ANNUAL STATEMENT
For the Year Ended December 31, 2021
of the Condition and Affairs of the
R&Q RI Insurance Company

NAIC Group Code..... 4234, 4234
(CURRENT PERIOD) (PRIOR PERIOD)
Organized under the Laws of RI
Incorporated/Organized..... June 23, 2017
Statutory Home Office

Partridge, Snow & Hahn LLP (Registered Agent) 40 Westminster Street
Providence, RI, US, 02903

Street and Number: 40 Westminster Street
City or Town, State, Country and Zip Code: Providence, RI, US, 02903

Main Administrative Office

Two Logan Square, Suite 600, Philadelphia, PA, US, 19103

Street and Number: Two Logan Square, Suite 600
City or Town, State, Country and Zip Code: Philadelphia, PA, US, 19103

Mail Address

Two Logan Square, Suite 600, Philadelphia, PA, US, 19103

Street and Number: Two Logan Square, Suite 600
City or Town, State, Country and Zip Code: Philadelphia, PA, US, 19103

Primary Location of Books and Records

Two Logan Square, Suite 600, Philadelphia, PA, US, 19103

Street and Number: Two Logan Square, Suite 600
City or Town, State, Country and Zip Code: Philadelphia, PA, US, 19103

Internet Web Site Address

Desiree Rose Mecca
(No name)
Desiree.Mecca@rqih.com
(E-Mail Address)

Statutory Statement Contact

Desiree Rose Mecca
(Name)
Desiree.Mecca@rqih.com
(E-Mail Address)

OFFICERS

Name
1. Christopher William Reichow #
3. Desiree Rose Mecca

Title
President
Treasurer

Name
2. Kenneth Michael Forner

Title
Secretary

4.

OTHER

DIRECTIONS OR TRUSTEES

Andrew William McCarthy
Gregg Daniel Jarvis
Marney Nolan Emel
John William Fischer
Christopher William Reichow

State of: Pennsylvania
County of: Philadelphia

The officers of this reporting entity being duly sworn, do protest 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, clear and free from any liens or claims therein, 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 of and the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefore 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 affidavit 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)
Christopher William Reichow
1. (Printed Name)
(President)
2. (Printed Name)
(Secretary)
3. (Printed Name)
(Treasurer)

Yes [X] No [ ]

Commonwealth of Pennsylvania - Notary Public
JUDITH E. GLENN, Notary Public
Philadelphia County
My Commission Expires February 6, 2025
Commission Number 1220864

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

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#### DETAILS OF WRITE-INS

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

**Direct Premiums**

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<th>Finance and Service charges not included in Lines 1 to 35</th>
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<th>Direct Premiums Earned</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Unearned Premiums Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Lumpsuit Payment Expense Paid</th>
<th>Direct Losses and Cost of Lumpsuit Payment Expense Incurred</th>
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**Details of Write-Ins**

*Notes:* (a) Finance and service charges not included in Lines 1 to 35.
(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.
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

**BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR**

<table>
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<tr>
<th>Line of Business</th>
<th>Gross Premiums, including Policy and membership fees, Less return premiums and Premiums not in Policies not taken Earned Premiums Written</th>
<th>Earned Premiums earned</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Unearned Premiums Reserves</th>
<th>Unearned Premiums Deducting salvage</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of claims, loss adjustment expense Paid</th>
<th>Direct Losses and Cost of claims, loss adjustment expense Incurred</th>
<th>Direct Losses and Cost of claims, loss adjustment expense Unpaid</th>
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**NOTE**

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

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<th>Direct Containment Expense Paid</th>
<th>Direct Leverage and Cost Containment Expense Incurred</th>
<th>Direct Leverage and Cost Containment Expense Unpaid</th>
<th>Commissions and Overage Expenses</th>
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**DETAILS OF WRITE-INS**

| (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. |
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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DETAILS OF WRITE-INS

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

#### BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

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<th>Line of business</th>
<th>Gross Premiums, including policy and membership fees</th>
<th>Less return premiums and Premiums on Policies not in force</th>
<th>Univivends Paid or credited to Policyholders on Direct Business</th>
<th>Direct Losses and Loss Containment Expense Paid</th>
<th>Direct Losses and Loss Containment Expense Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Total Commissions and Expense</th>
<th>Commissions and Expense Incurred</th>
<th>Commissions and Expense Unpaid</th>
<th>Dividends Paid or credited to Policyholders on Indemnity Business</th>
<th>Premium Reserves</th>
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#### DETAILS OF WRITE-INS

| (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. |

None
<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, less return premium and membership fees.</th>
<th>Less return premiums and Premiums on Policies not in Force</th>
<th>Less returns (d)</th>
<th>Unearned Premiums, (c)</th>
<th>Unearned Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Defense and Cost Incurred</th>
<th>Direct Defense and Cost Unpaid</th>
<th>Direct Loss Exposure Incurred</th>
<th>Direct Loss Exposure Unpaid</th>
<th>Commissions and brokerage expenses</th>
<th>Taxes, licenses and fees</th>
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**DETAILS OF WRITE-INS**

(a) Finance and service charges not included in Lines 1 to 35 $.
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**R&Q RI Insurance Company**

**BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums Earned</th>
<th>Premiums Paid in</th>
<th>Other Premiums Received</th>
<th>Dividends Paid Out</th>
<th>Direct Losses Incurred</th>
<th>Loss Ratios %</th>
<th>Total Reserve</th>
<th>Total Losses Paid</th>
<th>Loss Ratio %</th>
<th>Direct Losses and Costs of Lien Protection</th>
<th>Loss Ratio %</th>
<th>Commissions and Expenses</th>
<th>Licenses and Fees</th>
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#### DETAILS OF WRITE-INS

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- **(a)** Finance and service charges not included in Lines 1 to 35.
- **(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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#### DETAILS OF WRITE-INS

- **3001:**
- **3002:**
- **3403:**
- **3498:** 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) 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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, less return premiums and premium refunds not taken</th>
<th>Dividends Paid or credited to policyholders on direct business</th>
<th>Unearned Premiums (statutory page 12)</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Leverage Reserve Expense Paid</th>
<th>Direct Leverage Reserve Expense Incurred</th>
<th>Unpaid Direct Defense Expense</th>
<th>Commissions and expense fees</th>
<th>Other expenses</th>
<th>Total</th>
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#### DETAILS OF WRITE-INS

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<th>3401</th>
<th>3402</th>
<th>3403</th>
<th>3488. Summary of remaining write-ins for Line 34 from overflow page</th>
<th>3489. TOTALS (Lines 3401 through 3403 plus 3488) (Line 34 above)</th>
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(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.

R&Q RI Insurance Company
Membership Fees, Less Return Premiums
...
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR**

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<tr>
<th>Line of Business</th>
<th>Gross Premiums and Premiums on Policies not taken Direct Premiums and Premiums on Policies not Taken</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Premiums Earned</th>
<th>Unearned Premiums</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Loss Containment</th>
<th>Commissions and Brokerage Expenses</th>
<th>ILLICIT ACTIVITIES</th>
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**DETAILS OF WRITE-INS**

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

#### BUSINESS IN GRAND TOTAL DURING THE YEAR

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<th>Line of Business</th>
<th>Direct Premiums Written</th>
<th>Direct Premiums Earned</th>
<th>Unearned Premiums</th>
<th>Line of Business</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Lourses Expense Paid</th>
<th>Direct Losses and Cost of Lourses Expense Incurred</th>
<th>Direct Losses and Cost of Lourses Expense Unpaid</th>
<th>Commissions and Brokerage Expenses</th>
<th>Iaxes, Licenses and Fees</th>
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**DETAILS OF WRITE-INS**

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| 3493 | 0 |
| 3494 | 0 |
| 3495 | 0 |

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(a) Finance and service charges not included in Lines 1 to 35.
(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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<th>Dividends Paid or Dividends In Arrears in the Year Prior to the Current Year</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Loss Containment Expense Paid</th>
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**NOTES:**

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

#### BUSINESS IN THE STATE OF IOWA DURING THE YEAR

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, less policy- and membership fees, less return premiums and Premiums on Policies not in Force</th>
<th>Unearned Prems Written</th>
<th>Unearned Prems Earned</th>
<th>Dividends Paid or Credit to Policyholders on Direct Business</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Expense Incurred</th>
<th>Premium Reserves Written</th>
<th>Paid and Cost Expense Incurred</th>
<th>Premium Reserves Earned</th>
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### DETAILS OF WRITE-INS

| 3401 |                                                                                                           | 3402 |                                                                                                           | 3433 |                                                                                                           | 3488 |                                                                                                           | 3499 |                                                                                                           | 3499 |                                                                                                           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| |                                                                                                           | |                                                                                                           | |                                                                                                           | |                                                                                                           | |                                                                                                           | |                                                                                                           |

(a) Fire 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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

#### BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

<table>
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<th>Line of Business</th>
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#### DETAILS OF WRITE-INS

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<td>Aggregate write-ins for other lines of business</td>
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#### Notes:

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

(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.

---

**None**
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, Less return premiums and Premiums on Policies not in Force or Lapsed</th>
<th>Premium Reserves</th>
<th>Liabilities Paid on or Credited to Policyholders on Direct Business</th>
<th>Liabilities Unearned Premium Reserves</th>
<th>Liabilities Unearned Premiums</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Loss Adjustments Paid in Year</th>
<th>Direct Losses and Cost of Loss Adjustments Unpaid</th>
<th>Direct Losses and Cost of Loss Adjustments Amount Paid</th>
<th>Direct Losses and Cost of Loss Adjustments Amount Unpaid</th>
<th>Commissions and Expenses</th>
<th>Taxes, Licenses and Fees</th>
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**Details of Write-ins**

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(a) Finance and service charges not included in Lines 1 to 35 $.
(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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<th>Gross Premiums, less than or equal to $500 and membership fees. Less than net premiums and Premium reserves not taken</th>
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<th>Earned</th>
<th>Direct Losses less than $500, deducting salvage</th>
<th>Direct Losses $500 and over</th>
<th>Direct Losses Involved in Loss Contingencies</th>
<th>Direct Losses Involved in Loss Contingencies and Cost</th>
<th>Unpaid</th>
<th>Commissions and expense incurred</th>
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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

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**DETAILED OF WRITE-INS**

- 3498. Summary of remaining write-ins for Line 34 from overflow page: 0 0 0 0 0 0 0 0 0 0 0 0 0 0
- 3499. TOTALS (Lines 3491 through 3493 plus 3498) (Line 34 above): 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

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<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, less return premiums and Premiums not in Premium Reserves</th>
<th>Unreturned Premium Reserves</th>
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### DETAILS OF WRITE-INS

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<th>Unearned Premiums</th>
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<th>Direct Losses Unpaid</th>
<th>Premiums and Cost of Insurance Paid</th>
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<th>Commissions and brokerage expenses</th>
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(a) Finance and service charges not included in Lines 1 to 35.
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

#### BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

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<th>Line of Business</th>
<th>Gross Premiums</th>
<th>Direct Premiums</th>
<th>Unearned Premium Reserves</th>
<th>Dividends Paid or Expense Paid</th>
<th>Direct Losses</th>
<th>Direct Losses Unpaid</th>
<th>Direct Leases and Cost</th>
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<th>Commissions and Expense</th>
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## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees. Less return premiums and premiums on policies not in force</th>
<th>Unearned Premiums Written</th>
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### DETAILS OF WRITE-INS

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

**BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR**

R&Q RI Insurance Company

#### Annual Statement for the year 2021 of the R&Q RI Insurance Company

<table>
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<tr>
<th>Line of Business</th>
<th>Gross Premiums, Including Policy and Membership fees, Less return premiums and Premiums on Policies not taken In which premiums Written In which premiums Earned</th>
<th>Premiums and Policies on Which Premiums Not Taken</th>
<th>Premiums</th>
<th>Premiums</th>
<th>Direct Losses</th>
<th>Direct Losses</th>
<th>Premiums and Containment and Brokerage Licenses and Fees</th>
<th>Commissions and Brokerage</th>
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#### DETAILS OF WRITE-INS

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(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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<th>Gross Premiums, including policy and membership fees, Less return premiums and Premiums not taken</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Total Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Excess Losses Incurred</th>
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<th>Total Unpaid Premiums</th>
<th>Excess Containment and Cost Containment</th>
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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

**BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR**

**R&Q RI Insurance Company**

**NAIC Group Code: 4234 NAIC Company Code: 16206**

**NONE**

**DETAILS OF WRITE-INS**

(a) Finance and service charges not included in Lines 1 to 35 $.
(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.
## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

### BUSINESS IN THE STATE OF MAINE DURING THE YEAR

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<td>35. TOTALS (a)</td>
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**DETAILS OF WRITE-INS**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description of write-ins</th>
<th>Premiums Written</th>
<th>Premiums Earned</th>
<th>Losses Incurred</th>
<th>Losses Unpaid</th>
<th>Excess Losses Incurred</th>
<th>Excess Losses Unpaid</th>
<th>Commissions</th>
<th>Licenses and Fees</th>
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<td>Summary of remaining write-ins for Line 34 from overflow page.</td>
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### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

#### BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

**R&Q RI Insurance Company**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, Including Policy and Membership fees. Less return premiums and Premiums not paid</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Direct Premiums Paid or credited to multipliers on Direct Business</th>
<th>Direct Premiums Paid or credited to multipliers on Direct business</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Premiums and Cost of Insurance Expense Paid</th>
<th>Direct Premiums and Cost of Insurance Expense Incurred</th>
<th>Commissions and Other Expenses</th>
<th>Licenses and Fees</th>
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<td>31. Aggregated write-ins for other lines of business</td>
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<td>32. TOTALS (a)</td>
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#### DETAILS OF WRITE-INS

- **(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.
### Details of Write-Ins

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Direct Premiums</th>
<th>Gross Premiums, Including Policy and Membership fees, Less return premiums and Premiums on Policies not in force</th>
<th>Dividends Paid or Credits to Policyholders on Direct Business</th>
<th>Unearned Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Line and Cost</th>
<th>Commission and brokerage expenses</th>
<th>Taxes, Licenses and Fees</th>
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Notes:
- (a) Financing and service charges not included in Lines 1 to 35.
- (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.
# EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

## BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

### R&Q RI Insurance Company

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## DETAILS OF WRITE-INS

### TOTALS (Lines 3401 through 3403 plus 3406) (Line 34 above)

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(a) Finance and service charges not included in Lines 1 to 35.
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

<table>
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<th>Line of Business</th>
<th>Gross Premiums, less policy and membership fees, less return premiums and premiums on Policies not in force</th>
<th>Premiums Written</th>
<th>Premiums Earned</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses &amp; Cost Containment Expense Incurred</th>
<th>Direct Losses &amp; Cost Containment Expense Unpaid</th>
<th>Total Direct Containment Expense Incurred</th>
<th>Total Direct Containment Expense Unpaid</th>
<th>Commissions and Other Expenses</th>
<th>Licenses and Fees</th>
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Total 1-19: NONE

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

<table>
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<th>Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not in Force</th>
<th>Unearned Premiums/end of year</th>
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<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
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**Details of Write-Ins**

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<th>Line</th>
<th>Description</th>
<th>Premiums Credited to Policyholders' Contributions</th>
<th>Direct Defense and Cost Incurred</th>
<th>Commissions and Expense</th>
<th>Taxes, Licenses and Fees</th>
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(a) Finance and service charges not included in Lines 1 to 35 $.
(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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<th>Excess Premiums Written</th>
<th>Excess Premiums Earned</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses Deducting Salvage</th>
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**Details of Write-ins**

(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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**DETAILS OF WRITE-INS**

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| 3407 | 0.0 |
| 3409 | 0.0 |
| 3488 | 0.0 |
| 3499 | 0.0 |

(a) Finance and service charges not included in Lines 1 to 35. 
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR**

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**DETAILS OF WRITE-INS**

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<td>3480. Summary of remaining write-ins for Line 34 from overflow page</td>
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(a) Finance and service charges not included in Lines 1 to 35 $.

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

**BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, Incurred Losses and Premiums on Policies not taken under PPO managed care products</th>
<th>Underwriting Losses</th>
<th>Irrated Premiums Written</th>
<th>Irrated Premiums Earned</th>
<th>Irrated Premiums Unearned</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Insurance in Force (end of year)</th>
<th>Directors, Officers and Employees on Direct Business</th>
<th>Directors, Officers and Employees Unpaid</th>
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(a) Finance and service charges not included in Lines 1 to 35.
(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.

R&Q RI Insurance Company

Annual Statement for the year 2021 of

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**DETAILS OF WRITE-INS**

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(a) Finance and service charges not included in Lines 1 to 35 $.
(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.
## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR**

### R&Q RI Insurance Company

#### Annual Statement for the year 2021

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<th>Gross Premiums, including Policy and Membership fees, Less Return premiums and Premiums on Policies not in Force (Written)</th>
<th>Unearned Premiums</th>
<th>Inducements Paid or credited to Policyholders on Direct Business</th>
<th>Direct Losses Incurred</th>
<th>Losses Unpaid</th>
<th>Direct Losses and Cost of Losses Incurred</th>
<th>Commissions and Personnel Expenses</th>
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### DETAILS OF WRITE-INS

- **3401:**
- **3402:**
- **3403:**
- **3488:** Summary of remaining write-ins for Line 34 from overflow page:
- **3489:**

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

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, less return premiums and premiums on policies not in force</th>
<th>Dividends Paid or credited to Policyholders</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Lumenance Expense Paid</th>
<th>Direct Losses and Cost of Lumenance Expense Unpaid</th>
<th>Commissions and brokerage expenses</th>
<th>Licenses and Fees</th>
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#### DETAILS OF WRITE-INS

(a) Finance and service charges not included in Lines 1 to 35 $. 
(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 NEW YORK DURING THE YEAR**

**R&Q RI Insurance Company**

**Details of Write-Ins**

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

(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.
# Annual Statement for the Year 2021 of the R&Q RI Insurance Company

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

### BUSINESS IN THE STATE OF OHIO DURING THE YEAR

**NAIC Group Code:** 43434  **NAIC Company Code:** 16206

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<tr>
<th>Line of Business</th>
<th>Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not in Force</th>
<th>Dividends Paid or Credited to Policyholders on Direct Business</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct License and Cost Luminaries Expense Paid</th>
<th>Direct License and Cost Luminaries Expense Incurred</th>
<th>Commissions and Agency Expenses</th>
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**Details of Write-Ins**

- 3401
- 3402
- 3403
- 3488. Summary of remaining write-ins for Line 34 from overflow page.
- 3489. TOTALS (Lines 3401 through 3453 plus 3488) (Line 34 above).

- (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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**NONE**
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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<td>28. Credit.</td>
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<td>35. TOTALS (a)</td>
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#### DETAILS OF WRITE-INS

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<td>Finance and service charges not included in Lines 1 to 35.</td>
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<td>Summary of remaining write-ins for Line 34 from overflow page.</td>
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<td>TOTALS (Lines 3491 through 3493 plus 3498) (Line 34 above)</td>
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(a) Finance and service charges not included in Lines 1 to 35.  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products.
# Annual Statement for the year 2021 of the R&Q RI Insurance Company

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

<table>
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<th>Line of Business</th>
<th>Gross Premiums, Less Direct Membership Premiums Less Membership Premiums Not Taken</th>
<th>Direct Premiums Written</th>
<th>Direct Premiums Earned</th>
<th>Losses Paid or Credited to Policyholders</th>
<th>Losses Incurred</th>
<th>Losses Unpaid</th>
<th>Losses Unpaid Expense Paid</th>
<th>Losses Unpaid Expense Incurred</th>
<th>Losses Unpaid Expense Unpaid</th>
<th>Containment Payments</th>
<th>Commissions and brokerage expenses</th>
<th>Taxes, Licenses and Fees</th>
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**None**

### DETAILS OF WRITE-INS

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<th>Premiums Written</th>
<th>Premiums Earned</th>
<th>Losses Paid</th>
<th>Losses Incurred</th>
<th>Losses Unpaid</th>
<th>Losses Unpaid Expense Paid</th>
<th>Losses Unpaid Expense Incurred</th>
<th>Losses Unpaid Expense Unpaid</th>
<th>Containment Payments</th>
<th>Commissions and brokerage expenses</th>
<th>Taxes, Licenses and Fees</th>
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(a) Finance and service charges not included in Lines 1 to 35 $.
(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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<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, Less return premiums and Premiums not taken</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost</th>
<th>Expense Unpaid</th>
<th>Direct Losses and Cost as of the end of the calendar year</th>
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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

**Annual Statement for the year 2021 of the R&Q RI Insurance Company**

**BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR**

**Details of Write-Ins**

(a) Finance and service charges not included in Lines 1 to 35 $.
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR**

**R&Q RI Insurance Company**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Direct Premiums Earned</th>
<th>Direct Premiums Earned less returns</th>
<th>Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Incurred less salvage and reinstatements</th>
<th>Containment</th>
<th>Other Liability-Claims-Made</th>
<th>Workers' Compensation</th>
<th>Commercial Auto Liability</th>
<th>Commercial Motor Vehicle</th>
<th>Workers' Compensation</th>
<th>Commercial Auto Liability</th>
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**DETAILS OF WRITE-INS**

| Line | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS | WRITE-INS |
|------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

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(a) Finance and service charges not included in Lines 1 to 35. $0.00

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

#### BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2021

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums Not Taken</th>
<th>Unearned Premiums Written</th>
<th>Unearned Premiums Earned</th>
<th>Indemnities Paid or Credits to Policyholders on Direct Business</th>
<th>Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost Containment Expense Paid</th>
<th>Direct Losses and Cost Containment Expense Incurred</th>
<th>Direct Losses and Cost Containment Expense Unpaid</th>
<th>Commissions and Other Expenses</th>
<th>License and Taxes</th>
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#### DETAILS OF WRITE-INS

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*Notes:
(a) Finance and service charges not included in Lines 1 to 35 $.
(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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<td>23. Fidelity</td>
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<td>26. Burglary and theft</td>
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<td>27. Boiler and machinery</td>
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<td>34. Aggregate write-ins for other lines of business</td>
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<td>35. TOTALS (a)</td>
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</table>

**Details of Write-ins**

(a) Premiums and losses 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.
## Exhibit of Premiums and Losses (Statutory Page 14)

### Business in the State of Tennessee During the Year

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Direct Premiums</th>
<th>Direct Earned</th>
<th>Premium Reserves</th>
<th>Direct Unearned</th>
<th>Expense Unpaid</th>
<th>Direct Defense and Cost Expenses</th>
<th>Direct Losses Incurred</th>
<th>Losses Unpaid</th>
<th>Direct Losses and Cost</th>
<th>Losses and Cost</th>
<th>Commissions and brokerage expenses</th>
<th>Iaxes, licenses and fees</th>
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<td>Commercial auto no-fault (personal injury protection)</td>
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### Details of Write-Ins

- 349. Summary of remaining write-ins for Line 34 from overflow page.
- 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).

Notes:
- (a) Finance and service charges not included in Lines 1 to 35 $.
- (b) For health business on indicated lines report: Number of persons insured under PPO managed care products... and number of persons insured under indemnity only products....
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<td>1. Fire</td>
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<td>2.2 Multiple peril crop.</td>
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<td>2.3 Federal crop.</td>
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<td>2.5 Private flood.</td>
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<td>3. Farmowners multiple peril.</td>
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<td>5.1 Commercial multiple peril (non-liability portion).</td>
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<td>5.2 Commercial multiple peril (liability portion).</td>
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<td>7. Ocean marine.</td>
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<td>8. Inland marine.</td>
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<td>10. Medical guaranty.</td>
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<td>11.1 Group accident and health (a).</td>
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<td>12. Credit A&amp;H (group and individual).</td>
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<td>15. Other accident only.</td>
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<td>17.2 Other liability-claims-made.</td>
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<td>22. Aggreate write-ins for other lines of business.</td>
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DETAILS OF WRITE-INS:

3489. Summary of remaining write-ins for Line 34 from overflow page. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0
3499. TOTALS (Lines 3401 through 3403 plus 3489) (Line 34 above). | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0

(a) Finance and service charges not included in Lines 1 to 35.
(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.
<table>
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<th>Line of Business</th>
<th>Gross Premiums, including service charges, renewals and reinstatements (Net of reinsurance, if any)</th>
<th>Unearned Premiums</th>
<th>Unearned Premiums, less than $500</th>
<th>Unearned Premiums, $500 and over</th>
<th>Dividends Paid or credited to policyholders, less than $500</th>
<th>Dividends Paid or credited to policyholders, $500 and over</th>
<th>Direct Losses incurred</th>
<th>Direct Losses unpaid</th>
<th>Direct Losses unpaid, in part or whole</th>
<th>Direct Losses and cost of loss control</th>
<th>Direct Losses and cost of loss control, in part or whole</th>
<th>Commissions and brokerage expenses</th>
<th>Iaxes, Licenses and Fees</th>
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<td>31. Private passenger auto physical damage.</td>
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<td>40. Aggregate write-ins for other lines of business.</td>
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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

**R&Q RI Insurance Company**

**BUSINESS IN THE STATE OF UTAH DURING THE YEAR**

**Finance and service charges not included in Lines 1 to 35 $..................0.**

**Credit.................................................................................................0.**

**Burglary and theft...........................................................................0.**

**Surety...............................................................................................0.**

**Commercial auto no-fault (personal injury protection)....................0.**

**Other accident only..........................................................................0.**

**Guaranteed renewable A&H (b).......................................................0.**

**Group accident and health (b).......................................................0.**

**Earthquake.......................................................................................0.**

**Medical professional liability.......................................................0.**

**Financial guaranty...........................................................................0.**

**DETAILS OF WRITE-INS**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Unpaid Containment and Cost</th>
<th>Unpaid Containment and Cost, in part or whole</th>
<th>Total写入s</th>
<th>Total写入s, in part or whole</th>
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<td>TOTALS (Lines 301 through 345 plus 348) (Line 34 above)</td>
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(a) Finance and service charges not included in Lines 1 to 35$.  
(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.
<table>
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<tr>
<th>Line of Business</th>
<th>Gross Premiums, including direct, written premiums and renewals, net of reinsurance premiums written</th>
<th>Unearned Premiums</th>
<th>Liabilities on Direct Business</th>
<th>Direct Premiums</th>
<th>Dividends Paid or credited to policyholders on Direct Business</th>
<th>Liabilities on Direct Business</th>
<th>Direct Losses</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Losses Expense Paid</th>
<th>Direct Losses and Cost of Losses Expense Incurred</th>
<th>Direct Losses and Cost of Losses Expense Unpaid</th>
<th>Commissions and brokerage expenses</th>
<th>Taxes, licenses and fees</th>
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<td>5.1 Commercial multiple peril (non-liability portion)</td>
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**NONE**
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

**R&Q RI Insurance Company**

**BUSINESS IN THE STATE OF VERMONT DURING THE YEAR**

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, Less return premiums and Premiums on Policies not in force</th>
<th>Premiums on Policies not taken</th>
<th>Premiums Written</th>
<th>Premiums Earned</th>
<th>Dividends Paid or credited to Policyholders on Direct Business</th>
<th>Reserve for Unearned Premiums</th>
<th>Reserve for Unearned Premium Reserves</th>
<th>Direct Losses Incurred</th>
<th>Direct Losses Unpaid</th>
<th>Direct Losses and Cost of Loss Management Expense Paid</th>
<th>Direct Losses and Cost of Loss Management Expense Incurred</th>
<th>Direct Losses and Cost of Loss Management Expense Unpaid</th>
<th>Commissions and expenses on premium</th>
<th>Comm. and expenses on premium</th>
<th>Taxes, licenses and fees</th>
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### DETAILS OF WRITE-INS

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(a) Finance and service charges not included in Lines 1 to 35 $.
(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.
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

#### BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

**R&Q RI Insurance Company**

**NAIC Group Code**: 4234  **NAIC Company Code**: 16206

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<th>Line of Business</th>
<th>Gross Premiums, including policy and membership fees, less return premiums and premiums on Policies not in force as of December 31, 2021</th>
<th>Liabilities or Creditors for Premiums Written</th>
<th>Liabilities or Creditors for Premiums Earned</th>
<th>Liabilities or Creditors for Premium Reserves</th>
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<th>Direct Losses Unpaid</th>
<th>Direct Usual Losses</th>
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<th>Direct Use of Litigation Expense Incurred</th>
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<td>34. Aggregate write-ins for other lines of business</td>
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**DETAILED OF WRITE-INS**

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(a) Finance and service charges not included in Lines 1 to 35 
(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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**Details of Write-ins**

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(a) Finance and service charges not included in Lines 1 to 35 $.
(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)**

**R&Q RI Insurance Company**

**BUSINESS IN THE STATE OF WEST VIRGINA**

**DURING THE YEAR**

**Annual Statement for the year 2021 of R&Q RI Insurance Company**

**NAIC Group Code: 42342 NAIC Company Code: 16206**

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

### BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

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### MEMBERSHIP FEES, LESS RETURN PREMIUMS

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### DIRECT PREMIUMS

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### DIRECT LOSSES

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<td>2.2. Multiple peril crop.</td>
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<td>2.3. Federal food.</td>
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<td>2.4. Private crop.</td>
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### EXPENSE PAID

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<td>2.3. Federal food.</td>
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### DETAILS OF WRITE-INS

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### Notes:

- (a) Finance and service charges not included in Lines 1 to 35.
- (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.
Sch. F - Pt. 1
NONE

Sch. F - Pt. 2
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4 Issuing or Confirming Banks for Letters of Credit from Scfpt3
NONE

Sch. F - Pt. 5 Interrogatories for Sch. F Pt. 3
NONE
## ASSETS (Page 2, Col. 3)

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<tr>
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<th>Restatement Adjustments</th>
<th>Restated (Gross of Ceded)</th>
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<td>1. Cash and invested assets (Line 12)</td>
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## LIABILITIES (Page 3)

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<th>Restated (Gross of Ceded)</th>
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<td>12. Advance premiums (Line 10)</td>
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<td>13. Dividends declared and unpaid (Line 11.1 and 11.2)</td>
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<td>14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)</td>
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**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:
Annual Statement for the year 2021 of the R&Q RI Insurance Company

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE
Annual Statement for the year 2021 of the R&Q RI Insurance Company

Sch. P - Pt. 1S
NONE

Sch. P - Pt. 1T
NONE

Sch. P - Pt. 2A
NONE

Sch. P - Pt. 2B
NONE

Sch. P - Pt. 2C
NONE

Sch. P - Pt. 2D
NONE

Sch. P - Pt. 2E
NONE

Sch. P - Pt. 2F - Sn. 1
NONE

Sch. P - Pt. 2F - Sn. 2
NONE

Sch. P - Pt. 2G
NONE

Sch. P - Pt. 2H - Sn. 1
NONE

Sch. P - Pt. 2H - Sn. 2
NONE

Sch. P - Pt. 2I
NONE

Sch. P - Pt. 2J
NONE

Sch. P - Pt. 2K
NONE

Sch. P - Pt. 2L
NONE

Sch. P - Pt. 2M
NONE

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

55, 56, 57, 58, 59, 60
Annual Statement for the year 2021 of the R&Q RI Insurance Company

Sch. P - Pt. 2R - Sn. 1 
NONE

Sch. P - Pt. 2R - Sn. 2 
NONE

Sch. P - Pt. 2S 
NONE

Sch. P - Pt. 2T 
NONE

Sch. P - Pt. 3A 
NONE

Sch. P - Pt. 3B 
NONE

Sch. P - Pt. 3C 
NONE

Sch. P - Pt. 3D 
NONE

Sch. P - Pt. 3E 
NONE

Sch. P - Pt. 3F - Sn. 1 
NONE

Sch. P - Pt. 3F - Sn. 2 
NONE

Sch. P - Pt. 3G 
NONE

Sch. P - Pt. 3H - Sn. 1 
NONE

Sch. P - Pt. 3H - Sn. 2 
NONE

Sch. P - Pt. 3I 
NONE

Sch. P - Pt. 3J 
NONE

Sch. P - Pt. 3K 
NONE

Sch. P - Pt. 3L 
NONE

Sch. P - Pt. 3M 
NONE
Annual Statement for the year 2021 of the R&Q RI Insurance Company

Sch. P - Pt. 3N
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Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

Sch. P - Pt. 3R - Sn. 1
NONE

Sch. P - Pt. 3R - Sn. 2
NONE

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

Sch. P - Pt. 4A
NONE

Sch. P - Pt. 4B
NONE

Sch. P - Pt. 4C
NONE

Sch. P - Pt. 4D
NONE

Sch. P - Pt. 4E
NONE

Sch. P - Pt. 4F - Sn. 1
NONE

Sch. P - Pt. 4F - Sn. 2
NONE

Sch. P - Pt. 4G
NONE

Sch. P - Pt. 4H - Sn. 1
NONE

Sch. P - Pt. 4H - Sn. 2
NONE
Annual Statement for the year 2021 of the R&Q RI Insurance Company

Sch. P - Pt. 4I
NONE

Sch. P - Pt. 4J
NONE

Sch. P - Pt. 4K
NONE

Sch. P - Pt. 4L
NONE

Sch. P - Pt. 4M
NONE

Sch. P - Pt. 4N
NONE

Sch. P - Pt. 4O
NONE

Sch. P - Pt. 4P
NONE

Sch. P - Pt. 4R - Sn. 1
NONE

Sch. P - Pt. 4R - Sn. 2
NONE

Sch. P - Pt. 4S
NONE

Sch. P - Pt. 4T
NONE

Sch. P - Pt. 5A - Sn. 1
NONE

Sch. P - Pt. 5A - Sn. 2
NONE

Sch. P - Pt. 5A - Sn. 3
NONE

Sch. P - Pt. 5B - Sn. 1
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Sch. P - Pt. 5B - Sn. 2
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Sch. P - Pt. 5B - Sn. 3
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69, 70, 71, 72, 73
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Annual Statement for the year 2021 of the R&Q RI Insurance Company

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Sch. P - Pt. 5H - Sn. 2B
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Sch. P - Pt. 5H - Sn. 3B
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Sch. P - Pt. 5R - Sn. 1A
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Sch. P - Pt. 5R - Sn. 2A
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Sch. P - Pt. 5R - Sn. 3A
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Sch. P - Pt. 5R - Sn. 3B
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Sch. P - Pt. 5T - Sn. 3
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80, 81, 82, 83, 84, 85
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86, 87, 88, 89, 90, 91
### SECTION 4

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

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<th>5</th>
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<th>7</th>
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### SECTION 5

**Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End ($000 Omitted)**

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### SECTION 6

**Incurred Adjustible Commissions Reported At Year End ($000 Omitted)**

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### SECTION 7

**Reserves For Commission Adjustments At Year End ($000 Omitted)**

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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 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 [ X ]

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

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [ ] No [ 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:

<table>
<thead>
<tr>
<th>Years in which Premiums Were Earned and Losses Were Incurred</th>
<th>DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid</th>
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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 107? 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.

4.1 What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity

5.2 Surety

4.2 Claim count information is reported per claim or per claimant. (Indicate which).

If not the same in all years, explain in Interrogatory 7.

5.1.1 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 ]

5.2.2 An extended statement may be attached.
### SCHEDULE T - PART 2

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

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**NONE**
### SCHEDULE Y

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

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**Gary Channon and Sefel Channon via their 52.64% and 36.8% holdings respectively in Channon Holdings Limited, and its 92% holding in Phoenix Asset Management Partners Limited; Stephen Pasko via his 100% holding in MTCPC LLC, who holds 100% of Brickell PC Insurance Holdings LLC.**

*Influence, Other)
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<td>Ownership</td>
<td>0.400</td>
<td>Roosevelt Road Capital Partners</td>
<td>NO</td>
<td></td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The World Marine &amp; General Insurance PLC</td>
<td>GBR</td>
<td>IA</td>
<td>N/A</td>
<td>Randall &amp; Quilter II Holdings Limited</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>NO</td>
<td></td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Inceptum Insurance Company Limited</td>
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<td>IA</td>
<td>N/A</td>
<td>Randall &amp; Quilter II Holdings Limited</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>NO</td>
<td></td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>RQ Capital No. 8 Limited</td>
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<td>IA</td>
<td>N/A</td>
<td>Randall &amp; Quilter Holdings Limited</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>NO</td>
<td></td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>RQ Theta Designated Activity Company</td>
<td>IRL</td>
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<td>Randall &amp; Quilter II Holdings Limited</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Vibe Syndicate Management Limited</td>
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<td>Randall &amp; Quilter II Holdings Limited</td>
<td>Ownership</td>
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<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>NO</td>
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</tr>
<tr>
<td>N/A</td>
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<td>N/A</td>
<td>Vibe Services Management Limited</td>
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<td>Randall &amp; Quilter II Holdings Limited</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
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<td>N/A</td>
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<td>N/A</td>
<td>Oleum Insurance Company Limited</td>
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<td>IA</td>
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<td>Distinguished Re</td>
<td>Ownership</td>
<td>1.000</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>R&amp;Q Services Bermuda Limited</td>
<td>BMU</td>
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<td>N/A</td>
<td>Randall &amp; Quilter II Holdings Limited</td>
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<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>NO</td>
<td></td>
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</tbody>
</table>
### SCHEDULE Y

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

<table>
<thead>
<tr>
<th>NAIC Company Code</th>
<th>ID Number</th>
<th>Names of Insurers and Parent, Subsidiaries or Affiliates</th>
<th>Shareholder Dividends</th>
<th>Capital Contributions</th>
<th>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments</th>
<th>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)</th>
<th>Management Agreements and Service Contracts</th>
<th>Income/ (Disbursements) Incurred under Reinsurance Agreements</th>
<th>Any Other Material Activity Not in the Ordinary Course of the Insurer’s Business</th>
<th>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)</th>
</tr>
</thead>
<tbody>
<tr>
<td>103-3496014</td>
<td>1</td>
<td>Randall &amp; Quilter America Holdings Inc.</td>
<td>9,380,782</td>
<td>8,575,548</td>
<td>1,989,419</td>
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<td></td>
<td>10,045,749</td>
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<tr>
<td>16206</td>
<td>52-1212894</td>
<td>R&amp;Q RI Insurance Company</td>
<td>(3,000,000)</td>
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<td>(5,000,000)</td>
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<td>33014</td>
<td>75-0784127</td>
<td>Transport Insurance Company</td>
<td>6,800,000</td>
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<td>22705</td>
<td>23-1746414</td>
<td>R&amp;Q Reinsurance Company</td>
<td>6,100,000</td>
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<tr>
<td>21032</td>
<td>13-5009848</td>
<td>GLOBAL Reinsurance Corporation of America</td>
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<td>(1,989,419)</td>
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<tr>
<td></td>
<td></td>
<td>Randall &amp; Quilter Investment Holdings LTD</td>
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<td>Randall &amp; Quilter Investment Holdings LTD</td>
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<td></td>
<td>R&amp;Q RE (Bermuda) LTD</td>
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<tr>
<td></td>
<td></td>
<td>Accredited Specialty Insurance Company</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accredited Surety and Casualty Company, Inc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Accredited Surety and Casualty Company, Inc.</td>
<td></td>
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</tr>
</tbody>
</table>

Control Totals: 0 0 0 0 0 0 0 0 0 0 0 0
<table>
<thead>
<tr>
<th>Insurers in Holding Company</th>
<th>Owners with Greater than 10% Ownerships</th>
<th>Ownership Percentage Column 2 of Column 1</th>
<th>Granted Disclaimer of Control Affiliation of Column 2 over Column 1 (YES/NO)</th>
<th>Ultimate Controlling Party</th>
<th>U.S. Insurance Groups or Entities Controlled by Column 5</th>
<th>Ownership Percentage (Column 5 of Column 6)</th>
<th>Granted Disclaimer of Control Affiliation of Column 5 over Column 6 (YES/NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R&amp;Q Reinsurance Company</td>
<td>Randall &amp; Quilter America Holdings Inc</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
<td>NO</td>
</tr>
<tr>
<td>Transport Insurance Company</td>
<td>Randall &amp; Quilter America Holdings Inc</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
<td>NO</td>
</tr>
<tr>
<td>National Legacy Insurance Company</td>
<td>Randall &amp; Quilter America Holdings Inc</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
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<tr>
<td>GLOBAL Reinsurance Corporation of America</td>
<td>GLOBAL U.S. Holdings, Inc.</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
<td>NO</td>
</tr>
<tr>
<td>Accredited Specialty Insurance Company</td>
<td>Accredited America Insurance Holding Corporation</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
<td>NO</td>
</tr>
<tr>
<td>Accredited Surety and Casualty Company, Inc</td>
<td>Accredited Specialty Insurance Company</td>
<td>100.000</td>
<td>NO</td>
<td>Randall &amp; Quilter Investment Holdings Ltd</td>
<td>Randall &amp; Quilter Investment Grp</td>
<td>100.000</td>
<td>NO</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Response</th>
<th>Question Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE EXPLANATION</td>
<td>1. Will an actuarial opinion be filed by March 1?</td>
</tr>
<tr>
<td>YES</td>
<td>2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?</td>
</tr>
<tr>
<td>YES</td>
<td>3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?</td>
</tr>
<tr>
<td>YES</td>
<td>4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?</td>
</tr>
<tr>
<td>YES</td>
<td>5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>YES</td>
<td>6. Will the Management's Discussion and Analysis be filed by April 1?</td>
</tr>
<tr>
<td>YES</td>
<td>7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?</td>
</tr>
<tr>
<td>SEE EXPLANATION</td>
<td>8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?</td>
</tr>
<tr>
<td>SEE EXPLANATION</td>
<td>9. Will an audited financial report be filed by June 1?</td>
</tr>
<tr>
<td>SEE EXPLANATION</td>
<td>10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?</td>
</tr>
</tbody>
</table>

- 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.

#### APRIL FILING

<table>
<thead>
<tr>
<th>Response</th>
<th>Question Description</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?</td>
</tr>
<tr>
<td>NO</td>
<td>20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead auditor partner be filed electronically with the NAIC by March 1?</td>
</tr>
<tr>
<td>NO</td>
<td>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?</td>
</tr>
<tr>
<td>NO</td>
<td>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?</td>
</tr>
<tr>
<td>NO</td>
<td>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?</td>
</tr>
<tr>
<td>NO</td>
<td>28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>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?</td>
</tr>
<tr>
<td>NO</td>
<td>32. Will the regulator only (non-public) Supplemental Health Care Exhibits Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>34. Will the Life, Health &amp; Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
<tr>
<td>NO</td>
<td>36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?</td>
</tr>
</tbody>
</table>

#### MAY FILING

<table>
<thead>
<tr>
<th>Response</th>
<th>Question Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?</td>
</tr>
</tbody>
</table>
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.

EXPLANATION:

1. Exemption granted for 2021

BAR CODE: 16206202144000000

2.

3.

4.

5.

6.

7.

8. Not applicable - Combined filing not required

BAR CODE: 16206202120100000

9. Exemption granted for 2021

BAR CODE: 16206202122000000

10. Exemption granted for 2021

BAR CODE: 16206202122100000

11.

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34.

100.1
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.  

36.  

37.  

Annual Statement for the year 2021 of the R&Q RI Insurance Company

100.2
**REINSURANCE SUMMARY SUPPLEMENTAL FILING**

**FOR GENERAL INTERROGATORY 9 (PART 2)**

**FOR THE YEAR ENDED DECEMBER 31, 2021**

**To Be Filed by March 1**

---

**NAIC Group Code:** 4234  
**NAIC Company Code:** 16206...

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As Reported</td>
<td>Interrogatory 9 Reinsurance Effect</td>
<td>Restated Without Interrogatory 9 Reinsurance</td>
</tr>
<tr>
<td>A01. Assets</td>
<td>103,300</td>
<td>103,300</td>
<td>103,300</td>
</tr>
<tr>
<td>A02. Liabilities</td>
<td>103,300</td>
<td>103,300</td>
<td>0</td>
</tr>
<tr>
<td>A03. Surplus as regards to policyholders</td>
<td>7</td>
<td>7</td>
<td>7</td>
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</tbody>
</table>

---

**B. Summary of Reinsurance Contract Terms**

**C. Management’s Objectives**

**D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.**