis		· IBNR	21	22	1		
	13	14	15	16	17	18	19	20	41			Total	Number of
	10	'-	10	10	.,	10	13	20			Salvage	Net Losses	Claims
											and	and	Outstanding
	Direct and		Direct and		Direct and		Direct and		Direct and		Subrogation		Direct and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	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.	2,048	0	513	0	26	0	12	0	13	0	39	2,612	169
11.	6,198	0	2,005	0	57	0	42	0	54	0	49	8,356	698
12.	8,246	0	2,518	0	83	0	54	0	67	0	88	10,968	867

	Losses an	Total d Loss Expense	s Incurred		Loss Expense Pred/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	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	
2.	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	
4.	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	
6.	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	
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	ļ
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	ļ
0.	15 , 106	0	15,106	116.4	0.0	116 .4	0	0	0.0	2,561	5
1.	14,952	0	14,952	92.9	0.0	92.9	0	0	0.0	8,203	153
,	xxx	xxx	xxx	xxx	xxx	xxx	0	0	XXX	10.764	204

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

Schedule P - Part 1E - Comm Multi Peril
NONE

Schedule P - Part 1F - Med Pro Liab Occ NONE

Schedule P - Part 1F - Med Pro Liab Clm
NONE

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in	Pi	emiums Earne	ed			Los	ss and Loss Ex	kpense Payme	ents			12
Which	1	2	3				and Cost	Adjusting	and Other	10	11	
Premiums				Loss Pa	ayments	Containmer	nt Payments	Payr	nents			
Were				4	5	6	7	8	9		Total	Number of
Earned										Salvage	Net Paid	Claims
and Losses										and	(Cols. 4 - 5	Reported
Were	Direct and		Net	Direct and		Direct and		Direct and	١	Subrogation		Direct and
Incurred	rred Assumed Ceded (Cols.			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. 2019	155	0	155	38	0	5	0	8	0	12	51	7
3. 2020	212	0	212	114	0	1	0	16	0	0	131	10
4. Totals	XXX	XXX	XXX	152	0	6	0	24	0	12	182	XXX

		Losses	Unpaid		Defen	se and Cost (Containment U	Inpaid	Adjusting Un	and Other	23	24	25
	Case		Bulk +			Basis	Bulk +		21	22			Number of
	13 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	Claims Outstand- ing 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	1	0	2	1	0
3.	5	0	46	0	0	0	1	0	1	0	0	53	1
4.	5	0	46	0	0	0	1	0	2	0	2	54	1

	Losses an	Total d Loss Expense	s Incurred		oss Expense Pe ed/Premiums Ea		Nontabula	r Discount	34 Inter-	Net Balar Reserves Af	
	26	27	28	29	30	31	32	33	Company Pooling	35	36 Loss
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	52	0	52	33.5	0.0	33.5	0	0	0.0	0	1
3.	184	0	184	86.8	0.0	86.8	0	0	0.0	51	2
		-									
4.	xxx	xxx	xxx	xxx	xxx	xxx	0	0	xxx	51	3

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other NONE

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance NONE

Schedule P - Part 10 - Reinsurance NONE

Schedule P - Part 1P - Reinsurance NONE

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims

NONE

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

NONE

Schedule P - Part 1T - Warranty
NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	PMENT
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
4. 2013	XXX	XXX	0		0			0	0	0	0	0
5. 2014	XXX	XXX	XXX				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	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 2B - PRIVATE PASSENGER AUTO 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	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	12,421	13,262	841	XXX							
11.	2020	XXX	13,770	XXX	XXX								
		•				•	•				12. Totals	841	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	<u>_0</u>	0	0	0	0	0	0	0	0
	5.	2014	XXX	XXX	XXX		0	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	0	0
	8.	2017	XXX	XXX	XXX	XXX	XXX	XXX		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 2D- WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

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	<u>0</u>	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	0	0
8.	2017	XXX	XXX	XXX	xxx	XXX	XXX	U	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 2E- COMMERCIAL MULTIPLE PERIL

1. [Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2	2011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2	2012	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2	2013	XXX	XXX	0	<u>_0</u>	0	0	0	0	0	0	0	0
5. 2	2014	XXX	XXX	XXX	ļ		0	0	0	0	0	0	0
6. 2	2015	XXX	XXX	XXX	xxx				0	0	0	0	0
7. 2	2016	XXX	XXX	XXX	XXX	xx	0	0	0	0	0	0	0
8. 2	2017	XXX	XXX	XXX	xxx	XXX	XXX		0	0	0	0	0
9. 2	2018	XXX	XXX	XXX	xxx	XXX	XXX	xxx	0	0	0	0	0
10. 2	2019	XXX	XXX	XXX	xxx	XXX	XXX	1	xxx	0	0	0	xxx
11. 2	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
											12. Totals	0	0

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

	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOF	RTED AT YEA	R END (\$000	OMITTED)	DEVELO	PMENT
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	<u></u> 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
5. 2014	XXX	XXX	XXX)			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	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.	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	00	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	xx	0	0	0	0	0	0	0
8.	2017	XXX	XXX	XXX	xxx	xxx	XXX		0	0	0	0	0
9.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2019	XXX		XXX		XXX					0	0	XXX
11.	2020	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	<u>_0</u>	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.	xx	0	0	0	0	0	0	0
8. 2017	xxx	xxx	XXX	XXX	XXX	XXX		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 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

			1 / 11 / 1	- 11			11161			000		<u> </u>
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_	00	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	0	0
8. 2017	xxx	XXX	XXX	xxx	XXX	XXX		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	<u> </u>	n

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

	U				L II			, , , , , , , , , , , , , , , , , , , 					-
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0
		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	<u>_</u>	0	0	0	0	0	0	0	0
5.	2014	XXX	XXX	XXX			0	0	0	0	0	0	0
	2015		XXX					<u></u>	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX	kxx	0	0	0	0	0	0	0
	2017		XXX				XXX		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		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 DEFE	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.	×			0	0	0	0	0
2. 2019	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	0	0	0	0	0						
2. 2019	xxx	111	43	(68)	xxx							
3. 2020	xxx	167	xxx	xxx								
										4. Totals	(68)	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	xxx	XXX	xxx	XXX _	_xxx	XXX	xxx	0	0	0	0	0
2. 2019	xxx	xxx	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 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	xxx	xxx	xxx	XXX _	_xxx	XXX	_ xxx	0	0	0	0	0
2. 2019	XXX	xxx	xxx	xxx	XX			XXX	0	0	0	XXX
3. 2020	XXX	XXX	XXX	XXX	VXX			XXX	XXX	0	XXX	XXX
		•	•		•					4. Totals	0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. P	rior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2	011	0	0	0	0	0	0	0	0	0	0	0	0
3. 2	012	xxx	0	0	0	0	0	0	0	0	0	0	0
4. 2	013	xxx	xxx	0	0	0	0	0	0	0	0	0	0
5. 2	014	xxx	XXX	xxx			0	0	0	0	0	0	0
6. 2	015	xxx	XXX	xxx	N	00) [0	0	0	0	0
7. 2	016	xxx	XXX	xxx	XXX	XXX	0		0	0	0	0	0
8. 2	017	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	0	0	0
9. 2	018	xxx	0	0	0	0	0						
10. 2	019	xxx	xxx	0	0	0	xxx						
11. 2	020	XXX	xxx	XXX	0	XXX	xxx						
											12. Totals	0	0

Schedule P - Part 2N

NONE

Schedule P - Part 20

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	CUMUL	ATIVE PAID	NET LOSSES	S AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)					1	Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Which											Closed With	Without
Losses Were											Loss	Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	000	0	0	<u>_</u> _	0	0		0	0	0	0	0
2. 2011	0	0	0		0	1.0	0	0	0	0	0	0
3. 2012	XXX	0	0					0	0	0	0	0
4. 2013	XXX	XXX	0		0	0	<u> </u>	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 3B - PRIVATE PASSENGER AUTO 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
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	4,696	10,663	1,756	415							
11. 2020	XXX	5,468	942	311								

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
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
5. 2014	xxx	XXX	XXX		0		0	0	0	0	0	0
6. 2015	xxx	xxx	XXX	XXX	0	J	0	0	0	0	0	0
7. 2016	xxx	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	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	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

				(-/(-						<u> </u>			
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
1		1	1	XXX		0		0	1	0	0	0	0
6.	2015	XXX	XXX	XXX	XXX	0	J	0	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	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
l 11	2020	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1 0	0	0

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

			· · ·				-						
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
5.	2014	xxx	XXX	XXX		0		0	0	0	0	0	0
6.	2015	xxx	XXX	XXX	XXX	0		0	0	0	0	0	0
7.	2016	xxx	XXX	XXX	xxx	xxx	0		0	0	0	0	0
		ı	1	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 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

	CUMUL	ATIVE PAID N	NET LOSSES	AND DEFEN	ISE AND CO		MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12 Number of
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss	Claims Closed Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	000	0	0			00		0	0	0	0	0
2. 2011	0	0	0	N		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	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	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	
4.	2013	XXX	XXX	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	0
7.	2016	XXX	XXX	XXX	xxx	kxx	0	<u> </u>	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	0	0	0	0						
11.	2020	XXX	XXX	XXX	0	0	0						

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

1. P	rior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2	2011	0	0	0	0	0	0	0	0	0	0	XXX	xxx
3. 2	012	XXX	0	0	0	0	0	0	0	0	0	XXX	xxx
4. 2	2013	XXX	xxx	0			0		0	0	0	XXX	xxx
5. 2	2014	XXX	xxx	XXX		0		0	0	0	0	xxx	xxx
6. 2	2015	XXX	xxx	XXX	XXX	0		0	0	0	0	XXX	xxx
7. 2	2016	XXX	xxx	XXX	xxx	kxx	0	<u> </u>	0	0	0	XXX	xxx
8. 2	2017	XXX	xxx	XXX	xxx	XXX	XXX	0	0	0	0	XXX	xxx
9. 2	018	XXX	0	0	0	XXX	xxx						
10. 2	2019	XXX	xxx	0	0	XXX	xxx						
11. 2	2020	XXX	XXX	XXX	0	XXX	XXX						

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

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
1		I	i	XXX				0	0	0	0	0	0
				XXX				0	0	0	0	0	0
7.	2016	XXX	XXX	XXX	XXX II	- KXX	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		0	0	0
11.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

	I. 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	<u></u>	0	0	0	0	0
:	5. 2014	xxx	XXX	XXX		0	0	0	0	0	0	0	0
(S. 2015	xxx	XXX	XXX	xxx.	0		0	0	0	0	0	0
	7. 2016	xxx	XXX	XXX	xxx	XXX	0	<u> </u>	0	0	0	0	0
;	3. 2017	ı		XXX	1	1		0	0	0	0	0	0
9	9. 2018	xxx	xxx	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
1 10). 2019	XXX	XXX	XXX	XXX	xxx	XXX	xxx	xxx	0	0	0	0
1.	. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3I - SPECIAL PROPERTY

			_	_	_	_	
(FIR	E, ALLIED L	LINES,	INLAND N	IARINE, E	ARTHQUAKE	, BURGLARY.	AND THEFT)

	CUMUL	ATIVE PAID	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	R 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 Losses Were				N		1					Closed With Loss	Without Loss
Incurred	2011	2012	2013	2014	01	2016	2	2018	2019	2020	Payment	Payment
1. Prior	xxx	xxx	xxx	xxx	YXX	ノ 、、	XXX	000	0	0	xxx	xxx
1. 1 1101												
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 | 000 | 0 | 0 | 0 | 0 |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|---|
| | | XXX | 44 | 43 | 7 | 0 |
| 3. 2020 | xxx | 115 | 7 | 2 |

SCHEDULE P - PART 3K - FIDELITY/SURETY

1.	Prior	XXX	XXX	xxx	xxx.		XX	XXX	000	0	0	XXX	xxx
2.	2019	XXX	XXX							0	0	xxx	xxx
3.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	xxx

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

1. Prior	XXX	XXX	XXX	xxx N	XX	XX	XX	000	0	0	XXX	XXX
				I					0	0	xxx	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior .	000	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	xxx	xxx
4. 2013	xxx	xxx	0		0	0	0	0	0	0	xxx	xxx
5. 2014	xxx	xxx	xxx	N				0	0	0	xxx	xxx
	xxx				0				0	0	xxx	xxx
7. 2016		xxx		-			0	0	0	0	xxx	xxx
	XXX	XXX					0	0	0	0	XXX	xxx
	XXX			XXX			~~~	0			XXX	
										0		
10. 2019	XXX	0	0	XXX	XXX							
11. 2020	XXX	0	XXX	XXX								

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

NONE

Schedule P - Part 3R - Prod Liab Occur

NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

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	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
4. 2013	XXX	XXX	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	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. 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	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	ļ0	0
9. 2018	XXX	0	0	0						
10. 2019	xxx	1,406	525							
11. 2020	XXX	2,047								

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			0	0	0	0	0
6.	2015	XXX	XXX	xxx		<u> </u>	0	ļ0	0	0	0
7.	2016	XXX	XXX	xxx	XX	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	l xxx l	xxx	l xxx	xxx	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

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			0	0	0	0	0
6. 2015	XXX	XXX	XXX		0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XX	XXX	0	0	0	0	0
8. 2017	xxx	xxx	XXX	XXX	xxx	XXX	0	0	0	0
9. 2018	xxx	0	0	0						
10. 2019	xxx	0	0							
11. 2020	XXX	0								

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

				~ · · · · · ·	OOM		_ 11110 _ 1			
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			0	0	0	0	0
6. 2015	xxx	XXX	xxx		J	0	0	0	0	0
7. 2016	xxx	xxx	xxx	XX	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	l xxx	XXX	XXX	l xxx	XXX	XXX	XXX	XXX	XXX	0

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

	BULK AND IE	BNR RESERVES	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	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		Q	0	0	0	0	0
4. 2013	XXX	XXX	0			0	0	0	0	0
5. 2014	XXX	XXX	xxx			ρ	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	ļ0	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			0	0	0	0	0
6. 2015	xxx	XXX	XXX		0	0	0	0	0	0
7. 2016	xxx	XXX	XXX	XX	XXX	0	0	0	0	0
8. 2017	xxx	XXX	XXX	XXX	xxx	XXX	0	0	0	0
9. 2018	xxx	0	0	0						
10. 2019	xxx	0	0							
11. 2020	XXX	0								

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

1. P	rior	0	0	0	0	0	0	0	0	0	0
2. 2	011	0	0	0	0	0	0	0	0	0	0
3. 2	012	XXX	0	0	0	0	0	0	0	0	0
4. 2	013	XXX	XXX	0		0	0	0	0	0	0
5. 2	014	XXX	XXX	XXX	ΛH		0	0	0	0	0
			XXX			0	0	0	0	0	0
7. 2	016	XXX	XXX	XXX	XX	XXX	0	0	0	0	0
i						XXX			0	0	0
i	- 1					XXX			0	ļ0	0
10. 2	- 1					XXX				i	0
11. 2	020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

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			<u></u> 0	0	0	0	0
6. 2015	xxx	xxx	XXX		0	0	0	0	0	0
7. 2016	XXX	XXX	XXX	XX	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 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
ļ	4. 2013	xxx	xxx	0	0	0	0	0	0	0	0
	5. 2014	xxx	xxx	xxx			0	0	0	0	0
ļ	6. 2015	xxx	xxx	xxx			0	0	0	0	0
	7. 2016	xxx	XXX	xxx	XX	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
ļ	10. 2019	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	0	0
	11 2020	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4I - SPECIAL PROPERTY

	_	_	_	_
(FIRE, ALLIED LIN	NES, IN	LAND MARINE, E	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	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	2011	2012	2013	201	015	016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX		××	XXX	XXX	0	0	0
2. 2019	XXX	XXX	xxx	xxx	XXX	XXX	XXX	xxx	0	0
3. 2020	xxx	xxx	XXX	XXX	xxx	XXX	xxx	XXX	xxx	0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

| 1. Pri | ior | XXX | 0 | 0 | 0 |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| 2. 20 | 119 | | XXX | 67 | 0 |
| 3. 20 | 20 | xxx | 47 |

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior XXX XXX XXX XXX XXX XXX XXX XXX XXX X		LU
2. 2019 XXX XXX XXX XXX XXX XXX XXX XXX XXX	0	0
3. 2020 XXX XXX XXX XXX XXX XXX XXX XXX	XXX	0

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

1. Prior	XXX	XXX	xxx	XX	XXA.	(XX	xxx	0	0	0
	XXX		XXX			(XX	XXX	XXX	0	0
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4M - INTERNATIONAL

1. Pr	rior	0	0	0	0	0	0	0	0	0	0
2. 20	011	0	0	0	0	0	0	0	0	0	0
3. 20	012	XXX	0	0	0	0	0	0	0	0	0
4. 20	013	XXX	xxx	0	0	0	0	0	0	0	0
				xxx			0	0	0	0	0
6. 20	015	xxx	xxx	xxx		0	0	0	0	0	0
				xxx		_	0	0	0	0	0
8. 20	017	XXX	XXX	xxx	xxx	xxx	XXX	0	0	0	0
9. 20	018	XXX	0	0	0						
10. 20	019	xxx	0	0							
11. 20	020	XXX	0								

Schedule P - Part 4N

NONE

Schedule P - Part 40

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

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

SECTION 1

		CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR 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	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	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	958	1,756	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	

SECTION 2

	SECTION 2									
			NUMBER	R OF CLAIMS O	UTSTANDING [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	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	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	834	169
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	698

SECTION 3

					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	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	2,076	2,340
11. 2020	l xxx	xxx	l xxx l	XXX	XXX	XXX	XXX	xxx	XXX	1,951

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A NONE

Schedule P - Part 5F- SN3A

NONE

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

NONE

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

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

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 6O - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

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

SECT	ION	4

		1	2 Net Losses and	3	4	5	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contacts	Loss Sensitive as Percentage of Total
1		'			0	Constant Contacts	0.0
	Private Passenger Auto Liability/Medical				14,252		0.0
3.					0		
	Workers' Compensation				0		
5.					0		
6.	•				0		0.0
7.	Medical Professional Liability -Claims- Made				0		0.0
8.	Special Liability				0		0.0
9.	Other Liability-Occurrence	0		0.0	0		0.0
10.	Other Liability-Claims-Made			0.0	0		0.0
11.	Special Property	0		0.0	0		0.0
	Auto Physical Damage				167		0.0
13.	Fidelity/Surety	0		0.0	0		0.0
14.	Other	0		0.0	0		0.0
15.	International	0		0.0	0		0.0
16.	Reinsurance-Nonproportional Assumed Property	xxx	xxx	xxx		xxx	xxx
17.	Reinsurance-Nonproportional Assumed Liability	xxx	XXX	xxx	xxx	xxx	xxx
18.	Reinsurance-Nonproportional Assumed Financial Lines	xxx	xxx	xxx	xxx	xxx	xxx
19.	Products Liability-Occurrence	0		0.0	0		0.0
20.	Products Liability-Claims-Made	0		0.0	0		0.0
21.	Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22.	Warranty	0		0.0	0		0.0
23.	Totals	11,024	0	0.0	14,419	0	0.0

SECTION 2

		INCURRED LC	SSES AND DE	ENSE AND CO	ST CONTAINM	ENT EXPENSE:	S REPORTED A	T YEAR END (\$	000 OMITTED)	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Policies	0044	0040	0040	0044	0045	0040	0047	0040	0040	0000
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2011	0	0	0	<u></u> 0	0	<u>.</u> 0	0	0	0	
3. 2012	XXX	0	0	0		0	0	0	0	
4. 2013	XXX	XXX	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	
7. 2016	xxx	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2017	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0	
9. 2018	XXX	XXX	XXX	xxx	XXX	XXX	xxx	0	0	
10. 2019	XXX	XXX	XXX	xxx	XXX	XXX	xxx	XXX	0	
11. 2020	XXX	XXX	XXX	xxx	XXX	XXX	xxx	XXX	xxx	

|--|

	BULK AND IN	ICURRED BUT I	NOT REPORTE	D RESERVES F	OR LOSSES AI		ND COST CON	TAINMENT EXF	PENSES AT YEA	AR END (\$000
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2011	0	0	0	0	0		0	0	0	
3. 2012	xxx	0	0			0	0	0	0	
4. 2013	xxx	xxx	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	
7. 2016	XXX	xxx	xxx	XXX	XXX	0	0	0	0	
8. 2017	xxx	xxx	xxx	XXX	XXX	XXX	0	0	0	
9. 2018	xxx	xxx	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2019	xxx	xxx	xxx	XXX	XXX	XXX	xxx	xxx	0	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

					SECTION 4					
			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	TED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	0	0	
4. 2013	xxx	xxx	0			0	0	0	0	
5. 2014	xxx	xxx	xxx	17(0	0	0	0	
6. 2015	xxx	xxx	XXX	XXX	0	0	0	0	0	
7. 2016	xxx	xxx	xxx	xxx	xxx	0	0	0	0	
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	
9. 2018	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	0	
10. 2019	xxx	xxx	XXX	XXX	xxx	XXX	xxx	xxx	0	

XXX

XXX

XXX

XXX

XXX

11. 2020

XXX

XXX

XXX

XXX

	NE.	T RESERVE FO	R PREMIUM A	DJUSTMENTS A	SECTION 5 AND ACCRUED	RETROSPECT	IVE PREMIUMS	AT YEAR END	(\$000 OMITTE	D)
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	0	0	
4. 2013	xxx	xxx	0	- N	 0	0	0	0	0	
5. 2014	xxx	xxx	xxx	17(0	0	0	0	
6. 2015	xxx	xxx	xxx	xxx	0	0	0	0	0	
7. 2016	xxx	xxx	xxx	xxx	xxx	0	0	0	0	
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	
9. 2018	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0	0	
10. 2019	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	
11 2020	XXX	XXX	XXX	XXX	xxx	xxx	xxx	XXX	XXX	

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

			SECTION	1			
	Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contacts	6 Loss Sensitive as Percentage of Total
1	Homeowners/Farmowners	· · · · · · · · · · · · · · · · · · ·		0.0	0		0.0
	Private Passenger Auto Liability/Medical						
	Commercial Auto/Truck Liability/Medical		1	l l			
4	Workers' Compensation						
5.	Commercial Multiple Peril						
	Medical Professional Liability-Occurrence						
	Medical Professional Liability -Claims- Made						
8.	Special Liability						
	Other Liability-Occurrence						
10.							
11.	Special Property						
	Auto Physical Damage				167		0.0
	Fidelity/Surety						
	Other						
	International						
	Reinsurance-Nonproportional Assumed Property						
17.	Reinsurance-Nonproportional Assumed Liability						
18.	Reinsurance-Nonproportional Assumed Financial Lines						0.0
19.	Products Liability-Occurrence	0		0.0	0		0.0
20.							0.0
21.	Financial Guaranty/Mortgage Guaranty			I	0		0.0

					SECTION 2					
		INCURRED LC	SSES AND DEF	FENSE AND CC	ST CONTAINM	ENT EXPENSES	S REPORTED A	T YEAR END (\$	000 OMITTED)	
Va ara in	4	0		4	-	0	7	0		40
Years in Which Policies	1	2	3	4	5	6	'	8	9	10
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	
4. 2013	xxx	XXX	0		0	0	0	0	0	
5. 2014	xxx	xxx	xxx	0	0	0	0	0	0	
6. 2015	xxx	XXX	xxx	xxx	0	0	0	0	0	
7. 2016	xxx	xxx	xxx	xxx	xxx	0	0	0	0	
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx	0	0	0	
9. 2018	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	l0	
10. 2019	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0	
11. 2020	xxx	xxx	l xxx	xxx	xxx	xxx	xxx	XXX	xxx	

11,024

0.0

0.0

0

0.0

14,419

22. Warranty

23. Totals

	BULK AND IN	SECTION 3 ULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$00 OMITTED)												
Years in Which Policies	1	2	3	4	5	6	7	8	9	10				
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020				
1. Prior	0	0	0	0	0	0	0	0	0					
2. 2011	0	0	0	<u></u> 0	0	<u>.</u> 0	0	0	0					
3. 2012	xxx	0	0			0	0	0	0					
4. 2013	xxx	xxx	0			0	0	0	0					
5. 2014	xxx	xxx	XXX	0	0	N	0	0	0					
6. 2015	xxx	xxx	XXX	xxx	0	0	0	0	0					
7. 2016	xxx	xxx	XXX	xxx	XXX	0	0	0	0					
8. 2017	xxx	xxx	XXX	xxx	XXX	xxx	0	0	0					
9. 2018	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0	0					
10. 2019	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	0					
11. 2020	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX					

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

				`	SECTION 4					
			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	TED)		
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	0	0	
4. 2013	XXX	XXX	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	
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2018	XXX	xxx	xxx	XXX	XXX	XXX	xxx	0	0	
10. 2019	XXX	XXX	xxx	XXX	xxx	xxx	xxx	xxx	0	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

					SECTION 5					
	NE	ET RESERVE F	OR PREMIUM A	DJUSTMENTS	AND ACCRUE	RETROSPEC	TIVE PREMIUM	S AT YEAR END) (\$000 OMITTE	D)
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	2011	2012	2013	2014	2013	2010	2017	2010	2013	2020
1. Prior	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	0	0	0	0	0	
4. 2013	xxx	xxx	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	
7. 2016	xxx	xxx	XXX	XXX	XXX	0	0	0	0	
8. 2017	xxx	xxx	XXX	XXX	XXX	xxx	0	0	0	
9. 2018	xxx	xxx	XXX	XXX	xxx	xxx	xxx	0	0	
10. 2019	xxx	xxx	XXX	XXX	XXX	xxx	xxx	xxx	0	
11. 2020	xxx	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

					SECTION 6					
Years in	1	2	INCURRED A	ADJUSTABLE C	OMMISSIONS I 5	REPORTED AT 6	YEAR END (\$00 7	00 OMITTED) 8	9	10
Which Policies Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	0	0	
4. 2013	XXX	xxx	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	
7. 2016	xxx	xxx	xxx	XXX	XXX	0	0	0	0	
8. 2017	XXX	xxx	xxx	XXX	XXX	XXX	0	0	0	
9. 2018	xxx	xxx	xxx	xxx	XXX	xxx	XXX	0	0	
10. 2019	xxx	xxx	xxx	xxx	XXX	xxx	XXX	XXX	0	
11. 2020	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

					SECTION 7					
	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	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	0	0	0	0	0	
4. 2013	xxx	xxx	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	
7. 2016	xxx	xxx	XXX	xxx	XXX	0	0	0	0	
8. 2017	xxx	xxx	XXX	xxx	XXX	XXX	0	0	0	
9. 2018	xxx	xxx	XXX	xxx	XXX	XXX	XXX	0	0	
10. 2019	xxx	xxx	XXX	xxx	XXX	XXX	XXX	xxx	0	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.	₹) provi	ision	s in	Med	lical		
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:	Y	/es]]	No	[X]
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?							
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP No. 65?	Υ	/es	[]	No	[X]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?	Υ	/es	[]	No	[X]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	s []] No	[] N	I/A	[X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses 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	2011					
1.603	2012					
1.604	2013					
1.605	2014					
1.606	2015					
1.607	2016					
1.608	2017					
1.609	2018					
1.610	2019					
1.611	2020					
1.612	Totals	0	0			

	11001 2010								
	1.608 2017								
	1.609 2018								
	1.610 2019								
	1.611 2020								
	1.612 Totals		0		0				
2.	The definition of allocated loss adjustment expereffective January 1, 1998. This change in define "Defense and Cost Containment" and "Adjustin	ition applies to both paid and unpaid ex	penses. Are these exp	enses (now reported	d as	es	[X]	No []
3.	The Adjusting and Other expense payments an the number of claims reported, closed and outs companies in a group or a pool, the Adjusting a and the claim counts. For reinsurers, Adjusting For Adjusting and Other expense incurred by re Adjusting and Other expense should be allocated below. Are they so reported in this Statement?	tanding in those years. When allocating ind Other expense should be allocated it and Other expense assumed should be einsurers, or in those situations where sited by a reasonable method determined	g Adjusting and Other e in the same percentage e reported according to uitable claim count infor	expense between to used for the loss am the reinsurance conf rmation is not availab	nounts itract. ble, tory 7,	es	[X]	No [1
	below. Are they so reported in this Statement?	•			10	55	[\]	NO []
4.	Do any lines in Schedule P include reserves the reported net of such discounts on Page 10?	at are reported gross of any discount to	present value of future	payments, and that a		es	[]	No [Х]
	If yes, proper disclosure must be made in the N be reported in Schedule P - Part 1, Columns 32	lotes to Financial Statements, as specifi 2 and 33.	ed in the Instructions.	Also, the discounts m	nust				
	Schedule P must be completed gross of non-tae examination upon request.	bular discounting. Work papers relating	to discount calculation	ıs must be available f	for				
	Discounting is allowed only if expressly permitte	ed by the state insurance department to	which this Annual State	ement is being filed.					
5.	What were the net premiums in force at the end (in thousands of dollars)	d of the year for:							
	(iii triousarius or dollars)			5.1 Fidelity	\$				
				5.2 Surety	\$				
6.	Claim count information is reported per claim o If not the same in all years, explain in Interroga							CLAIM	IANT
7.1	The information provided in Schedule P will be reserves, among other things. Are there any exoccurred that must be considered when making	specially significant events, coverage, re			Yı	es	[]	No [Х]
7.2	An extended statement may be attached.								

Schedule T - Part 2

NONE

Schedule Y - Part 1A

NONE

Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
	APRIL FILING	
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?	SEE EXPLANATION
	JUNE FILING	
9.		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
	electronically with the NAIC (as a regulator-only non-public document) by August 1?	
	The following supplemental reports are required to be filed as part of your 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 EILING	
12.	MARCH FILING Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will deflectible did (didektibidet information dupplement) be filed with the state of dominie by March 1:	10
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
4.0		
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	NO
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.		
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

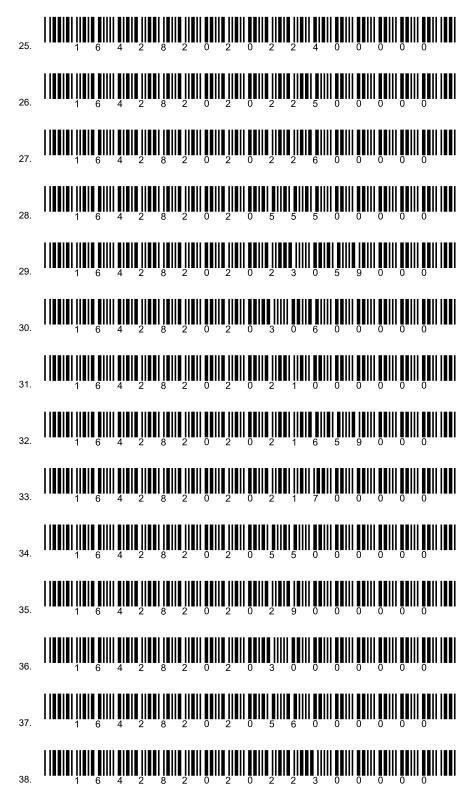
20.	of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.		NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health 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.		NO
Explar	nation:	
2. The	Plan has no employees.	
8. We	are only one company.	
12		
13		
14		
15		
16		
17		
18		
19		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

32. 33. 34 35. 36 37 38. Rar Code 17

31.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

P002 Additional Aggregate Lines for Page 2 Line 25. *ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Accounts Receivable - Other	.8,559			326
2505. Commissions Receivable	21, 132	16,845	4,287	5,295
2597. Summary of remaining write-ins for Line 25 from page 2	29,691	16,845	12,846	5,621