



ANNUAL STATEMENT

For the Year Ended December 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

NAIC Group Code 3490 (Current Period) 3490 (Prior Period) NAIC Company Code 24017 Employer's ID Number 05-0458697
Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI
Country of Domicile US
Incorporated/Organized July 11, 1990 Commenced Business August 12, 1992
Statutory Home Office One Beacon Centre, Warwick, RI, US 02886-1378
Main Administrative Office One Beacon Centre, Warwick, RI, US 02886-1378
Mail Address One Beacon Centre, Warwick, RI, US 02886-1378
Primary Location of Books and Records One Beacon Centre, Warwick, RI, US 02886-1378
Internet Web Site Address www.beaconmutual.com
Statutory Statement Contact Ann Lazzareschi, alazzareschi@beaconmutual.com

OFFICERS

Table with 2 columns: Name, Title. Includes Brian Joseph Spero (President & CEO), Amy Clark Vitale (Vice President, General Counsel & Assistant Secretary), Gregg Christopher Tumeinski # (Chief Financial Officer).

VICE-PRESIDENTS

Table with 4 columns: Name, Title, Name, Title. Includes Pamela Lee Alarie (Vice President), Rajani Mahadevan (EVP & COO), Theresa Joanna Keegan (Asst Vice President), William Frank Gross (Vice President), Michael Dennis Lynch (Vice President), James Wallace Moody Jr (Vice President), David Michael Blair (Vice President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes Harry Robert Bacon (Raymond Christopher Coia), Melba Depena Affigne (Linda D'Amario Rossi), Steven Issa, Brian Joseph Spero, Kate Coyne-McCoy, Timothy Ludger Byrne, Bradford Alan Dean.

State of Rhode Island

County of Kent

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature and Title lines for Brian Joseph Spero (President & CEO), Amy Clark Vitale (Vice President, General Counsel & Assistant Secretary), Gregg Christopher Tumeinski # (Chief Financial Officer).

Subscribed and sworn to (or affirmed) before me this on this day of , 2022, by

a. Is this an original filing? [X] Yes [] No
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached



24017202143022100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2021

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												1,115
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)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)												1,115
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2021

NAIC Group Code **3490**

NAIC Company Code **24017**

19 RI

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation	99,065,109	101,518,755	3,414,339	48,759,437	52,136,631	55,058,574	161,486,737	4,764,907	4,559,384	4,583,648	10,293,275	7,777,936
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)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	99,065,109	101,518,755	3,414,339	48,759,437	52,136,631	55,058,574	161,486,737	4,764,907	4,559,384	4,583,648	10,293,275	7,777,936
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 76,875

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2021

NAIC Group Code **3490**

NAIC Company Code **24017**

19 GT

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation	99,065,109	101,518,755	3,414,339	48,759,437	52,136,631	55,058,574	161,486,737	4,764,907	4,559,384	4,583,648	10,293,275	7,779,051
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)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	99,065,109	101,518,755	3,414,339	48,759,437	52,136,631	55,058,574	161,486,737	4,764,907	4,559,384	4,583,648	10,293,275	7,779,051
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 76,875

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

SCHEDULE F – PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
94-1390273 13-2673100	19801 22039	Argonaut Insurance Company General Reinsurance Corporation	IL DE	3,162	50	5,528 2,394	5,528 2,444		1,386	1,886		2,179	3,062	14,254
0999999	Total Other U.S. Unaffiliated Insurers *#			3,162	50	7,922	7,972		1,386	1,886		2,179	3,062	14,254
9999999	Totals			3,162	50	7,922	7,972		1,386	1,886		2,179	3,062	14,254

NONE Schedule F - Part 2 Premium Portfolio

SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
13-2673100	22039	General Reinsurance Corporation	DE		3,202	534	7	15,455	291	3,238	91	67		19,683		15		19,668	
06-1481194	10829	Markel Global Reinsurance Company	DE		146							2		2		2			
13-4924125	10227	Munich Reinsurance America, Inc.	DE		452							6		6		5		1	
13-1290712	20583	XL Reinsurance America, Inc.	NY		88							1		1		1			
06-1430254	10348	Arch Reinsurance Company	DE		111							2		2		2			
74-2195939	42374	Sutton Special Risk America, Inc.	TX		88							2		2		2			
48-0921045	39845	Westport Insurance Corp.	MO			32		395	5					432				432	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				4,087	566	7	15,850	296	3,238	91	80		20,128		27		20,101	
AA-1128987	0	BGS Services Limited	BMU		82														
AA-1126609	0	Lloyd's of London Lloyd's Syndicate 0609	AUW		53							1		1		1			
AA-1120084	0	Lloyd's of London Lloyd's Syndicate 1955	BAR		20							1		1		1			
AA-1128987	0	Lloyd's of London Lloyd's Syndicate 2987	BRT		118							2		2		2			
AA-1129000	0	Lloyd's of London Lloyd's Syndicate 3000	MKL		168							3		3		2		1	
AA-1126006	0	Lloyd's of London Lloyd's Syndicate 4472	LIB		21														
AA-1127414	0	Lloyd's of London Lloyd's Syndicate 1414	ASC		14							1		1		1			
1299999	Total Authorized - Other Non-U.S. Insurers#				476							8		8		7		1	
1499999	Total Authorized - Total Authorized Excluding Protected Cells				4,563	566	7	15,850	296	3,238	91	88		20,136		34		20,102	
AA-3191413	0	Brit Reinsurance Limited	BMU		102							2		2		2			
2699999	Total Unauthorized - Other non-U.S. Insurers#				102							2		2		2			
2799999	Total Unauthorized - Protected Cells																		
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				102							2		2		2			

SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells				4,665	566	7	15,850	296	3,238	91	90		20,138		36		20,102	
9999999	Totals				4,665	566	7	15,850	296	3,238	91	90		20,138		36		20,102	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-2673100	General Reinsurance Corporation			0		15	19,668		19,683	23,620	15	23,605		23,605	1		850
06-1481194	Market Global Reinsurance Company			0		2			2	2	2				3		
13-4924125	Munich Reinsurance America, Inc.			0		5	1		6	7	5	2		2	2		0
13-1290712	XL Reinsurance America, Inc.			0		1			1	1	1				2		
06-1430254	Arch Reinsurance Company			0		2			2	2	2				2		
74-2195939	Sutton Special Risk America, Inc.			0		2			2	2	2				2		
48-0921045	Westport Insurance Corp.			0		-	432		432	518		518		518	2		21
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		27	20,101		20,128	24,152	27	24,125		24,125	XXX		871
AA-1128987	BGS Services Limited			0		-									2		
AA-1126609	Lloyd's of London Lloyd's Syndicate 0609			0		1			1	1	1				3		
AA-1120084	Lloyd's of London Lloyd's Syndicate 1955			0		1			1	1	1				3		
AA-1128987	Lloyd's of London Lloyd's Syndicate 2987			0		2			2	2	2				3		
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000			0		2	1		3	4	2	2		2	3		0
AA-1126006	Lloyd's of London Lloyd's Syndicate 4472			0		-									3		
AA-1127414	Lloyd's of London Lloyd's Syndicate 1414			0		1			1	1	1				3		
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		7	1		8	9	7	2		2	XXX		0
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		34	20,102		20,136	24,161	34	24,127		24,127	XXX		871
AA-3191413	Brit Reinsurance Limited			0		2			2	2	2				3		
2699999	Total Unauthorized - Other non-U.S. Insurers#			XXX		2			2	2	2				XXX		
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells			XXX		2			2	2	2				XXX		

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX		36	20,102		20,138	24,163	36	24,127		24,127	XXX		871
9999999	Totals			XXX		36	20,102		20,138	24,163	36	24,127		24,127	XXX		871

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
13-2673100	General Reinsurance Corporation	541					541		541							YES	
06-1481194	Markel Global Reinsurance Company															YES	
13-4924125	Munich Reinsurance America, Inc.															YES	
13-1290712	XL Reinsurance America, Inc.															YES	
06-1430254	Arch Reinsurance Company															YES	
74-2195939	Sutton Special Risk America, Inc.															YES	
48-0921045	Westport Insurance Corp.	32					32		32							YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	573					573		573							XXX	
AA-1128987	BGS Services Limited															YES	
AA-1126609	Lloyd's of London Lloyd's Syndicate 0609															YES	
AA-1120084	Lloyd's of London Lloyd's Syndicate 1955															YES	
AA-1128987	Lloyd's of London Lloyd's Syndicate 2987															YES	
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000															YES	
AA-1126006	Lloyd's of London Lloyd's Syndicate 4472															YES	
AA-1127414	Lloyd's of London Lloyd's Syndicate 1414															YES	
1299999	Total Authorized - Other Non-U.S. Insurers#															XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	573					573		573							XXX	
AA-3191413	Brit Reinsurance Limited															YES	
2699999	Total Unauthorized - Other non-U.S. Insurers#															XXX	
2799999	Total Unauthorized - Protected Cells															XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells															XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C	573					573		573							XXX	
9999999	Totals	573					573		573							XXX	

SCHEDULE F – PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective D of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Gross of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 6)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6)	68 20% of Amount in Col. 67	
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1481194	Markel Global Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XL Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
74-2195939	Sutton Special Risk America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
48-0921045	Westport Insurance Corp.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	BGS Services Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126609	Lloyd's of London Lloyd's Syndicate 0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's of London Lloyd's Syndicate 1955	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	Lloyd's of London Lloyd's Syndicate 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126006	Lloyd's of London Lloyd's Syndicate 4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's of London Lloyd's Syndicate 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191413	Brit Reinsurance Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F – PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective D of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63		
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 Col.24; not to Exceed Col 6				67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells							XXX	XXX										
9999999	Totals							XXX	XXX										

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
13-2673100	General Reinsurance Corporation		XXX	XXX					XXX	XXX	
06-1481194	Markel Global Reinsurance Company		XXX	XXX					XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.		XXX	XXX					XXX	XXX	
13-1290712	XL Reinsurance America, Inc.		XXX	XXX					XXX	XXX	
06-1430254	Arch Reinsurance Company		XXX	XXX					XXX	XXX	
74-2195939	Sutton Special Risk America, Inc.		XXX	XXX					XXX	XXX	
48-0921045	Westport Insurance Corp.		XXX	XXX					XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX					XXX	XXX	
AA-1128987	BGS Services Limited		XXX	XXX					XXX	XXX	
AA-1126609	Lloyd's of London Lloyd's Syndicate 0609		XXX	XXX					XXX	XXX	
AA-1120084	Lloyd's of London Lloyd's Syndicate 1955		XXX	XXX					XXX	XXX	
AA-1128987	Lloyd's of London Lloyd's Syndicate 2987		XXX	XXX					XXX	XXX	
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000		XXX	XXX					XXX	XXX	
AA-1126006	Lloyd's of London Lloyd's Syndicate 4472		XXX	XXX					XXX	XXX	
AA-1127414	Lloyd's of London Lloyd's Syndicate 1414		XXX	XXX					XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX					XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX					XXX	XXX	
AA-3191413	Brit Reinsurance Limited				XXX	XXX	XXX			XXX	
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX			XXX	
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX			XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX			XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells										
9999999	Totals										

NONE Schedule F - Part 4 Aging of Ceded Reinsurance

SCHEDULE F – PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.
2.
3.
4.
5.

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premium	Affiliated
6.	General Reinsurance Corporation	19,683	3,202	Yes [] No [X]
7.	Westport Insurance Corp.	432		Yes [] No [X]
8.	Munich Reinsurance America, Inc.	6	452	Yes [] No [X]
9.	Arch Reinsurance Company	2	111	Yes [] No [X]
10.	Markel Global Reinsurance Company	2	146	Yes [] No [X]

NOT Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F – PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	393,219,201		393,219,201
2. Premiums and considerations (Line 15)	31,927,421		31,927,421
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	573,645	(573,645)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	6,327,992		6,327,992
6. Net amount recoverable from reinsurers		20,102,010	20,102,010
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	432,048,259	19,528,365	451,576,624
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	175,153,475	19,474,614	194,628,089
10. Taxes, expenses, and other obligations (Lines 4 through 8)	16,076,447		16,076,447
11. Unearned premiums (Line 9)	52,536,099	89,868	52,625,967
12. Advance premiums (Line 10)	2,810,997		2,810,997
13. Dividends declared and unpaid (Line 11.1 and 11.2)	3,500,095		3,500,095
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	36,117	(36,117)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	1,097,541		1,097,541
17. Provision for reinsurance (Line 16)			
18. Other liabilities	282,695		282,695
19. Total liabilities excluding protected cell business (Line 26)	251,493,466	19,528,365	271,021,831
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	180,554,793	X X X	180,554,793
22. Totals (Line 38)	432,048,259	19,528,365	451,576,624

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:

.....

.....

.....

- NONE Schedule H - Part 1**
- NONE Schedule H - Part 2, 3 and 4**
- NONE Schedule H - Part 5**
- NONE Schedule P - Part 1A Homeowners/Farmowners**
- NONE Schedule P - Part 1B Private Passenger**
- NONE Schedule P - Part 1C Commercial Auto**

SCHEDULE P – PART 1D – WORKERS' COMPENSATION**(EXCLUDING EXCESS WORKERS' COMPENSATION)****(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	X X X	X X X	X X X	3,156	1,472	203	19	213		10	2,081	X X X
2. 2012	102,597	8,432	94,165	74,397	5,575	5,236	35	13,787		1,024	87,810	8,362
3. 2013	111,600	8,778	102,822	74,814		5,468		14,119		1,270	94,401	8,387
4. 2014	126,456	7,849	118,607	72,174		5,898		14,737		2,084	92,809	8,557
5. 2015	135,250	8,033	127,217	73,908		6,672		15,113		1,627	95,693	8,392
6. 2016	139,815	7,408	132,407	67,520		6,146		14,976		1,023	88,642	7,981
7. 2017	132,505	6,169	126,336	59,882		6,342		14,891		995	81,115	7,337
8. 2018	128,222	5,552	122,670	56,169		5,318		13,079		823	74,566	6,946
9. 2019	126,600	5,465	121,135	47,342		3,977		13,064		359	64,383	6,446
10. 2020	112,231	5,076	107,155	27,943		3,492		15,805		128	47,240	4,455
11. 2021	104,146	4,666	99,480	13,689		1,149		4,142		32	18,980	4,224
12. Totals	X X X	X X X	X X X	570,994	7,047	49,901	54	133,926		9,375	747,720	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	34,044	11,315	2,395		714	230			3,200			28,808	97
2. 2012	6,642		813		82		1		717			8,255	14
3. 2013	3,098	1,181	465	15	218	45	10	2	304			2,852	19
4. 2014	2,060	157	685	53	80		19		240			2,874	17
5. 2015	3,263	664	991	175	166	5	19		376			3,971	38
6. 2016	4,596		1,679	345	225		23		562			6,740	46
7. 2017	4,030		3,227	188	273		35	3	639			8,013	53
8. 2018	9,844	597	3,465	236	396	13	56	12	1,211			14,114	96
9. 2019	10,966		6,680	419	608		87	13	1,546			19,455	168
10. 2020	11,863		14,210	744	802		91	17	2,387			28,592	275
11. 2021	28,504	1,935	18,825	1,063	1,717	3	293	44	5,138			51,432	1,211
12. Totals	118,910	15,849	53,435	3,238	5,281	296	634	91	16,320			175,106	2,034

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	25,124	3,684
2. 2012	101,675	5,610	96,065	99.101	66.532	102.018				7,455	800
3. 2013	98,496	1,243	97,253	88.258	14.160	94.584				2,367	485
4. 2014	95,893	210	95,683	75.831	2.676	80.672				2,535	339
5. 2015	100,508	844	99,664	74.313	10.507	78.342				3,415	556
6. 2016	95,727	345	95,382	68.467	4.657	72.037				5,930	810
7. 2017	89,319	191	89,128	67.408	3.096	70.548				7,069	944
8. 2018	89,538	858	88,680	69.830	15.454	72.292				12,476	1,638
9. 2019	84,270	432	83,838	66.564	7.905	69.210				17,227	2,228
10. 2020	76,593	761	75,832	68.246	14.992	70.769				25,329	3,263
11. 2021	73,457	3,045	70,412	70.533	65.259	70.780				44,331	7,101
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	153,258	21,848

- NONE Schedule P - Part 1E Commercial Multiple Peril**
- NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurrence**
- NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made**
- NONE Schedule P - Part 1G Special Liability**
- NONE Schedule P - Part 1H - Section 1 Other Liab. Occurrence**
- NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made**
- NONE Schedule P - Part 1I Special Property**
- NONE Schedule P - Part 1J Auto Physical Damage**
- NONE Schedule P - Part 1K Fidelity/Surety**
- NONE Schedule P - Part 1L Other**
- NONE Schedule P - Part 1M International**
- NONE Schedule P - Part 1N Nonproportional Assumed Prop.**
- NONE Schedule P - Part 1O Nonproportional Assumed Liab.**
- NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines**
- NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurrence**
- NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made**
- NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty**
- NONE Schedule P - Part 1T - Warranty**

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior	92,472	91,367	89,277	87,370	88,654	91,230	92,740	94,325	96,648	96,594	(54)	2,269
2. 2012	72,829	70,713	74,930	77,098	77,830	77,818	81,396	81,310	81,948	81,561	(387)	251
3. 2013	XXX	68,900	70,847	77,575	79,980	80,874	82,312	82,503	82,471	82,830	359	327
4. 2014	XXX	XXX	71,727	72,476	77,645	79,693	81,150	81,189	81,143	80,706	(437)	(483)
5. 2015	XXX	XXX	XXX	76,340	78,550	82,726	84,528	84,306	84,151	84,175	24	(131)
6. 2016	XXX	XXX	XXX	XXX	78,929	82,164	79,898	79,366	79,267	79,844	577	478
7. 2017	XXX	XXX	XXX	XXX	XXX	79,608	77,785	77,095	74,679	73,598	(1,081)	(3,497)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	74,811	76,093	74,618	74,390	(228)	(1,703)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73,906	69,945	69,228	(717)	(4,678)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59,145	57,640	(1,505)	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,132	XXX	XXX
12. Totals											(3,449)	(7,167)

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

NONE **Schedule P - Part 2F - Sec. 1 and 2, 2G, 2H Sec. 1 and 2**

NONE **Schedule P - Part 2I, 2J, 2K, 2L, 2M**

NONE **Schedule P - Part 2N, 2O, 2P**

NONE **Schedule P - Part 2R Sec. 1 and 2, 2S, 2T**

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	000	32,080	50,034	61,543	65,116	68,626	62,838	67,133	69,118	70,986		12	
2. 2012	22,951	47,028	59,942	69,839	72,878	74,948	76,383	77,086	73,708	74,023		7,466	882
3. 2013	XXX	22,356	47,655	63,415	70,425	74,609	77,290	79,189	79,742	80,282		7,538	830
4. 2014	XXX	XXX	23,720	47,311	63,010	70,957	74,731	76,851	78,141	78,072		7,467	1,073
5. 2015	XXX	XXX	XXX	25,793	50,731	66,183	74,073	77,473	79,371	80,580		7,298	1,056
6. 2016	XXX	XXX	XXX	XXX	23,204	48,956	61,396	67,530	71,633	73,666		6,909	1,026
7. 2017	XXX	XXX	XXX	XXX	XXX	22,104	46,204	58,496	63,619	66,224		6,302	982
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	19,030	42,107	55,106	61,487		5,879	971
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,834	39,659	51,319		5,251	1,027
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,648	31,435		3,305	875
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,838		2,274	739

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

NONE **Schedule P - Part 3F Sec. 1 and 2, 3G, 3H Sec. 1 and 2**

NONE **Schedule P - Part 3I, 3J, 3K, 3L, 3M**

NONE **Schedule P - Part 3N, 3O, 3P**

NONE **Schedule P - Part 3R Sec. 1 and 2, 3S, 3T**

SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	15,294	6,980	3,371	1,259	735	2,124	1,214	1,151	1,688	2,395
2. 2012	24,958	7,272	2,172	1,025	663	190	709	461	503	814
3. 2013	XXX	22,212	4,772	2,360	1,983	888	579	415	204	458
4. 2014	XXX	XXX	26,713	7,691	3,557	1,766	833	730	666	651
5. 2015	XXX	XXX	XXX	26,583	10,853	3,781	1,908	1,737	1,049	835
6. 2016	XXX	XXX	XXX	XXX	29,415	14,155	5,351	2,398	2,362	1,357
7. 2017	XXX	XXX	XXX	XXX	XXX	31,668	12,543	5,852	4,524	3,071
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	28,055	11,199	4,572	3,273
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,556	12,831	6,335
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,756	13,540
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,011

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

NONE **Schedule P - Part 4F Sec. 1 and 2, 4G, 4H Sec. 1 and 2**

NONE **Schedule P - Part 4I, 4J, 4K, 4L, 4M**

NONE **Schedule P - Part 4N, 4O, 4P**

NONE **Schedule P - Part 4R Sec. 1 and 2, 4S, 4T**

NONE **Schedule P - Part 5A - Section 1-3**

NONE **Schedule P - Part 5B - Section 1-3**

NONE **Schedule P - Part 5C - Section 1-3**

SCHEDULE P – PART 5D – WORKERS' COMPENSATION**(EXCLUDING EXCESS WORKERS' COMPENSATION)****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	2,377	516	231	241	89	47	31	38	17	12
2. 2012	5,253	7,010	7,217	7,358	7,393	7,428	7,447	7,457	7,462	7,466
3. 2013	XXX	5,149	7,012	7,320	7,420	7,484	7,500	7,524	7,530	7,538
4. 2014	XXX	XXX	5,122	6,924	7,231	7,368	7,412	7,434	7,459	7,467
5. 2015	XXX	XXX	XXX	4,939	6,766	7,079	7,202	7,268	7,286	7,298
6. 2016	XXX	XXX	XXX	XXX	4,587	6,467	6,742	6,842	6,887	6,909
7. 2017	XXX	XXX	XXX	XXX	XXX	3,997	5,881	6,160	6,261	6,302
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3,880	5,526	5,770	5,879
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,571	5,000	5,251
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,181	3,305
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,274

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1,064	609	419	305	222	185	159	125	109	97
2. 2012	1,867	435	255	119	83	49	32	21	17	14
3. 2013	XXX	1,960	505	229	133	71	56	33	27	19
4. 2014	XXX	XXX	2,085	531	244	112	72	50	25	17
5. 2015	XXX	XXX	XXX	2,110	527	241	129	66	49	38
6. 2016	XXX	XXX	XXX	XXX	2,102	443	197	104	66	46
7. 2017	XXX	XXX	XXX	XXX	XXX	2,039	429	181	90	53
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,854	423	200	96
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,660	399	168
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,270	275
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,211

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	438	81	13	223	1	7	5	1		
2. 2012	7,961	8,338	8,356	8,359	8,360	8,360	8,360	8,360	8,361	8,362
3. 2013	XXX	7,894	8,361	8,381	8,384	8,385	8,387	8,387	8,387	8,387
4. 2014	XXX	XXX	8,188	8,530	8,551	8,554	8,556	8,556	8,557	8,557
5. 2015	XXX	XXX	XXX	8,040	8,359	8,383	8,387	8,390	8,391	8,392
6. 2016	XXX	XXX	XXX	XXX	7,626	7,955	7,972	7,978	7,979	7,981
7. 2017	XXX	XXX	XXX	XXX	XXX	6,967	7,313	7,332	7,334	7,337
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	6,637	6,930	6,946	6,946
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,197	6,433	6,446
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,232	4,455
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,224

- NONE Schedule P - Part 5E - Section 1-3**
- NONE Schedule P - Part 5F - Section 1A-3A**
- NONE Schedule P - Part 5F - Section 1B-3B**
- NONE Schedule P - Part 5H - Section 1A-3A**
- NONE Schedule P - Part 5H - Section 1B-3B**
- NONE Schedule P - Part 5R - Section 1A-3A**
- NONE Schedule P - Part 5R - Section 1B-3B**
- NONE Schedule P - Part 5T - Warranty**

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior											
2. 2012											
3. 2013	XXX										
4. 2014	XXX	XXX									
5. 2015	XXX	XXX	XXX								
6. 2016	XXX	XXX	XXX	XXX							
7. 2017	XXX	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior											
2. 2012											
3. 2013	XXX										
4. 2014	XXX	XXX									
5. 2015	XXX	XXX	XXX								
6. 2016	XXX	XXX	XXX	XXX							
7. 2017	XXX	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior	14,252	363	(1)		(2)						
2. 2012	88,345	104,222	104,554	104,560	104,558	104,555	104,555	104,555	104,555	104,555	
3. 2013	XXX	95,360	114,641	115,255	115,253	115,242	115,242	115,242	115,242	115,242	
4. 2014	XXX	XXX	106,844	129,195	129,963	129,958	129,957	129,956	129,956	129,956	
5. 2015	XXX	XXX	XXX	112,279	136,523	137,264	137,255	137,253	137,253	137,253	
6. 2016	XXX	XXX	XXX	XXX	114,809	137,327	138,324	138,313	138,311	138,311	
7. 2017	XXX	XXX	XXX	XXX	XXX	109,265	130,829	131,311	131,301	131,301	
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	105,671	127,410	128,163	128,139	(24)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104,393	120,889	121,275	386
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94,995	109,227	14,232
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89,552	89,552
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104,146
13. Earned Premiums (Sc P-Pt 1)	102,597	111,600	126,456	135,250	139,815	132,505	128,222	126,600	112,232	104,146	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior	872	(320)									
2. 2012	7,559	8,869	8,891	8,891	8,891	8,891	8,891	8,891	8,891	8,891	
3. 2013	XXX	7,788	9,041	9,078	9,078	9,077	9,077	9,077	9,077	9,077	
4. 2014	XXX	XXX	6,574	7,813	7,854	7,854	7,854	7,854	7,854	7,854	
5. 2015	XXX	XXX	XXX	6,757	8,048	8,082	8,082	8,082	8,082	8,082	
6. 2016	XXX	XXX	XXX	XXX	6,076	7,121	7,164	7,164	7,164	7,164	
7. 2017	XXX	XXX	XXX	XXX	XXX	5,091	6,024	6,045	6,045	6,045	
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4,576	5,515	5,548	5,547	(1)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,505	5,234	5,252	18
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,314	4,965	651
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,999	3,999
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,667
13. Earned Premiums (Sc P-Pt 1)	8,431	8,778	7,849	8,033	7,408	6,169	5,552	5,465	5,076	4,667	XXX

NONE **Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A**

NONE **Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B**

NONE **Schedule P - Part 6N Sec. 1 and 2, 6O Sec. 1 and 2**

NONE **Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B**

SCHEDULE P – PART 7A – PRIMARY 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 Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation	175,104	750	0.428	97,562		
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X	X X X	X X X
17. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X	X X X	X X X
18. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X	X X X	X X X
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	175,104	750	0.428	97,562		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior	1,759	2,460	2,528	2,449	2,028	1,927	1,580	1,616	1,503	1,537
2. 2012										
3. 2013	X X X									
4. 2014	X X X	X X X								
5. 2015	X X X	X X X	X X X							
6. 2016	X X X	X X X	X X X	X X X						
7. 2017	X X X	X X X	X X X	X X X	X X X					
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2012										
3. 2013	X X X									
4. 2014	X X X	X X X								
5. 2015	X X X	X X X	X X X							
6. 2016	X X X	X X X	X X X	X X X	X X X					
7. 2017	X X X	X X X	X X X	X X X	X X X	X X X				
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

NONE

NONE **Schedule P - Part 7A (Continued)**

NONE **Schedule P - Part 7B**

NONE **Schedule P - Part 7B (Continued)**

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

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? Yes [] No [X]

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:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ _____

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []

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? Yes [] No [] N/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:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2012		
1.603 2013		
1.604 2014		
1.605 2015		
1.606 2016		
1.607 2017		
1.608 2018		
1.609 2019		
1.610 2020		
1.611 2021		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: 5.1 Fidelity \$ _____
5.2 Surety \$ _____
 (in thousands of dollars)

6. Claim count information is reported per claim or per claimant. (indicate which). Per Claimant _____

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 [X]

7.2 An extended statement may be attached

.....

NONE Schedule T - Part 2

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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
3490	Beacon Mutual Insurance Group	24017	05-0458697				Beacon Mutual Insurance Company	RI							
3490	Beacon Mutual Insurance Group	11837	20-0317088				Castle Hill Insurance Company	RI	DS	Beacon Mutual Insurance Company	Ownership	100.000	Beacon Mutual Insurance Company	NO	
		00000	06-1490630				BMIC Service Corp	RI	DS	Beacon Mutual Insurance Company	Ownership	100.000	Beacon Mutual Insurance Company	YES	

Asterik	Explanation
<p style="font-size: 2em; font-weight: bold;">NONE</p>	

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)
NONE												
9999999	Control Totals								XXX			

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.

	<u>Responses</u>
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
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?	WAIVED
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

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. 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
25. 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
26. 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
27. 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	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31. 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
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April?	NO
35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 11: N/A

Explanation 13: N/A

Explanation 14: N/A

Explanation 15: N/A

Explanation 16: N/A

Explanation 17: N/A

Explanation 18: N/A

Explanation 21: N/A

Explanation 22: N/A

Explanation 23: N/A

Explanation 24: N/A

Explanation 25: N/A

Explanation 26: N/A

Explanation 27: N/A

Explanation 28: N/A

Explanation 29: N/A

Explanation 30: N/A

Explanation 31: N/A

Explanation 32: N/A

Explanation 33: N/A

Explanation 34: N/A

Explanation 35: N/A

Explanation 36: N/A

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 37: N/A

Bar Code:



24017202120100000



24017202124000000



24017202145500000



24017202138500000



24017202136500000



24017202150000000



24017202122400000



24017202122600000



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